

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/10/2021	Time of Crash 08:02 24HR	City/Town NEWTON	Number Vehicles 1	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: _____					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 52 KELVEDEN RD				Route# Direction Address # Name of Roadway/Street				
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 _____ • _____ or _____ Mile Marker _____ Exit Number _____				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street _____				
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____				Landmark _____				
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000928		
License # _____ St _____ DOB/Age _____			Reg # 287ME6			Reg Type PAN			Reg State MA		
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____			Veh Year 2016			Veh Make SUBARU			Veh Config. <input type="checkbox"/> 2 <input type="checkbox"/> 20		
Operator _____ Last _____ First _____ Middle _____			Owner STECKMEST JEFFREY HART			Last _____ First _____ Middle _____			Address 52 KELVEDEN RD		
Address _____			City NEWTON			State MA			Zip 02468		
Insurance Company GEICO			Vehicle Action Prior to Crash <input type="checkbox"/> 11 <input type="checkbox"/> 21			Damaged Area Code: (Circle Up to Three)			Event Sequence <input type="checkbox"/> 2 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Most Harmful Event <input type="checkbox"/> 2 <input type="checkbox"/> 23			Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24			Underride/Override <input type="checkbox"/> 25 Towed N		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Diagram:		
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					
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants			<input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped		
License # _____ St _____ DOB/Age _____			Reg # _____			Reg Type _____			Reg State _____		
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____			Veh Year _____			Veh Make _____			Veh Config. <input type="checkbox"/> 20		
Operator _____ Last _____ First _____ Middle _____			Owner _____ Last _____ First _____ Middle _____			Address _____			City _____ State _____ Zip _____		
Insurance Company _____			Vehicle Action Prior to Crash <input type="checkbox"/> 21			Damaged Area Code: (Circle Up to Three)			Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Most Harmful Event <input type="checkbox"/> 23			Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24			Underride/Override <input type="checkbox"/> 25 Towed _____		
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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:

52 Kelveden Rd

Kelveden Rd

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 owner of MV#1 stated they had parked their vehicle on 11/10 at 17:00 on the street in front of their home at 52 Kelveden Rd. This morning at 08:00 they discovered their vehicle had been struck. MV#1 sustained moderate damages to its driver's side front headlight area.

MV#1 (MA REG 287ME6) is a blue colored vehicle. There were pieces of silver colored vehicle parts (Body panels) laying near the point of impact and silver colored paint transfer on the front bumper of MV#1. I inspected the silver colored vehicle parts and could not locate any identifying part numbers. A search of the surrounding area showed negative results for possible involved vehicles. I did not observe any video cameras in the neighboring houses.

On 11/13, the owner of MV#1 contacted me stating that one of his neighbors had a camera that captured a

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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

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:

possible involved vehicle. The video was emailed to me and I reviewed it. The video showed on 11/10 at 01:52:52 a silver colored sedan drove by the camera. At 01:53:20 the video showed a silver colored sedan drove by in the opposite direction. At 01:53:38 a loud noise was heard. The video footage only shows a silver colored sedan with its driver's side fog light out and no other identifying markings. The owner of MV#1 was not able to provide the address or contact information of where the cameras were from but believes the house is located on Mossfield Rd. I have consulted with the traffic bureau and they will see if a followup is possible.

Traffic Bureau update (Officer Gaudet): I reviewed the video submitted to Officer Setiabudi and

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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

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 DEPT

11/10/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ 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:

I am not able to make out a license plate or any other identifying features of the vehicle aside from the fact that it is a gray sedan. The vehicle is not observed making contact with any other vehicles in the area. I canvassed the area of 52 Kelveden Road and the surrounding streets for any gray vehicles with driver side damage. This canvass yielded a negative result.

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

11/10/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date