

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/14/2022		Time of Crash 09:39 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				EAST 1094 BEACON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2	10
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11	6
Route# Direction Name of Intersecting Roadway/Street													
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000397							
License # --- St CA DOB/Age --- Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL Operator HUQ ABM SAIFUL Address 10 CAMBRIDGE DR City SAINT JOHN State CA Zip E2K5T1 Insurance Company CERTAS HOME & AUTO Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # JSO184 Reg Type PAN Reg State CA Veh Year 2018 Veh Make BMW Veh Config. 2 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 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 10 Undercarriage 5 11 Totaled								12	
Please fill out for operator and all occupants involved												13	1
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status 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 MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Operator WHITMAN JAMES F Address 15 GOULD RD City WABAN State MA Zip 02468 Insurance Company ARBELLA Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # 84603 Reg Type PAR Reg State MA Veh Year 2012 Veh Make LEXUS Veh Config. 2 20 Owner (Same as operator) Address City _____ State _____ Zip _____ Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed N 10 Undercarriage 5 11 Totaled									
Please fill out for operator and all occupants involved													
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status 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:

Mobil gas station 1094 Beacon St

Walnut St

Beacon 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 he was travelling eastbound on Beacon St attempting to make a left turn onto Walnut St when he was struck by MV#2 pulling out of the driveway of 1094 Beacon St. MV#1 sustained heavy front end damages. There were no reported injuries to the operator of MV#1.

The operator of MV#2 stated he was pulling out of the driveway of 1094 Beacon St attempting to make a left turn onto Beacon St westbound when he struck MV#1. MV#2 sustained heavy front end damages. There were no reported injuries to the operator of MV#2.

MV#1 is registered in New Brunswick Canada (New Brunswick REG JS0184. VIN #5UXTR9C54JLD89371) and the operator has a New Brunswick Canadian driver's license #1192493. I had to enter a random state information for the vehicle/ license for the purpose of validating this report.

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

05/14/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date