

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 05/26/2020	Time of Crash 13:19 24HR	City/Town NEWTON	Number Vehicles 1	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:				
<b>EAST</b> Route# Direction Name of Roadway/Street At <b>NORTH</b> Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			<b>FRANKLIN ST</b> Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> or <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mile Marker Exit Number Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Route# Intersecting Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Landmark								
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000305		
License # --- St MA DOB/Age --- Sex M Lic. Class M 18 18 Lic. Restrictions G 19 CDL --- Operator SAINDON PHILIP Address 164 GALEN ST (apt. 45) City WATERTOWN State MA Zip 02472 Insurance Company QUINCY MUTUAL FIRE			Reg # DX7477 Reg Type MCN Reg State MA Veh Year 2014 Veh Make HONDA Veh Config. 3 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 7 21 Damaged Area Code: (Circle Up to Three) Event Sequence 97 22 22 22 22 2 Most Harmful Event 97 23 Driver Contributing Code 8 24 24 Underride/Override 25 Towed N								
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) T1269531 Violation 1: Ch 89/4A Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			10 Undercarriage 5 11 Totaled 1 2 3 4 5 6 7 8 9								
Please fill out for operator and all occupants involved			13 97								
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility											
Operator See Above											
Operator											
Operator											
Operator											
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											
License # --- St DOB/Age --- Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL --- Operator --- Address --- City --- State --- Zip --- Insurance Company --- Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? --- Citation # (If Issued) --- Violation 1: Ch --- Sec --- Violation 2: Ch --- Sec --- Violation 3: Ch --- Sec --- Violation 4: Ch --- Sec ---			Reg # --- Reg Type --- Reg State --- Veh Year --- Veh Make --- Veh Config. 20 Owner --- Address --- City --- State --- Zip --- Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed ---								
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Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility											
Operator/Non-Motorist See Above											
Operator/Non-Motorist											
Operator/Non-Motorist											
Operator/Non-Motorist											



**Crash Narrative:**

was diverted to 1 way traffic travelling northbound in the southbound lane. Officer Edrehi stated he observed Operator 1 following multiple vehicle and as he approached the intersection of Franklin St Operator 1 crossed over the marked lanes and past the cones and at a low speed fell into the construction hole. Due to the statements provided I issued Operator 1 MA Uniform Citation T1269531 for C89 S4A Marked Lanes violation (warning).

Operator 1 was assisted in lifitng his motorcycle and drove off without further issues.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

JUSTIN M LAU			NEWTON POLICE DEPARTM		05/26/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					