

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/23/2021		Time of Crash 22:15 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	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:						9	
Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street								10	
				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								11	
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000863							
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsement _____				Reg # 3HHW79 Reg Type PAN Reg State MA Veh Year 2021 Veh Make JEEP Veh Config. 2 20								12	
Operator _____ Last First Middle				Owner GOLESTANI SEPIDEH Last First Middle									
Address _____				Address 69 BENNINGSTON ST									
City _____ State _____ Zip _____				City NEWTON State MA Zip 02458									
Insurance Company _____				Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 23 9 10 Undercarriage Most Harmful Event 1 24 24 11 Totaled									
Citation # (If Issued) _____				Driver Contributing Code 1 24 24									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Underride/Override 25 Towed N									
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													
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 _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsement _____				Reg # _____ Reg Type _____ Reg State 20									
Operator _____ Last First Middle				Owner _____ Last First Middle									
Address _____				Address _____									
City _____ State _____ Zip _____				City _____ State _____ Zip _____									
Insurance Company _____				Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S E W Responding to Emergency? _____				Event Sequence 22 22 22 22 2 23 9 10 Undercarriage Most Harmful Event 23 11 Totaled									
Citation # (If Issued) _____				Driver Contributing Code 24 24									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Underride/Override 25 Towed _____									
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													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

73 Benningston St

69 Benningston St

Benningston St

Unit 1

Unit 2

Unit 3

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 MV1 stated she was backing out of her fathers driveway at 73 Benningston St when she struck MV2 in the front driver side. When she struck MV2, the operator stated she got scared, put the vehicle in drive and stepped on the gas. When she stepped on the gas she went onto the neighbors lawn, through the bushes, striking MV3 that was parked. The vehicle rested behind MV3 at an angle, in between the stairs to the residence at 69 Benningston St.

The operator stated she is pregnant and was checked out by the medics and signed a refusal. The vehicle was towed to Todys due to it being inoperable. The owners of MV2 and MV3 were home and notified of the accident.

The operator of MV1 has her MA permit but was operating the motor vehicle with no licensed operator. She was cited for unlicensed operation and given the citation in hand.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
GOLESTANI, SEPIDEH,	69 BENNINGTON ST NEWTON, MASSACHUSETTS 0	508-649-5268	97	ROCKWALL/STEPS

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