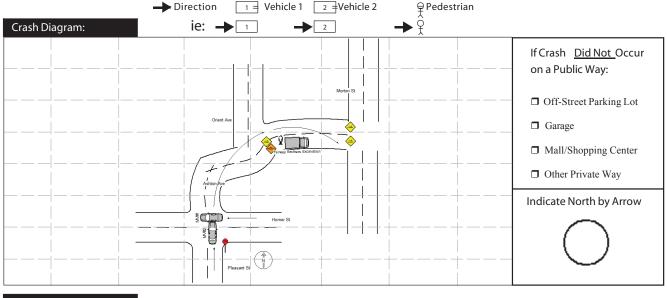
	Poli	ice Use Only		Commonwea	lth o	of Mass	achu	isetts	\$		RMV	V Docun	nent Number	
	Date of Crash 05/11/2021	Time of Crash 09:51 24HR	NEWTON	MIOTOI		icle Cra Report	sh [Number Vehicles 2		d Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	Xi O
			RSECTION:		LOCA		>						CTION:	\neg
	WES	Г НОМЕ	R ST											2
1	Route# Direc			Roadway/Street		Route# Direction	on Ad	dress #		Na	me of F	Roadway/	Street	1
_	NOR	TH PLEAS	ANT ST	t		Feet	N S E	W of		•		or		_
	Route# Direc		Name of Intersecting	Roadway/Street					Mile	Marker			Exit Number	_
			Also at Inters	ection with			N S E	_	Route	#	Intersec	ting Road	dway/Street	- 1
2 1	Route# Direc	tion	Name of Intersect	ing Roadway/Street		Feet	N S E	W of						3
3				· ·							Laı	ndmark		-
	X Vehicle 1	1_#Occupants	Hit/Run	Moped Case	Number		21	.00000330	1					_
	License#	18 1	St MA	DOB/Age	Reg#	4BB373			Reg T	ype_PA	N	Reg	State MA 20	_
	Sex_M_ Lic.	Class D	Lic. Restrictions	1 CDL	Veh Y	ear_2016	Veh	Make_T	OYOTA			Veh Co	nfig. 1	
⁴ 2	Operator ME	YER Last	JACK First	Endorsment EDWARD	Owner	(Same as ope	rator)		First			Middle		- 1
	Address 37 SH	HEFFIELD RD.			Addres	SS								-
	City NEWTO			e_MA _ Zip _02460	City_								Zip	
	Insurance Com	pany UNITED S	SERVICES AUTO	-	Vehicle	e Action Prior to		1		Ü		Code: (C	Circle Up to Thro	ee)
5 1	Vehicle Travel	Direction: N	S E X Respo	onding to Emergency? N	Event	Sequence 1	22 22		22 2		3	$\overline{\mathcal{I}}$	1011-1	
	`	ssued)			Most I	Harmful Event	1 23		24	←	9	[10 Undercarr 5 11 Totaled	iage
⁶ 1	1			2: ChSec	Driver	Contributing C	ode 1				<u> </u>		6	
1				4: ChSec	Under	ride/Override		Towe	ed Y					1:
	Name (Last Fir		ator and all occup	ants involved Address		Age/DOB	Sex S	26 27 Seat Safety Sos. System	28 Airbag Air Status Sw	29 30 bag Ejec itch Code	31 Trap Code	32 Injury Tra Status Co	33 nsp. de Medical Facili	1 1
	Operator			See Above				99	2 4	0	0	10 1		
⁷ 2	Please Select C of the Followi	IX Vehicle	22 <u>1</u> #Occupants	Non-Motorist A Typ	pe 1	Action	15 Loca	ition	16 Con	dition	17	Hit	t/Run Mop	ed
	License#		St MA		Reg#	RW17YF			Reg T	ype_PA	s	Reg	State MA	_]
	Sex_F_ Lic.	Class D 18 1	Lic. Restrictions		Veh Y	ear_2012	Veh	Make_H	ONDA			Veh Co	nfig. 20	
⁸ 2	Operator GA	RREN Last	DEBRA First	Endorsment L Middle	Owner	(Same as ope	rator)		First			Middle		_
_	Address 197 R	IVERSIDE DR			Addres	SS								_
	City DEDHA	М	Stat	e_MA _ Zip_02026	City_						_ State	2	Zip	_
	Insurance Com	pany AMICA			Vehicle	e Action Prior to	o Crash	6	21	Damage	ed Area	Code: (C	Circle Up to Thre	ee)
	Vehicle Travel	Direction:	S E W Resp	onding to Emergency?N	Event	Sequence 1	22 22		G		3		4	
	Citation # (If I	ssued)			Most I	Harmful Event	1 23		G	•	9	$ \cdot $	10 Undercarr 5 11 Totaled	iage
	Violatio	n 1: ChSe	ec Violation	2: ChSec	Driver	Contributing C		22 24	24	, i	VŢ	\sum		
	Violatio	n 3: ChSe	ec Violation	4: ChSec	Under	ride/Override	25	Towed	1 Y		7		6	
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB		26 27 Seat Safety Pos. System		29 30 bag Ejec vitch Coo	31 Trap de Code	Injury Tra	33 nsp. ode Medical Faci	ility
		Non-Motorist		See Above				99	4 4		0	10 1		
														_



Crash Narrative:

Detail Officer Donovan was on a Feeney Brothers Excavation detail and observed MV#1 on Homer St at the intersection of Pleasant St with its airbags deployed. Detail Officer Donovan was able to locate the other involved vehicle (MV#2) stopped in front of 195 Ashton Ave and report it to Newton Dispatch.

I spoke to the operator of MV#1 and he stated he was travelling westbound on Homer St when he was struck by MV#2. MV#1 sustained heavy damages to its front and rear driver's side doors. The driver's side front and rear airbag curtains were deployed. The operator of MV#1 was evaluated by Newton Paramedics and signed a patient refusal of treatment. The operator of MV#1 stated he estimated MV#2 to be travelling at 30 mph. Tody's Towing took possession of MV#1.

(Continued on next page)

Address

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
CARRY CONTRACT	12 PLAIN ST DORCHESTER,MA 02122		Y

Phone #

34-Type

Description of Damaged Property

Property Damage: Owner (Last, First, Middle)

Truck and Bus Information:	Registration #	(From Vehic	cle Section)		35
Carrier Name				_ Carrier Issu	ing Authority Code
Address		City		St	Zip
US DOT #:	State Number	Issuing State	ICC #:		Interstate 36
Cargo Body Type Code 37 Gros	ss Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

GITA K SETIABUDI		25111	NEWTON POLICE DEPARTM		05/11/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	→ Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: → 1]	2	<u>₽</u>			
					l	rash <u>Did Not O</u> a Public Way:	ccur
		 				Off-Street Parking	Lot
						Garage	
						Mall/Shopping Cer	nter
	. — — — — —		+- 			Other Private Way	
	· — — — — —	,— — — — 			Indic	cate North by Arı	row
	. — — —	 				\bigcirc	
Crash Narrative:							
I spoke to the operator	of MV#2 and she s	stated she w	as having mech	anical is	sues with her	vehicle and	could
not stop it. The operato	or of MV#2 stated	she was tra	velling northb	ound on P	leasant St wher	her vehicle	
accelerated on its own,	went through the	stop sign a	nd struck MV#1	on Homer	St and continu	ed onto Ashto	on Ave
finally stopping in from	nt of 195 Ashton A	Ave. The ope	rator of MV#2	stated sh	e attempted to	stop her veh	icle by
utilizing her pedal brak	es and her emerge	ency brakes	but it would n	ot stop u	ntil she turned	d off her eng	ine.
MV#2 sustained heavy fro	ont end damages. T	The operator	of MV#2 was e	valuated	by Newton Para	medics and s	igned a
patient refusal of treat	ment. The dog tha	at was insid	e MV#2 was als	o not inj	ured. Tody's To	owing took	
possession of MV#2.							
(Continued	d on next page)						
1444							
Witnesses:		+			DI 1		-
W itnesses: Name (Last, First, Middle)		Address			Phone #	:	Statement
		Address			Phone #		Statement
		Address			Phone #		Statement
		Address			Phone #		Statement
Name (Last, First, Middle)	Address	Address	Phone #	34-Type	Phone #		Statement
Name (Last, First, Middle) Property Damage:	Address	Address	Phone #	34-Type			Statement
Name (Last, First, Middle) Property Damage:	Address	Address	Phone #	34-Туре			Statement
Name (Last, First, Middle) Property Damage:	Address Registration #			34-Type			
Property Damage: Owner (Last, First, Middle)	Registration #		(From Ve		Description of Damas		35
Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name	Registration #		(From Ve	hicle Section)	Description of Damas	ged Property	35
Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name	Registration#		(From Ve	hicle Section)	Description of Damas Carrier Issu St_	ged Property ing Authority Code Zip	35
Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #:	Registration#		(From Ve	hicle Section)	Description of Damas Carrier Issu St_	ged Property ing Authority Code Zip	35
Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code Trailer Reg #:	Registration # State Number Gross Vehicle Weight	38	(From Ve	hicle Section)	Description of Damas Carrier Issu St 39	ged Property ing Authority Code Zip	35
Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code 37	Registration # State Number Gross Vehicle Weight Reg Type	Reg State	(From Ve	hicle Section) ICC #: Tr	Description of Damas Carrier Issu St 39	ged Property ing Authority Code Zip Interstate	35

	→ Direction 1	Vehicle 1 2	Vehicle 2	₽Pedestri	ian	
Crash Diagram:	ie: 🕕 🛚	2	_ -	₽Ŷ		
					If Crash <u>Did Not</u> Occorn a Public Way:	cur
					Off-Street Parking L	ot
					☐ Garage	
					☐ Mall/Shopping Cent	er
	- — — — — —		- — — — — .		Other Private Way	
					Indicate North by Arro	ow o
	-	 	- — — ·			
Crash Narrative:						
I spoke to the witness	(Foreman of the Fe	eeney Brother	s Excavation	detail) w	ho was servicing a gas	
service on Ashton Ave.	Due to this gas se	ervice, that p	particular se	ection of A	Ashton Ave was completely cl	osed
					d closures and detour signs	
					rd the crash and tire screed	
					wel eastbound onto Ashton Av	
					The witness stated he appro	
					witness stated he observed t	
	-				be travelling at approximat	
	d on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone # S	tatement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Ve	ehicle Section)		35
Carrier Name					Carrier Issuing Authority Code	
Address			City			36
US DOT #:	State Number	38	_ Issuing State	ICC #:	Interstate	
Cargo Body Type Code 37	Gross Vehicle Weight	30			20	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	ailer Length 39	
Hazmat Information:						

Material 4 digit # ____

Release code

Placard

Material 1 digit #

Material Name_

	Direction	1 = Vehicle 1	2 =Vehicle 2	₽Pedestri	ian	
Crash Diagram:	ie: →□	1 -	2	₽Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					☐ Off-Street Parking	ng Lot
					☐ Garage	
		_			☐ Mall/Shopping (Tenter .
					Other Private W	
			į	į	Indicate North by	Arrow
		_		 		
Crash Narrative:						
mph. There were no repor	ted injuries to	the witness	or his employe	ees.		
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Name (East, Frist, Middle)		riddiess			Thoric #	Statement
David David						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
				71		
- I IS I C II						
Truck and Bus Information: Carrier Name				ehicle Section)	Carrier Issuing Authority Co	35
						ode
AddressUS DOT #:					St Zip	36
37	Gross Vehicle Weight	38	issuing state	1CC#	Interstate	
		D. Ct. t	D W	T	39	
Trailer Reg #: Hazmat Information:	Keg Type	Reg State	Keg Year_	Tra	mier Length	
Placard 40 Material 1 dig	git # 41 Material	Name		Material 4 d	ligit# Release code	42
CALLY CALLY TANKS			1			2024
GITA K SETIABUDI		2511	.1 NEV	VTON POLICE DEPARTM	05/11/	2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)