

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/20/2022		Time of Crash 12:23 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:						9		
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				EAST 16 HARTFORD ST								2		
				Route# Direction Address # Name of Roadway/Street								10		
				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number										
				Feet N S E W of _____ Route# Intersecting Roadway/Street								11		
				Feet N S E W of _____ Landmark								2		
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000657								
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company PROGRESSIVE DIRECT				Reg # 1CAW74 Reg Type PAN Reg State MA Veh Year 2013 Veh Make SUBARU Veh Config. 1 20 Owner GORDON STEFANIE ELISSA Address 41 (apt. 3) VASSAL LN City CAMBRIDGE State MA Zip 02138 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								7 12		
Please fill out for operator and all occupants involved												13		
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												2		
Operator See Above														
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 2 0 #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 _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company FEDERATED MUTUAL				Reg # W33435 Reg Type CON Reg State MA Veh Year 2012 Veh Make MERCEDEZ Veh Config. 1 20 Owner DEMIRALI RENEE MARIE Address 85 CROSSTOWN AVE City WEST ROXBURY State MA Zip 02132 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								8 4		
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Operator/Non-Motorist See Above														

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Lincoln St

Hartford St

MV#2 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 she parked her vehicle in the municipal parking lot located at 16 Hartford St. When she returned to her vehicle she observed MV#2 (Parked behind her vehicle) touching her rear bumper. The owner of MV#1 stated she had parked her vehicle approximately 1.5 hours ago and MV#2 was not parked behind her previously. The owner of MV#1 showed me her parking receipt (Parking space #5548) and it displayed a time stamp of 11:19 AM.

The owner of MV#2 arrived shortly after and stated to me, "don't give me a ticket. I'm leaving". I stated to the owner of MV#2 that I responded for a vehicle accident and not for a parking violation. I showed the owner of MV#2 that the front of her vehicle was touching the rear of MV#1 and she stated that MV#1 hit her vehicle instead of the other way around. The owner of MV#2 stated she had parked her vehicle (Parking space #5549

(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

→ 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:

) approximately 40 minutes prior to my arrival but did not have a parking receipt because she never paid for parking. The owner of MV#2 stated she may not have been aware she made contact with MV#1 when she parked her vehicle.

Both involved vehicles were unoccupied during this accident. both vehicle owners exchanged information and were advised to notify their insurance providers. There were minor/ non visible damages to the rear end area of MV#1 and minor/ non visible damages to the front end of MV#2.

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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

07/20/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date