

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 11/26/2021	Time of Crash 16:19 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	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:				
WALNUT ST											
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At			Feet N S E W of _____ • _____ or _____				Mile Marker Exit Number				
WATERTOWN ST											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Route# Intersecting Roadway/Street				
Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Landmark				
<input checked="" type="checkbox"/> Vehicle 1 4 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000991		
License # --- St MA DOB/Age ---			Reg # 1WJF76 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017 Veh Make TOYOTA Veh Config. 2 20								
Operator SHANBHOGUE SANTOSH J			Owner SHENOI NIMA								
Address 36 SOUTH GATE PARK			Address 36 SOUTHGATE PAR								
City NEWTON State MA Zip 02465			City NEWTON State MA Zip 02465								
Insurance Company GEICO			Vehicle Action Prior to Crash 1 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 10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event 1 23			5 11 Totalled					
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											
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 99 0 0 10 1								
SHENOI, NIMA 36 SOUTHGATE PAR NEWTON, MA 02465			--- --- F 12 99 4 99 0 0 10 1								
SHENOI, ANIKA 36 SOUTHGATE PARK NEWTON, MA			--- --- 11 4 4 99 0 0 10 1								
SHENOI, LEEA 36 SOUTHGATE PARK NEWTON, MA			--- --- 11 4 4 99 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 # 811ZW9 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2011 Veh Make TOYOTA Veh Config. 2 20								
Operator BRICKEY PAUL E			Owner (Same as operator)								
Address 23 WILDWOOD AVE			Address _____								
City NEWTON State MA Zip 02460			City _____ State _____ Zip _____								
Insurance Company COMMERCE INSURANCE			Vehicle Action Prior to Crash 3 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 10 Undercarriage					
Citation # (If Issued) T2014492			Most Harmful Event 1 23			5 11 Totalled					
Violation 1: Ch 90/11/A Sec _____ Violation 2: Ch 89/9 Sec _____			Driver Contributing Code 3 24 24								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N								
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			--- --- 99 4 99 0 0 10 1								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Walnut St.

Watertown St.

MV#1

MV#2

← N →

NOT TO SCALE

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:

On 11/26/2021, at 1619 hrs, Newton Police were dispatched to the intersection of Watertown St. and Walnut St. (both public ways within the City of Newton) for a motor vehicle collision involving two vehicles.

The operator of MV#1 stated they had a green light as they were traveling southbound on Walnut St. through the intersection of Watertown St. when MV#2 collided into their passenger side. The operator of MV#1's (2) infant children were located within child protection devices in the second row of the vehicle and were reported to be uninjured. The operator of MV#1 and his wife whom was seated in the front seat of the vehicle declined medical attention for themselves and their children.

The operator of MV#2 admitted to police he was turning right (southbound) onto Walnut St. from Watertown St. when he collided into the passenger side of MV#1. There is a posted "No turn on right" sign on

(Continued on next page)

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:

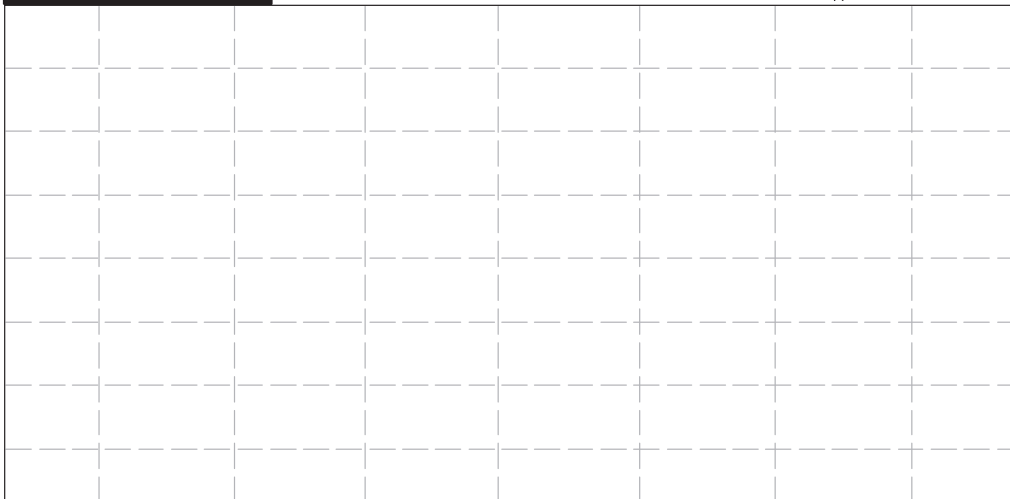
Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

DANIEL SOHN			NEWTON POLICE DEPT	11/26/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks
CDP1 11 -24:00				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:

the corner of Watertown St. and Walnut St.

Damage to MV#1 and MV#2 was consistent with MV#2 colliding into MV#1's passenger side. Both vehicles were able to be driven from the scene and the operator of MV#2 was issued Ma Uniform Citation; T20144922 for:

Mgl Ch. 89. Sec 9. Red light violation.

Mgl Ch. 90. Sec. 11. No License in Possession.

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

DANIEL SOHN

NEWTON POLICE DEPART

11/26/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date