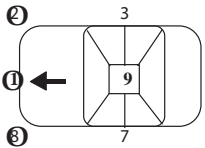
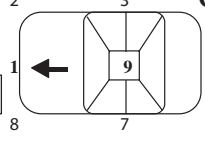


Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/25/2019		Time of Crash 16:23 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____		State Police <input type="checkbox"/> 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 _____				16 EAST 444 WATERTOWN ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet [N S E W] of _____ Landmark _____								2		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____												10		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												11		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												2		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000766						
License # _____ St MA DOB/Age _____				Reg # VT22098				Reg Type PAN		Reg State MA				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2003				Veh Make CHEVY		Veh Config. 2 20				
Operator KOUROUPOS ELIAS Last First Middle				Owner HUNTER EDWARD Last First Middle									12	
Address 126 TRAPELO RD				Address 38 BRAE BURN RD										
City WALTHAM State MA Zip 02452				City AUBURNDALE State MA Zip 02466										
Insurance Company UNITED SERVICES				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: [N S X W] Responding to Emergency? _____				Event Sequence 21 22 2 22 22 22 2									13	
Citation # (If Issued) _____				Most Harmful Event 21 23				10 Undercarriage					21	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 22 24 24				5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y										
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				-----				1 4 4 0 0 10 1 NONE						
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 _____				Reg # 5CN826				Reg Type PAN		Reg State MA				
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2008				Veh Make HONDA		Veh Config. 1 20				
Operator _____ Last First Middle				Owner YILMAZ SERCAN Last First Middle										
Address _____				Address 11 BOTHWELL RD										
City _____ State _____ Zip _____				City BRIGHTON State MA Zip 02135										
Insurance Company LM GENERAL				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: [N S X W] Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2									13	
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage					21	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N										
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				-----				1 4 4 0 0 10 1 NONE						

→ 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:**

At approximately 1620HRS on Thursday, July, 25, 2019, I was dispatched to 444 Washington St. in reference to a truck vs tree motor vehicle crash. Upon arrival, I noted MV1 (MA Vet: 22098) had partially left the roadway and came to rest when it struck a city tree on the sidewalk. Additionally, I noted MV1 struck MV2 (MA Pass: 5CN826), which was parked on the road in front of the tree/aforementioned address. MV1 sustained damage to its front clip and was leaking fluids. MV2 sustained damage to its right rear bumper/quarter panel area. Upon speaking with the operator of MV1, an employee of Tony's Auto Services, he stated that he was test riding the vehicle after they made repairs to its power steering system. He stated that as he traveled eastbound on Watertown St. at approx 30MPH, the vehicle's brakes failed and he guided MV1 towards the tree in an attempt to stop it without injuring anyone. Todys Services took custody of MV1. Newton

(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

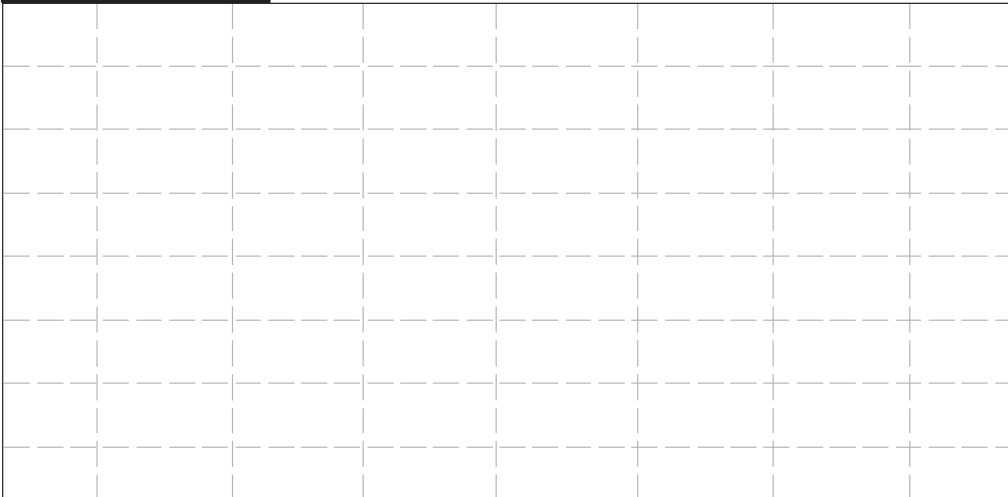
**Hazmat Information:**

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:

Fire cleaned up the leaking fluids and the operator of MV1 signed a patient refusal with Newton Medics. Newton Dispatch notified the city to see if they wished to inspect the tree which was still freestanding and appeared to only suffer minor damage. Tony's Auto Services notified the owner of MV1 and I notified the owner of MV2 of the crash. I submitted a picture of the tree to IT to be attached to this report. I cleared without further incident.

#### 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

CHRISTOPHER G HOWES

38804

NEWTON POLICE DEPART

07/25/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date