

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/23/2020	Time of Crash 16:06 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 35 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:
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NORTH DEDHAM ST			
Route#	Direction	Name of Roadway/Street	
		At	
		NAHANTON ST	
Route#	Direction	Name of Intersecting Roadway/Street	
		Also at Intersection with	
Route#	Direction	Name of Intersecting Roadway/Street	

Route#	Direction	Address #	Name of Roadway/Street
Feet	N S E W	of	• or Exit Number
Feet	N S E W	of	Route# Intersecting Roadway/Street
Feet	N S E W	of	Landmark

<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 200000275
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License # --- St VA DOB/Age ---	Reg # 8272UP Reg Type PAN Reg State VA
Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL	Veh Year 2002 Veh Make CHRYLER Veh Config. 2 20
Operator KIPREOS ALEXANDROS	Owner KIPREOS KONSTANTINA
Address 303 GREENWOOD DR	Address 303 GREENWOOD DR
City FREDRICKSBURG State VA Zip 22405	City FREDRICKSBURG State VA Zip 22405
Insurance Company STATE FARM	Vehicle Action Prior to Crash 1 21
Vehicle Travel Direction: N X E W Responding to Emergency? N	Event Sequence 20 22 23 22 22 22 22
Citation # (If Issued) T2014674	Most Harmful Event 23 23
Violation 1: Ch 89/4A Sec Violation 2: Ch 90/17A Sec	Driver Contributing Code 2 24 24
Violation 3: Ch 90/10A Sec Violation 4: Ch Sec	Underride/Override 25 Towed Y

Damaged Area Code: (Circle Up to Three)

10 Undercarriage
11 Totaled

Please fill out for operator and all occupants involved		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	-----	---	---	99	3	99	0	0	8	2	NWH

Please Select One of the Following:	<input type="checkbox"/> Vehicle #Occupants	<input type="checkbox"/> Non-Motorist A Type	14	Action	15	Location	16	Condition	17	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL	Veh Year --- Veh Make --- Veh Config. 20
Operator ---	Owner ---
Address ---	Address ---
City --- State --- Zip ---	City --- State --- Zip ---
Insurance Company ---	Vehicle Action Prior to Crash 21
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Operator/Non-Motorist	See Above	-----	---	---								

→ 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:

operator 1 was traveling n/b on Dedham St when he got confused with the signage at Dedham St and Nahanton St. MV 1 jumped the curb at the island and struck a city pole. (see incident #20019640)

Moderate damage to MV1 , towed by Todys towing.

Operator 1 was transported to the NWH with minor injuries.

Operator 1 was issued citation# t2014674 for c90s10 Operating w/o a license, c89s4A Marked Lanes and c90s17 Speeding.

City was notified to replace the pole.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON,MASSACHUSETTS 02		3	CITY STREET SIGN POLE

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

ROBERT A MARCH

NEWTON POLICE DEPART

04/23/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date