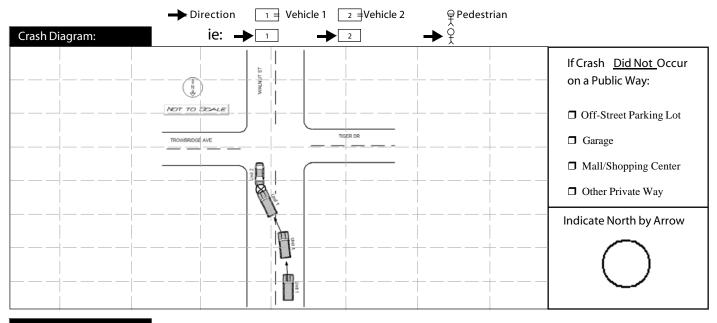
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ſ		at Intersection w	<u> </u>		Feet N	SE	W of					1 (0)	
7					Feet N	SE	W of	Rou	ite#	Intersec	cting Ro	adway/Street	
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	Operator GANGULY SAPTN		Endorsme	ent	(Same as oper						_		
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	City_NEWTON	State_MA	Zip 02460	City						State		Zip	
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	Please fill out for operator and all occupants involved							28 Airbag	29 3 Airbag Eje	0 31 ct Trap le Code	32 Injury T	33 ransp.	
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Crash Narrative:

MV1 was traveling southbound on Walnut St when the operator, Saptarshi Ganguly, stated that he began to feel fatigued, believed he blacked out and then woke up after impact with MV2. Mr. Ganguly stated that he takes

Atenolol for vasovagal syncope. I know this to be a condition that makes individuals feel like they are going to faint. He stated he was diagnosed with the disorder about 10 years ago.

MV1 crossed over the double yellow lines on Walnut St and collided head-on with MV2 who was traveling northbound on Walnut St. Two witnesses (Kyle Fieleke and Edward Aybar) at the scene corroborated the story and said that MV1, in a 2015 BMW X535I, MA Reg: 668BG5 veered into the opposite lane and hit MV2 head-on, a 2018 Tesla Model3, MA Reg: EV585N.

MV1 operator, Saptarshi Ganguly, was issued MA Uniform Citation T1440468 for 89/4a for Marked Lane Violation.

(Continued on next page)

Address	Phone #	Statement
3 FAIR OAKS AVE		
NEWTON,MA 02460		N
20 CAMBRIA RD		N.T.
NEWTON,MA 02465		N
	3 FAIR OAKS AVE NEWTON,MA 02460 20 CAMBRIA RD	3 FAIR OAKS AVE NEWTON,MA 02460 20 CAMBRIA RD

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property** Truck and Bus Information: Registration # ___ (From Vehicle Section) _____ Carrier Issuing Authority Code Carrier Name _ _____ City____ Address_ State Number_ ____ Issuing State _____ ICC #:____ US DOT #: ____ 38 Gross Vehicle Weight Cargo Body Type Code Trailer Reg #:_ Reg Type Reg State Reg Year Trailer Length Hazmat Information: _____ Material 4 digit # _____ Release code Placard Material 1 digit # Material Name____

			2 =Vehicle 2	Pedest	IIdII		
Crash Diagram:	ie: →	→ [2	→ ♀			
		 			<u> </u> 	If Crash <u>Did N</u> on a Public Wa	
		<u> </u>				☐ Off-Street Pa	rking Lot
		 				☐ Garage	
į	İ					☐ Mall/Shoppi	ng Center
		-				☐ Other Private	Way
		-	 			Indicate North	by Arrow
	· — — — — — — — — — — — — — — — — — — —	-)
Crash Narrative:							
A Request for Medical Ev	valuation form wa	s filled out	for Saptarsh	i Ganguly	and faxe	ed to the MA RMV	at
357-368-0018 as I am una	able to determine	his driving	ability.				
oth operators were tran	sported to Newto	n Wellesley	Hospital to b	e evaluate	d. Both	vehicles had ex	tensive
front end damage and we							
Witnesser							
W itnesses: Name (Last, First, Middle)		Address				Phone #	Stateme
		Address				Phone #	Stateme
		Address				Phone #	Stateme
Name (Last, First, Middle)		Address				Phone #	Stateme
Name (Last, First, Middle) Property Damage:	Address	Address	Phone #	24 Tupo	Description		
Name (Last, First, Middle) Property Damage:	Address	Address	Phone #	34-Type	Descriptio	Phone # n of Damaged Property	Stateme
Name (Last, First, Middle) Property Damage:	Address	Address	Phone #	34-Type	Descriptio		
Name (Last, First, Middle) Property Damage:	Address	Address	Phone #	34-Type	Descriptio		
Name (Last, First, Middle) Property Damage:			Phone #		Descriptio		,
Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information:	Registration #		(From V				
Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name	Registration #		(From V	ehicle Section)		n of Damaged Property	
Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name	Registration #		(From V	(ehicle Section)		n of Damaged Property Carrier Issuing Authority St Zip_	/ Code
Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #:	Registration #		(From V	(ehicle Section)		n of Damaged Property Carrier Issuing Authority St Zip_ Interstate	/ Code
Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #:	Registration # State Number Gross Vehicle Weight	38	(From VCityIssuing State	rehicle Section)		n of Damaged Property Carrier Issuing Authority St Zip. Interstate	/ Code
Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code Trailer Reg #: Hazmat Information:	Registration # State Number Gross Vehicle Weight Reg Type	38 Reg State _	(From V City Issuing State Reg Year_	Till Till Till Till Till Till Till Till	ailer Length	n of Damaged Property Carrier Issuing Authority St Zip_ Interstate	/ Code 3
Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code Trailer Reg #: Hazmat Information:	Registration # State Number Gross Vehicle Weight Reg Type	38 Reg State _	(From V City Issuing State Reg Year_	Till Till Till Till Till Till Till Till	ailer Length	n of Damaged Property Carrier Issuing Authority St Zip. Interstate	/ Code 36