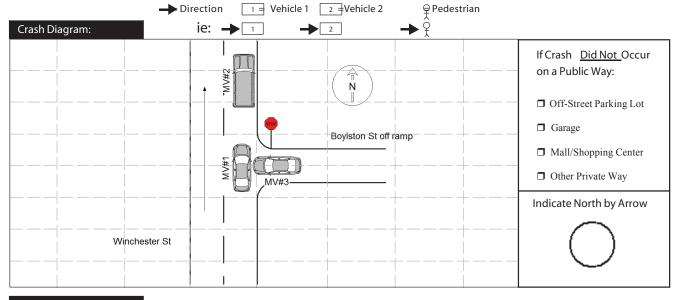
	Poli	ice Use Only		Commonwe	ealth (of Mass	ach	use	tts			RMV	Docun	nent Number	
	Date of Crash 09/15/2021	Time of Crash 13:12 24HR	NEWTON	171010		nicle Cra Report	ash	Nun Vehi 3	icles	Number Injured 1	1	Limit ide itude_		State Police Local Police MBTA Police Other:	XI XI
			RSECTION:	<	LOCA		>			NOT	AT I	NTE	CRSEC	CTION:	
	WES	T BOYLS	TON ST												2
1 1	Route# Direc	tion	Name o	f Roadway/Street		Route# Direct	ion A	ddress	#		Nam	e of R	oadway/	Street	2
	NOR	TH WINCE	HESTER ST	At		Feet	N S E	E W of	f —		<u> </u>	c	or		
	Route# Direc	etion N		ng Roadway/Street		Foot	N S F	E W of		Mile Ma	ırker			Exit Number	_
			Also at Inte	rsection with				_	_	Route#	In	tersect	ing Road	dway/Street	- -
² 1	Route# Direc	tion	Name of Interse	ecting Roadway/Street		Feet	N S F	L W of	: —			T	dmark		9
3	[V]57.12.1.1	2 #0		Dward I								Lan	amark		
1	Venicie	2_#Occupants		- 1 Cas	se Number			2100000	0710						
	License#	18 1	StSt	A DOB/Age		KEJ5320								State NY 20	-
	Sex_F Lic.	Class D	Lic. Restrictio			Year 2013		eh Mak	e_HON	NDA			Veh Co	nfig. 1	
⁴ 2	Operator SAI	Last	LEAH First	Middle		(Same as op				First			Middle		_ 1
		EAMINGTON R				ess									-
	City BRIGHT			ate MA Zip 02135	_										
5	1	r J		MERICAN FAMILY INSUE	_	le Action Prior			21 22 2	Da 2 2	maged	Area	`	Circle Up to Th	ree)
1				ponding to Emergency? N		Sequence 1	22 1	3				$\overline{\setminus}$		10 Undercar	rriage
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⁶ 1]			1 2: ChSec		r Contributing (99				7		6	
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	Name (Last Fir		ator and an occi	Address		Age/DOB	Sex	26 Seat Si Pos. Si	27 afety Air ystem Sta	28 29 bag Airbag atus Switch	30 Eject Code	31 Trap I Code S	32 njury Tra status Co	33 nsp. de Medical Faci	1 1
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	MOSSAIOV,	LEON		EANECK, NJ 07666			M	3 9	99 2	4	0	0	8 1		
⁷ 3	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupar	ts Non-Motorist A T	Туре	14 Action	15 Lo	cation	16	Conditi	ion	17	Hit	t/Run Mo	ped
	License#		St_M		_ Reg#	18717			1	Reg Type	PAR		Reg	State MA	_]
	Sex_F_ Lic.	Class D 18 1	Lic. Restrictio		_ Veh Y	ear_2010	V	eh Mak	e_VOL	vo			Veh Co	nfig. 20	
⁸ 2	Operator AN	Last	ROBIN First	Endorsment	_ Owne	(Same as op	erator)			First			Middle		_
	Address 20 LI	NDEN ST			_ Addre	ess									_
	City NEWTO	N	S	ate MA Zip 02464	_ City_							State_	2	Zip	_
	Insurance Com	pany LM GENE	RAL		_ Vehic	le Action Prior	to Crash	_ 1		_	maged	Area (Code: (C	Circle Up to Th	ree)
	Vehicle Travel	Direction:	S E W	sponding to Emergency?N	_ Event	Sequence 1			22 2	2 0		3		4	
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				on 4: ChSec	Under	rride/Override	2		wed_		1 22	/	20. 1	6	
	Pl Name (Last Fi		operator and al	l occupants involved Address		Age/DOB	Sex		27 afety Air System S	28 29 bag Airbag tatus Switch	30 Eject h Code	31 Trap I Code	njury [[ra	nsp. ode Medical Fac	cility
	Operator/	Non-Motorist		See Above				9	99 4	4	0	0	10 1		

Pol Date of Crash	Time of Crash		Commonwea Motor		icle Cra		Number	Number		RMV Doc Limit <u>25</u>		
09/15/2021	13:12	NEWTON			icie Cra Report	.511	Vehicles 3	Injured 1		le	Lo MI Oti	te Police cal Police 3TA Police her:
	AT INTEL	RSECTION:		LOCAT		>	3		_	NTERS:		
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1				-	Feet N	N S E V	V of	Route#	Inte	ersecting R	toadway	Street
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XVehicle 3	3 1_#Occupants	Hit/Run	Moped Case 1	Number		210	0000710					
License#	-	St MA	DOB/Age	Reg # 8	348ZWB			Reg Tyr	e PAN	R	eg State	MA
Sex_F Lic.	18		B CDL		ar 2013		_{Make} NI					20
Operator ZU		MARILYN	Endorsment		(Same as oper						_	
Address 114 S		First	Middle		Last			First			ddle	
City NEWTO		State ¹	MA Zip 02461								Zip	
Insurance Com		MINERIAL PIDE			Action Prior to		21					Up to Three
Vehicle Travel	l Direction: N	S E X Respond	ling to Emergency?_N	Event S	Sequence 1 2	22 22	22	22 2		3	4	
Citation # (If I	Issued)			Most H	Iarmful Event	1 23			_ `	9		0 Undercarria
Violation	n 1: ChSe	c Violation 2:	ChSec	Driver	Contributing Co	ode 99	24	24				1 TOTALCU
Violation	1 3: ChSe	c Violation 4:	ChSec	Underri	ide/Override	25	Towed			7	6	
Please Name (Last Fi		ator and all occupan	ts involved Address		Age/DOB	Sex Po	26 27 at Safety 2 s. System	28 29 Airbag Airba Status \$witch	30 Eject I Code	31 32 Trap Injury Code Status	33 Transp. Code	Medical Facility
Operator			See Above					4 4		0 10	1	
Please Select (One 🗀		D	14		5	1	16		17		Ī.,
of the Followi	ing: Vehicle	e# Occupants	Non-Motorist A Typ	е	Action	Locati	ion	Condit	ion		Hit/Rur	Море
License#	18	St	DOB/Age	Reg#_				_Reg Typ	e	R	eg State	20
Sex Lic.	Class	Lic. Restrictions	CDL Endorsment		ar		Make			Veh	Config.	20
Operator	Last	First	Middle	Owner	Last	t		First		Mie	ddle	
Address				Address	s							
City		State_	Zip	City						State		
Insurance Com					Action Prior to		21	Da D	imaged A	Area Code 3	: (Circle	Up to Three
1	Direction: N	S E W Respor	nding to Emergency?		sequence	22 22 23	22			Ĭ		0 Undercarria
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1			ChSec		Contributing Co	ode		8		7) 6	
		ec Violation 4 r operator and all oc	: ChSec	Underri	ide/Override		Towed	28 29 Airbag Airba	30	31 32 Trap Injury	33	
Name (Last F	irst Middle)		Address		Age/DOB	Sex Po	os. System	Airbag Airbag Status Swite	g Eject I ch Code	rap Injury Code Status	Transp.	Medical Facili
Operator	/Non-Motorist		See Above									



Crash Narrative:

The operator of MV#1 stated she was travelling northbound on Winchester St at the intersection of the
Boylston St off ramp when she was struck on the passenger side of her vehicle. The operator of MV#1 was
unsure of what happened but stated that she believed MV#2 was travelling in front of her. The front
passenger of MV#1 stated they were travelling northbound on Winchester St when they were hit on the passenger
side. The front passenger also stated that MV#2 was travelling in front of them. The operator of MV#1 was
visibly crying and was evaluated by Newton Paramedics with a patient refusal of treatment. The operator of
MV#1 later complained of neck pain. She refused medical evaluation and was transported home by her mother.
They were advised to seek medical assistant if need be. The front passenger of MV#1 complained of right side
shoulder pain area. His eye glasses were also damaged during this accident. He was evaluated by Newton

(Continued on next page)

——————————————————————————————————————							
Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)			
Carrier Name					Carrier Iss	uing Authority Cod	e 35
Address		(City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gros	s Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra			
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Nan	ne		Material 4 o	ligit #	_ Release code	42

	→ Direction	1 = Vehicle 1 2 = Vehicle 2	♀ Pedestrian		
Crash Diagram:	ie: →	1 2	→ Ŷ		
				If Crash <u>Did No</u> on a Public Way:	
		<u> </u>	<u> </u>	☐ Off-Street Park	ing Lot
				☐ Garage	
į	į		į į	☐ Mall/Shopping	Center
		_		Other Private V	Vay
		<u> </u>	<u> </u>	Indicate North by	/ Arrow
_ 	 	 - +	+		
				())
Crash Narrative:	I				
	ent refusal of tr	eatment. MV#1 sustained	l heavy passenger si	de damages with bot	±h
-		irbags deployed. MV#1 w			
The operator of MV#2 st	tated she was tra	velling northbound on W	inchester St and st	ated, "next thing :	I know
there was a bang". The	operator of MV#2	was unsure of how the	accident occurred. I	N#2 sustained heav	y front
passenger side damages	and was leaking	fluids. MV#2 displayed	MA registration 4G	F124. A query of th	nis
registration showed that	at it was registe	red to a different vehi	cle. The paper regi	stration that the	perator
provided me displayed	registration #187	17. Both registrations	were active and reg	istered to the open	rator of
MV#2. It appeared that	the operator of	MV#2 owns 2 vehicles of	the same make and m	nodel but with dif	ferent
colors. The operator of	MV#2 stated the	RMV were the people th	at attached her pla	tes to her vehicles	s. MV#2
(Continue	ed on next page)				
Witnesses:					
Name (Last, First, Middle)		Address		Phone #	Statemer

	m next page,							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	#	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descri	iption of Dama	ged Property	
	!							
Truck and Bus Information:	Registration #		(From Vehic	cle Section)				
Truck and Bus Information:			`	cle Section)		Carrier Issu	uing Authority Co	35 de
								le
Carrier Name			City			St	Zip	le
Carrier NameAddressUS DOT #:	State Number		City			St	Zip	de
Carrier Name Address US DOT #:	State Number		City			St	Zip	de
Carrier Name Address US DOT #:	State Number	38	City Issuing State	ICC#:_		St	Zip	de
Carrier NameAddressUS DOT #:	State Number	38	City Issuing State	ICC#:_		St	Zip	de

GITA K SETIABUDI		25111	NEWTON POLICE DEPARTM		09/15/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDD1 11 2400					

-	Direction	1 = \	Vehicle 1	2 = Vehicle 2	₽ Pedesti	rian		
Crash Diagram:	ie: →[1	→[2	→ $\hat{\mathbb{R}}$			
							If Crash <u>Did Not</u> On a Public Way:	Occur
				<u></u>	<u> </u>		☐ Off-Street Parking	g Lot
							☐ Garage	
	 	_ _		+			☐ Mall/Shopping Ce	anton
				<u> </u>	<u></u>		11 0	
						_	☐ Other Private Way	/
							Indicate North by A	rrow
				+ 			\bigcirc	
Crash Narrative:								
was towed by Tody's Towin	g.							
The operator of MV#3 stat	ed she was st	opped	at the	stop sign on	the Boylsto	n St off	ramp (Westbound)	
at the intersection of Wi	nchester St w	hen s	he heard	the acciden	t involving	MV#1 and M	V#2. The operator	r of
MV#3 stated MV#1 was then	pushed into	her v	ehicle ca	ausing minor	damages to	her front	end. The operator	r of
MV#3 stated she was unsur	e which vehic	le ca	used the	accident. T	he operator	of MV#3 st	ated she was not	
injured.								
The point of impact betwe	en MV#1 and M	V#2 w	as approx	ximately 20	yards south	of the Boy	lston St bridge.	When
Officers arrived on scene	, the position	ns of	MV#2 was	s directly u	nderneath th	e Boylston	St bridge and M	V#1 was
in front of MV#3 at the	stop sign to	the B	oylston S	St off ramp.	I could not	determine	who caused the	
(Continued	on next page)							
Witnesses:		1.	dalassa				N #	Ct-t
Name (Last, First, Middle)		A	ddress			F	hone #	Statement
Property Damage:								
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of	Damaged Property	
Truck and Bus Information:	Registration #			(Fron	n Vehicle Section)	1		
Carrier Name				(1101)		Can	rier Issuing Authority Cod	e 35
Address				City		St	Zip	
US DOT #:								36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38	В					
Trailer Reg #:	٠ ا		Peg State	Reg V	oor Tr	ailer I ength	39	
Hazmat Information:	Keg Type		_ Neg State _	Keg 16	الم II	anci Leligili		
Placard 40 Material 1 digit	# 41 Materia	ıl Name	:		Material 4	digit #	Release code	42
CHTA W CETTA DAIDA			054	111			00 # = 1-1	201
GITA K SETIABUDI			251	111	NEWTON POLICE DEPART	M	09/15/20	JZI

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

	Direction	1	1 2 = Vehicle 2	₹Pedest	rian		
Crash Diagram:	ie: → [1 -	2	→ĝ			
Crash Diagram.						If Crash Did Not Con a Public Way: Off-Street Parking Garage Mall/Shopping Co	g Lot enter
Crash Narrative:							
accident.							
Witnesses:							
Name (Last, First, Middle)		Address				Phone #	Statement
		110001000					
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Doscrin	otion of Damaged Property	
Owner (East, 111st, Middle)	Address		Thorie #	34-туре	Descrip	nton or barriaged i roperty	
Truck and Bus Information:	D 11 11 11						
			(Fro	om Vehicle Section)			35
Carrier Name						_ Carrier Issuing Authority Cod	le
Address			City			St Zip	
rudioss			City				36
US DOT #:	State Number		Issuing Stat	e ICC #:_		Interstate	30
Cargo Body Type Code 37	Gross Vehicle Weight	38					
Cargo Body Type Code	Gross venicle weight					39	
Trailer Reg #:	Reg Type	Reg St	tate Reg	Year Ti	railer Len	gth	
Hazmat Information:							
40	41						42
Placard Material 1 di	git # 41 Materia	1 Name		Material 4	digit#_	Release code	72
GITA K SETIABUDI			25111	NEWTON POLICE DEPART	гл	09/15/20	021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)