

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/30/2021	Time of Crash 14:12 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 11 CANNON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000297	
License # _____ St MA DOB/Age _____			Reg # 177DW2			Reg Type PAN			Reg State MA	
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2010			Veh Make HONDA			Veh Config. 2 20	
Operator PRASAD MANISHA Last First Middle			Owner HIATT KENNETH Last First Middle							
Address 1101 CHESTNUT ST			Address 1101 CHESTNUT ST							
City NEWTON State MA Zip 02464			City NEWTON State MA Zip 02456							
Insurance Company STANDARD FIRE INS			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 2 22 22 22 22			2 3 4				
Citation # (If Issued) _____			Most Harmful Event 2 23			1 9 10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 99 24			11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			8 7 6				
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 99 0 0 10 1 N/A							
HIATT, KAVAR 1101 CHESTNUT ST NEWTON, MA 02456			M 4 1 4 99 0 0 10 1 N/A							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				
License # _____ St _____ DOB/Age _____			Reg # 396FJ3			Reg Type PAN			Reg State MA	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2015			Veh Make CHEV			Veh Config. 20	
Operator _____ Last First Middle			Owner FERGUSON ANDREA Last First Middle							
Address _____			Address 1321 WASHINGTON STREET							
City _____ State _____ Zip _____			City NEWTON State MA Zip 02460							
Insurance Company ALLSTATE INS			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4				
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9 10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			8 7 6				
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			-----							

→ 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:

On Friday 4/30/2021, at approx 1312hrs, while assigned to N499, I responded to 11 Cannon St in Newton for a MVA.

There I met the operator of MV1, Manisha Prasad, who stated that while attempting to turn her vehicle around, she backed into MV2 which was parked legally on Cannon St. She said that she "didn't see" MV2.

Operator of MV2 states that she was outside her vehicle when she observed MV1 attempt to make a three-point turn before backing into her parked vehicle.

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

KEVIN DURICKAS NEWTON POLICE DEPT 04/30/2021

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00