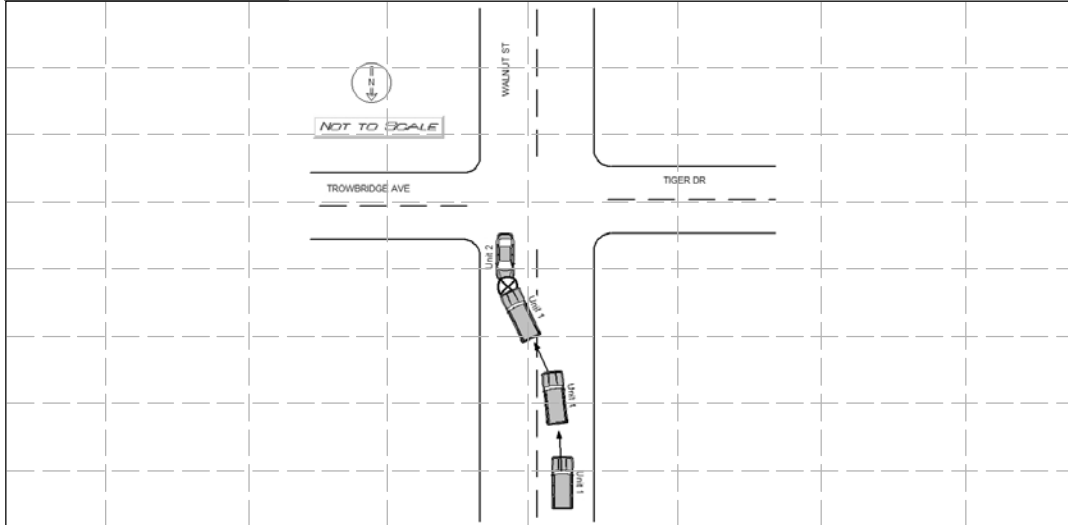


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/09/2019	Time of Crash 20:09 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 2	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
EAST TIGER DR Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
SOUTH WALNUT ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000036			
License # _____ St MA DOB/Age _____			Reg # 668BG5		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015		Veh Make BMW		Veh Config. 2 20			
Operator GANGULY SAPTNESHI Last First Middle			Owner (Same as operator)		Last First Middle					
Address 39 DEXTER RD			Address _____							
City NEWTON State MA Zip 02460			City _____ State _____ Zip _____							
Insurance Company GEICO			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? _____			Event Sequence 42 22 1 22 22 22		10 Undercarriage		11 Totaled			
Citation # (If Issued) T1440468			Most Harmful Event 1 23		Driver Contributing Code 17 24 24					
Violation 1: Ch 89/4A Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25		Towed Y					
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		Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33		Medical Facility			
Operator See Above			-----		1 1 4 0 0 3 2		NWH			
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 _____			Reg # EV585N		Reg Type PAS		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____			Veh Year 2018		Veh Make TESLA		Veh Config. 1 20			
Operator NOYES GWENDOLEN G Last First Middle			Owner KLIPFEL ARTHUR Last First Middle							
Address 175 RICHDALE AVE (apt. 101)			Address 175 (apt. 101) RICHDALE AVE							
City CAMBRIDGE State MA Zip 02140			City CAMBRIDGE State MA Zip 02140							
Insurance Company COMMERCE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? _____			Event Sequence 1 22 22 22 22		10 Undercarriage		11 Totaled			
Citation # (If Issued) _____			Most Harmful Event 1 23		Driver Contributing Code 1 24 24					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25		Towed Y					
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		Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33		Medical Facility			
Operator/Non-Motorist See Above			-----		1 4 4 0 0 3 2		NWH			

→ 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:

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)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
FIELEKE, KYLE, A	3 FAIR OAKS AVE NEWTON, MA 02460	-----	N
AYBAR, EDWARD,	20 CAMBRIA RD NEWTON, MA 02465	-----	N

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

→ 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:

A Request for Medical Evaluation form was filled out for Saptarshi Ganguly and faxed to the MA RMV at 857-368-0018 as I am unable to determine his driving ability.

Both operators were transported to Newton Wellesley Hospital to be evaluated. Both vehicles had extensive front end damage and were towed by Tody's 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 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