

Commonwealth of Massachusetts

Police Use Only

Date of Crash
07/26/2021

Time of Crash
16:51

24HR

City/Town
NEWTON

Motor Vehicle Crash
Police Report

Number
Vehicles
2

Number
Injured
0

Speed Limit 30

Latitude

Longitude

State Police

Local Police

MBTA Police

Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

WEST 371 WASHINGTON ST

Route# Direction Address # Name of Roadway/Street

Feet N S E W of Mile Marker Exit Number

Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of Landmark

☒ Vehicle 1 4 #Occupants

☐ Hit/Run

☐ Moped

Case Number 210000551

License # --- St MA DOB/Age ---

Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL

Operator MENON MANISHA

Address 48 HAWTHORN ST (apt. 48)

City NEWTON State MA Zip 02458

Insurance Company GOVERNMENT EMPLOYEES INSURANCE COMPA

Vehicle Travel Direction: N S E W Responding to Emergency? N

Citation # (If Issued)

Violation 1: Ch Sec Violation 2: Ch Sec

Violation 3: Ch Sec Violation 4: Ch Sec

Reg # 1VRY51 Reg Type PAN Reg State MA

Veh Year 2015 Veh Make HONDA Veh Config. 2 20

Owner MALHOTRA ANKIT

Address 89 (apt. 2102) NEEDHAM ST

City NEWTON State MA Zip 02461

Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)

Event Sequence 1 22 22 22 22 2

Most Harmful Event 1 23

Driver Contributing Code 1 24 24

Underride/Override 25 Towed Y

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	---	---	---	1	4	4	0	0	10	1	NONE
MALHOTRA, ISHAAN	48 HAWTHORN ST (apt 48) NEWTON, MA 02458	---	M	6	1	4	4	0	0	10	1	NONE
MALHOTRA, MADHA	48 HAWTHORN ST NEWTON, MA 02458	---	M	3	1	4	4	0	0	10	1	NONE
MALHOTRA, ARYA	48 HAWTHORN ST NEWTON, MA 02458	---	F	4	4	4	4	0	0	10	1	NONE

Please Select One of the Following:

☒ Vehicle 2 1 #Occupants

☐ Non-Motorist A Type

14 Action

15 Location

16 Condition

17

☐ Hit/Run

☐ Moped

License # --- St MA DOB/Age ---

Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL

Operator FUNCHES-ALFORD LISA

Address 279 CENTRE ST (apt. 135)

City JAMAICA PLAIN State MA Zip 02130

Insurance Company GOVERNMENT EMPLOYEES INSURANCE COMPA

Vehicle Travel Direction: N X E W Responding to Emergency? N

Citation # (If Issued)

Violation 1: Ch Sec Violation 2: Ch Sec

Violation 3: Ch Sec Violation 4: Ch Sec

Reg # 88P190 Reg Type PAN Reg State MA

Veh Year 2018 Veh Make HONDA Veh Config. 1 20

Owner (Same as operator)

Address

City State Zip

Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)

Event Sequence 1 22 22 22 22 2

Most Harmful Event 1 23

Driver Contributing Code 4 24 24

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	---	---	---	1	4	4	0	0	10	1	NONE

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington St

371 Washington St

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:

The operator of Vehicle #1 stated that as she was travelling Westbound on Washington St. her vehicle collided with Vehicle #2 when it had attempted to pull out of the lot at 371 Washington St.

The operator of Vehicle #2 stated that a vehicle had stopped at the inside lane to allow her to take a right hand onto Washington St. She further stated that she must have taken a wide turn, because her vehicle collided with Vehicle #1 who was travelling on the outside lane on Washington St.

All parties declined medical attention when it was offered. Vehicle #1 was towed from the scene due to it being disabled.

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

DECLAN G HEALY

NEWTON POLICE DEPART

07/26/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date