

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 05/11/2021	Time of Crash 09:51 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> 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:																																																																					
WEST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ NORTH Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark _____																																																																									
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000330																																																																			
License # _____ St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>MEYER</u> <u>JACK</u> <u>EDWARD</u> Address <u>37 SHEFFIELD RD.</u> City <u>NEWTON</u> State <u>MA</u> Zip <u>02460</u> Insurance Company <u>UNITED SERVICES AUTO</u> Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Responding to Emergency? <u>N</u> Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # <u>4BB373</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2016</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage <u>5</u> <u>11</u> Totaled Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>Y</u>																																																																									
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Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>			Action <u>15</u> Location <u>16</u> Condition <u>17</u>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																																																																			
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→ 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:

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 evlauted 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)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
GAMBLE, STEVEN,	12 PLAIN ST DORCHESTER,MA 02122	-----	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 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

Crash Narrative:

I spoke to the operator of MV#2 and she stated she was having mechanical issues with her vehicle and could not stop it. The operator of MV#2 stated she was travelling northbound on Pleasant St when her vehicle accelerated on its own, went through the stop sign and struck MV#1 on Homer St and continued onto Ashton Ave finally stopping in front of 195 Ashton Ave. The operator of MV#2 stated she attempted to stop her vehicle by utilizing her pedal brakes and her emergency brakes but it would not stop until she turned off her engine. MV#2 sustained heavy front end damages. The operator of MV#2 was evaluated by Newton Paramedics and signed patient refusal of treatment. The dog that was inside MV#2 was also not injured. Tody's Towing took possession of MV#2.

(Continued on next page)

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

GITA K SETIABUDI		25111	NEWTON POLICE DEPTA		05/11/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11-24-00					

→ 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:

I spoke to the witness (Foreman of the Feeney Brothers Excavation detail) who was servicing a gas service on Ashton Ave. Due to this gas service, that particular section of Ashton Ave was completely closed off at the intersection of Orient Ave and Morton St. There were several road closures and detour signs in the surrounding area prohibiting all vehicle travels. The witness stated he heard the crash and tire screeching, observed MV#2 struck a road closure signage at Orient Ave, continued to travel eastbound onto Ashton Ave striking some of his tools and finally stopping in front of 195 Ashton Ave. The witness stated he approached MV#2 and asked the operator if she was ok and the operator in return asked him what part of Ireland he was from. The witness stated the operator of MV#2 appeared to be in shock. The witness stated he observed the emergency hand brake on MV#2 to be activated. The witness estimated MV#2 to be travelling at approximately 20

(Continued on next page)

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

05/11/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

