

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/25/2022	Time of Crash 09:12 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 10 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:					
<div>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>31Route# Direction Name of Intersecting Roadway/Street</div>			<div>29WEST 2322 WASHINGTON ST</div> <div>10Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number</div> <div>11Feet N S E W of _____ Route# Intersecting Roadway/Street</div> <div>2Feet N S E W of _____ Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000340			
License # --- St MA DOB/Age ---			Reg # 8HG613		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL			Veh Year 2008		Veh Make HONDA		Veh Config. 1 20			
Operator DIAZ ANGELY ENID RODRIGUE			Owner (Same as operator)							
Address 49 COOMBS ST (apt. 2R)			Address							
City SOUTHBRIDGE State MA Zip 01550			City		State		Zip			
Insurance Company GEICO			Vehicle Action Prior to Crash 10 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		1 24 24		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		Underride/Override 25 Towed N					
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 See Above			-----		99 4 4 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 PA DOB/Age ---			Reg # IYTK89		Reg Type PAN		Reg State FL			
Sex F Lic. Class C 18 18 Lic. Restrictions 1 19 CDL			Veh Year 2020		Veh Make HYUNDAI		Veh Config. 20			
Operator WRIGHT LAURA SINISI			Owner (Same as operator)							
Address 135 S 19TH ST (apt. 903)			Address							
City PHILADELPHIA State PA Zip 19103			City		State		Zip			
Insurance Company FLORIDA AUTOMOBILE LIABILITY			Vehicle Action Prior to Crash 10 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		1 24 24		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24		Underride/Override 25 Towed N					
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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			-----		99 4 4 0 0 10 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ☹ Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Starbucks 2322 Washington St

Washington St

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 MV#1 stated she was reversing out of her parking spot (Starbucks parking lot at 2322 Washington St) when MV#1 reversed out of her parking spot and struck her. MV#1 sustained minor damages to its passenger side front and rear bumpers. There were no reported injuries to the operator of MV#1.

The operator of MV#2 stated she was reversing out of her parking spot when someone next to her flagged her down to get her attention and she continued to reverse striking MV#1. MV#2 sustained minor damage to its driver's side rear bumper. There were no reported injuries to the operator of MV#2.

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 DEPART

04/25/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date