

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 06/29/2020		Time of Crash 18:48 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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:									
<div>11Route# Direction Name of Roadway/Street At</div> <div>22Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>						<div>16 WEST 2310 WASHINGTON ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ Mile Marker _____ Exit Number _____</div> <div>Feet N S E W of _____</div> <div>Feet N S E W of _____ Route# Intersecting Roadway/Street _____</div> <div>Landmark _____</div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants						<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000354					
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator MAMOUNAS PANAGIOTIS Address 37 WEBB ST City LEXINGTON State MA Zip 02420 Insurance Company ARBELLA						Reg # 2EPK24 Reg Type PAN Reg State MA Veh Year 2020 Veh Make TOYOTA Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N									
Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						<div>10 Undercarriage 5 11 Totaled</div>									
Please fill out for operator and all occupants involved						13									
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						1									
Operator See Above ----- --- 99 4 99 0 0 10 1															
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 --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ARISTIDE LUCKENS Address 5B DERMODY ST City WALTHAM State MA Zip 02451 Insurance Company GOV EMPLOYEE INS						Reg # 3VSB91 Reg Type PAN Reg State MA Veh Year 2014 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N									
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Operator/Non-Motorist See Above ----- --- 99 4 99 0 0 10 1															

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

WASHINGTON ST

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:

I responded to the area of 2310 Washington St for a two car MVA. I arrived on location and spoke with both operators who were outside their vehicles neither reporting any injury. V1 was stopped on the westbound side of Washington st facing westbound. V2 was stopped along the Eastbound side of Washington St, facing Eastbound. V1; MA REG. 2EPK24, 2020 Toyota, Tacoma PU color gray operated by Mamounas Panagiotis MA OLN#S42813380. V2;MA REG. 3VSB91, 2014 Honda, Accord sedan color black operated by Luckens Aristide MA OLN#S428088556.

V1 operator stated both V1 and V2 were traveling westbound on Washington St. V1 operator alleges V2 made a left turn, from the outside lane (double lane) attempting to turn left into 2300-2310 Washington St. V2 crossed directly in front of V1. The V1 operator stated he could not avoid a collision. V1 collided into

(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

DANIEL S SULLIVAN **NEWTON POLICE DEPTA** **06/29/2020**

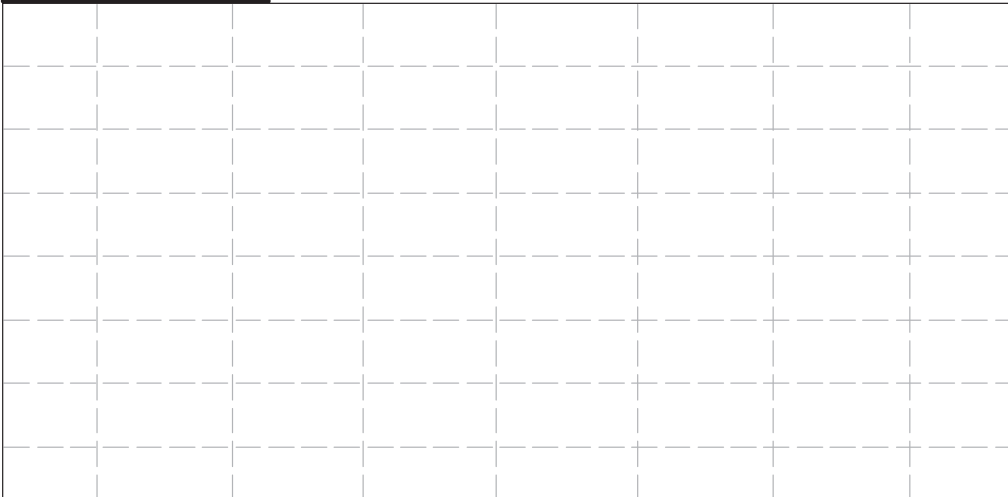
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

→ 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:

V2 at an angle causing V2 to spin out, facing eastbound on the eastbound side of Washington St.

V2 operator stated he was travelling westbound on Washington St. in the inside lane. V2 operator alleges he slowed with a left turn directional activated and was suddenly rear ended.

I observed the damage to both vehicles. I could not determine based on the damage, that I observed, who's account of the crash was consistent with the damage.

I advised both operators that i would be documenting both of their accounts of the MVA.

Witnesses:

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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

DANIEL S SULLIVAN

NEWTON POLICE DEPART

06/29/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date