

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 09/17/2021	Time of Crash 09:06 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>				
<b>EAST BEACON ST</b>											
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street								
<b>NORTH CENTRE ST</b>											
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# Intersecting Roadway/Street								
			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000717		
License # --- St MA DOB/Age ---			Reg # 2ECP85 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2012 Veh Make GMC Veh Config. 2 20								
Operator BANH BELINDA			Owner (Same as operator)								
Address 129 DOANE ST (apt. 3)			Address _____								
City QUINCY State MA Zip 02169			City _____ State _____ Zip _____								
Insurance Company GEICO			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4					
Citation # (If Issued) _____			Most Harmful Event 1 23			1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N								
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	
Operator			See Above			-----		---		99 4 4 0 0 10 1	
BANH, JACOB			129 DOANE ST (apt 3) QUINCY, MA 02169			-----		M		4 4 4 4 0 0 10 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 # 1MSM94 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2020 Veh Make TOYOTA Veh Config. 1 20								
Operator LESHCHINER YURIY LVOVICH			Owner (Same as operator)								
Address 99 NEEDHAM ST (apt. 1325)			Address _____								
City NEWTON State MA Zip 02461			City _____ State _____ Zip _____								
Insurance Company GEICO			Vehicle Action Prior to Crash 5 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4					
Citation # (If Issued) _____			Most Harmful Event 1 23			1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 9 24 24								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N								
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	
Operator/Non-Motorist			See Above			-----		---		99 4 4 0 0 10 1	

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Beacon St

Centre St

MV#1

MV#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:**

The operator of MV#1 stated she was travelling northbound on Centre St in the right side travel lane at the intersection of Beacon St when MV#2 merged into her lane from the left side travel lane striking her vehicle. MV#1 sustained minor damages to its driver's side front and rear doors. There were no reported injuries to the operator of MV#1 or its passenger.

The operator of MV#2 stated he was travelling northbound on Centre St in the left side travel lane when the vehicle in front of him attempted to make a left turn onto Beacon St. The operator of MV#2 stated he attempted to go around the vehicle in front of him by merging into the right side travel lane when MV#1 came at a high rate of speed and made contact with his vehicle. MV#2 sustained minor damages to its entire passenger side. There were no reported injuries to the operator of MV#2.

(Continued on next page)

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
SCHACHTER, ANNA,	,	----	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

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

→ 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:

Newton Fire evaluated all parties involved and determined there were no injuries. The witness stated she was standing on Centre St at the intersection of Beacon St and observed the entire accident. The witness stated MV#1 was travelling straight on Centre St in the right side travel lane when it was struck by MV#2. The witness stated MV#2 was on Centre St in the left side travel lane directly behind a vehicle that was attempting to make a left turn. The witness stated MV#2 attempted to go around the vehicle in front it by merging into the right side travel lane striking MV#1.

#### 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

09/17/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date