

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/04/2021	Time of Crash 12:51 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 2	Speed Limit <u>30</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 _____			WEST 325 BEACON 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 _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ B.C ST JUDE GATE ENTRANCE Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000580			
License # _____ St MA DOB/Age _____			Reg # 2GXY15		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2015		Veh Make VOLKSWAGON		Veh Config. 1 20			
Operator REILLY CHRISTOPHER PHILIP Last First Middle			Owner (Same as operator)		Last First Middle					
Address 108 LINE ST (apt. 2)			Address _____		Last First Middle					
City SOMERVILLE State MA Zip 02143			City _____		State _____ Zip _____					
Insurance Company GEICO			Vehicle Action Prior to Crash 8 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		1 2 3 4 5 6 7 8 9 10 11 Totalled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 6 24 24		Underride/Override 25 Towed Y					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
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 2 4 0 0 8 1					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 MA DOB/Age _____			Reg # 7SF946		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2018		Veh Make TOYOTA		Veh Config. 2 20			
Operator STEWART NALINE Last First Middle			Owner (Same as operator)		Last First Middle					
Address 29 ROWE ST			Address _____		Last First Middle					
City NEWTON State MA Zip 02466			City _____		State _____ Zip _____					
Insurance Company STANDARD FIRE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22		1 2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		1 2 3 4 5 6 7 8 9 10 11 Totalled					
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
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		99 4 4 0 0 7 1					

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

her left side torso area. The operator of MV#2 was evaluated by Newton Paramedic 1 and signed a patient refusal of treatment.

It should be noted that the point of impact for both vehicles occurred on Beacon St westbound by the Boston College "McElroy Commons" (325 Beacon St at the St Jude Gate entrance) and there are no intersections.

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

08/04/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date