

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 02/26/2022		Time of Crash 13:30 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:						9		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				SOUTH 51 CYPRESS ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____								2	10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____														
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____														
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000183					11	4
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company ALLSTATE				Reg # 7WXT50 Reg Type PAN Reg State MA Veh Year 2013 Veh Make TOYOTA Veh Config. 1 20 Owner HORTON CHRISTINE G Address 40 BELLAMY ST City BOSTON State MA Zip 02135 Vehicle Action Prior to Crash [11][21] Damaged Area Code: (Circle Up to Three) Event Sequence [2][22][22][22][22] 2 3 4 Most Harmful Event [2][23] 1 9 10 Undercarriage Driver Contributing Code [1][24][24] 5 11 Totaled Underride/Override [25] Towed Y								12		
Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____														
Please fill out for operator and all occupants involved												13	2	
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 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 --- Sex M Lic. Class [D][18][18] Lic. Restrictions [1] 19 CDL _____ Operator GULKAN BERSISEMRE Address 90 DALE ST (apt. 2) City WALTHAM State MA Zip 02451 Insurance Company GEICO				Reg # ITS RHD Reg Type PAV Reg State MA Veh Year 2008 Veh Make SUBARU Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash [1][21] Damaged Area Code: (Circle Up to Three) Event Sequence [2][22][22][22][22] 3 4 Most Harmful Event [2][23] 1 9 10 Undercarriage Driver Contributing Code [12][24][24] 5 11 Totaled Underride/Override [25] Towed Y										
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Operator/Non-Motorist See Above														

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Cypress St

51 Cypress St

Parker St

MV#1

MV#2

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

MV#1 was unoccupied and parked on Cypress St in front of 51 Cypress St when it was struck by MV#2. MV#1 sustained heavy damages to its rear driver's side wheel. The owner of MV#1 was standing outside of her vehicle on the sidewalk when MV#1 was struck. There were no reported injuries to the owner of MV#1. The operator of MV#2 stated he was travelling southbound on Cypress St and attempted to go around MV#1 when he struck it. The operator of MV#2 stated he thought he had enough space to go around but due to the snow piles and oncoming traffic on the northbound lane he misjudged the space. MV#2 sustained heavy damages to its front passenger side tire. There were no reported injuries to the operator of MV#2. Both involved vehicles were disabled and awaited for AAA Towing.

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

GITA K SETIABUDI 25111 NEWTON POLICE DEPTA 02/26/2022

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00