

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/27/2021		Time of Crash 17:34 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 15 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:						9	
Route# Direction Name of Roadway/Street At				EAST 2366 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								11	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000560						3	
License # --- St MA DOB/Age ---				Reg # 3XVV59 Reg Type PAN Reg State MA								7	
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2018 Veh Make TESLA Veh Config. 2 20								12	
Operator CHATTERJEE SUNITA Last First Middle				Owner MUKHERJEE JOYDEEP Last First Middle								1	
Address 5 BELMORE PK				Address 5 BELMORE PK									
City NEWTON State MA Zip 02462				City NEWTON State MA Zip 02462									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 10 22 2 22 22 22 2 23				10 Undercarriage 5 11 Totaled					
Citation # (If Issued) _____				Most Harmful Event 2 23				Driver Contributing Code 19 24 24					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
Please fill out for operator and all occupants involved												13	
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												10	
Operator See Above													
MUKHERJEE, JOYDEEP 5 BELMORE PK NEWTON, MA 02462													
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												7	
License # --- St DOB/Age ---				Reg # 8JXM70 Reg Type PAN Reg State MA								8	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2003 Veh Make TOYOTA Veh Config. 2 20								99	
Operator _____ Last First Middle				Owner SIMON DENNIS Last First Middle									
Address _____				Address 18 (apt. 30) WASHINGTON ST									
City _____ State _____ Zip _____				City CANTON State MA Zip 02021									
Insurance Company PROGRESSIVE				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 2 22 22 22 22 2 23				10 Undercarriage 5 11 Totaled					
Citation # (If Issued) _____				Most Harmful Event 2 23				Driver Contributing Code 24 24					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
Please fill out for operator and all occupants involved												13	
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												10	
Operator/Non-Motorist See Above													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Washington St

2366 Washington St

2344 Washington St

MV#2

MV#1

Fence

NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑ N

Crash Narrative:

MV#1 was moving her car in the parking lot of The Lower Falls Wine Co. When the operator of MV#1 attempted to stop the car, she hit the accelerator instead. This caused MV#1 to crash through a fence, go over a dirt mound, and crash into MV#2, which was parked in the parking lot of the US Post Office, 2344 Washington St. I made numerous attempts to contact the owner of MV#2 with negative results. I left my information in a message for the owner of MV#2 in his vehicle.

I next spoke with the owner of the fence that was hit. I advised him of the situation. I provided him with a copy of the report number, and he will be following up with his insurance company.

MV#1 was towed off scene by AAA.

MV#2 was left on scene.

(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
MINERVINO, CHRIS,	2366 WASHINGTON ST NEWTON, MASSACHUSETTS 0	617-332-3000	97	FENCE

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

JOHN D BERGDORF NEWTON POLICE DEPARTM 07/27/2021

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

CDP1 11 -24-00

♀ Pedestrian

CDP1 11 -24:00