

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/23/2021	Time of Crash 12:03 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 25 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:				
Route# Direction Name of Roadway/Street At			WEST 821 BEACON ST			Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number			Feet N S E W of _____ Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____			Landmark				
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000746	
License # --- St MA DOB/Age ---			Reg # 2745B Reg Type APN Reg State MA			Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL _____ Veh Year 2021 Veh Make FRHT Veh Config. 13 20				
Operator LOPEZ CARLOS ISAAC			Owner (Same as operator)			Address _____				
Address 139 DELISLE ST			Address _____			City _____ State MA Zip 01420				
Insurance Company ACE AMERICAN			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 10 22 22 22 22			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 10 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24			Underride/Override 25 Towed N				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Please fill out for operator and all occupants involved			13 10				
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							
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 DOB/Age ---			Reg # _____ Reg Type _____ Reg State _____				
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. 20			Operator _____				
Address _____			Owner _____			City _____ State _____ Zip _____				
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
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→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

827 Beacon St "Sandwich Works"

821 Beacon St "Stretchmed"

Centre St

Beacon St

MV#1

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 witness stated he was inside 821 Beacon St the "Stretchmed" store at 11:55 when he observed MV#1 backed up into 2 mail boxes dislodging both from its foundation (1 blue colored and 1 green colored mailboxes)

. The witness stated MV#1 stopped then proceeded to drive away.

The witness did not get any registration information but stated that MV#1 was a white colored commercial box truck and was some sort of vegetable company. 821 Beacon St is directly next to 827 Beacon St the "Sandwich Works" store. I spoke to the owner of Sandwich Works and she confirmed she received food deliveries around the same time the accident occurred. The delivery commercial truck is from "Boston Salads & Provisions" with

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**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
SERVICE, UNITED STATES, POSTAL			97	2 USPS MAILBOXES

**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

→ 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:

contact phone number of 617 307-6340 (57-61 Foodmart Rd in Boston MA) .

I spoke to Boston Salads & Provisions manager "Matt" who confirmed that his driver did make deliveries to Sandwich Works at 11:55. Matt stated his driver's name is a Carlos Lopez (Phone #781 885-8404) . I spoke to Carlos and he confirmed he made a delivery to Sandwich Works. Carlos stated a vehicle had just left a parking spot in front of him so he pulled into that spot to park. Carlos stated he was unaware he had struck anything. Carlos stated there were no damages to the entire right side of his vehicle besides old damages .

Carlos provided me with his driver's license and MV#1's registration (Apportioned REG 2745B) . He was forthcoming with his information and was not evasive. Newton Dispatch notified Postal Police regarding the 2

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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

GITA K SETIABUDI

25111

NEWTON POLICE DEPART

09/23/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

