

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/31/2021	Time of Crash 11:12 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
<div>WEST HOMER ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>NORTH PLEASANT ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>			<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000218			
License # --- St MA DOB/Age ---			Reg # RT21LY		Reg Type PAS		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2008		Veh Make FORD		Veh Config. 1 20			
Operator MAZHBITIS LEONID			Owner (Same as operator)							
Address 105 CLEVELAND ST.			Address							
City NEWTON State MA Zip 02460			City		State		Zip			
Insurance Company COMMERCE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		0 9		5 11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24		8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved			Name (Last First Middle) Address		Age/DOB Sex		26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code		Medical Facility	
Operator			See Above		-----		99 4 4 0 0 10 1			
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants		<input type="checkbox"/> Non-Motorist A Type 14		Action 15 Location 16 Condition 17		<input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # --- St MA DOB/Age ---			Reg # 98WS56		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Veh Year 2004		Veh Make FORD		Veh Config. 1 20			
Operator RAVID BENJAMIN			Owner (Same as operator)							
Address 497 WARD ST			Address							
City NEWTON State MA Zip 02459			City		State		Zip			
Insurance Company QUINCY MUTUAL FIRE			Vehicle Action Prior to Crash 6 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		1 9		5 11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 4 24 24		8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved			Name (Last First Middle) Address		Age/DOB Sex		26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code		Medical Facility	
Operator/Non-Motorist			See Above		-----		99 4 4 0 0 10 1			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 → Pedestrian

Ashton Ave

Homer St

Pleasant St

MV#2

MV#1

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

The operator of MV#1 stated he was travelling westbound on Homer St when MV#2 crossed over Homer St from Pleasant St and made contact with MV#1.

MV#2 was observed travelling northbound onto Ashton Ave and leaving the area. MV#2 was described as a grey colored station wagon type vehicle. The operator of MV#1 stated the damages to MV#2 should be to its rear passenger side area. MV#1 sustained damages to its front bumper area. There were no reported injuries to the operator of MV#1.

I spoke to the witness who was walking his dog on the sidewalk. The witness stated he heard the accident and observed MV#2 leave the intersection travelling northbound on Ashton Ave with flat tires. The witness provided me with MV#2's registration of 98WS56. The witness stated he was 100% sure he had the correct

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Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
FERRELL, MIKE,	,	----	Y

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____


US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate


Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

→ Direction ☐ 1 Vehicle 1 ☐ 2 Vehicle 2  Pedestrian

ie: → ☐ 1 → ☐ 2 → 

Crash Diagram:



If Crash Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

registration for MV#2.

A query of MV#2 showed it had a local address in Newton MA. I arrived at this address and observed MV#2 bearing MA REG 98WS56 parked in the driveway. This vehicle fit the initial description of a grey colored station wagon type of vehicle. This vehicle had both of its passenger side tires flat and the hood of the engine was warm to the touch, indicating that the vehicle was recently on. I spoke to the owner of MV#2 and he stated he was driving in the area and just arrived home. The owner of MV#2 stated he did cross over on Homer St but did not realize he made contact with another vehicle. The owner of MV#2 stated he believed he struck a curb or a metal plate in the road which caused his front tire to go flat right after he crossed Homer St. The owner of MV#2 stated he was close to his home so he decided to drive home to deal with his flat

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Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

GITA K SETIABUDI

25111

NEWTON POLICE DEPART

03/31/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

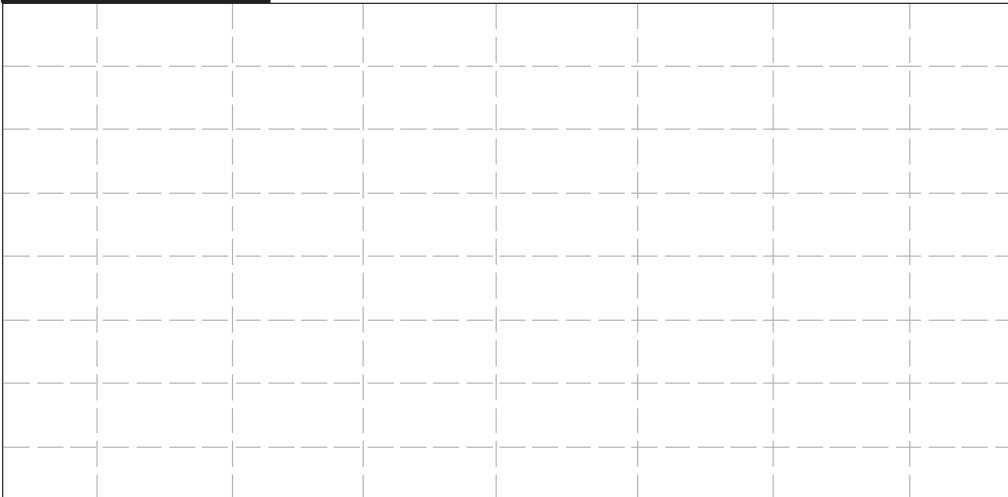
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



If Crash Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

tire. The owner of MV#2 stated he was unaware that his rear passenger side tire was also flat. MV#2 is an older vehicle with old damages throughout its exterior. The rear passenger side tire appeared to be misaligned and may have axle damage. The front passenger side tire was completely flat and had a huge slash to its sidewall.

Based on the statements made to me I did not believe the operator of MV#2 was attempting to evade. All parties involved were provided with this accident report number and to contact their respective insurance providers.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

GITA K SETIABUDI

25111

NEWTON POLICE DEPART

03/31/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date