

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/28/2020		Time of Crash 15:43 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	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:						9	
Route# Direction Name of Roadway/Street At				16 EAST 1391 WASHINGTON ST								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____								10	
Route# Direction Name of Intersecting Roadway/Street				Feet X S E W of PUTNAM ST Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark _____								11	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000620						1	
License # --- St MA DOB/Age ---				Reg # 9RW792 Reg Type PAN Reg State MA				20				12	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2009 Veh Make HYUNDAI Veh Config. 1				20				12	
Operator WALKER SONIA				Owner (Same as operator)				20				12	
Address 239 HAVRE ST (apt. 1)				Address _____				20				12	
City EAST BOSTON State MA Zip 02128				City _____ State _____ Zip _____				20				12	
Insurance Company GEICO				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)				13	
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 25 22 22 22 22				10 Undercarriage				13	
Citation # (If Issued) _____				Most Harmful Event 25 23				5 1 Totaled				13	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 12 24 24				8 7 6				13	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				8 7 6				13	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33				13					
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				25				13					
Operator See Above				99 1 4 0 0 99 1				13					
KARDAS, JONATHAN, W 39 BOYLSTON ST BOSTON, MA 02111				M 3 99 1 4 0 0 10 1				13					
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				13				13					
License # --- St DOB/Age ---				Reg # Reg Type Reg State				20					
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year Veh Make Veh Config. 20				20					
Operator _____				Owner _____				20					
Address _____				Address _____				20					
City _____ State _____ Zip _____				City _____ State _____ Zip _____				20					
Insurance Company _____				Vehicle Action Prior to Crash 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? _____				Event Sequence 22 22 22 22				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 23				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24				8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed _____				8 7 6					
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33				13					
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				25				13					
Operator/Non-Motorist See Above				99 1 4 0 0 99 1				13					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington St RT 16

Putnam 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:

Single MVA. MV lost control on the roundabout on RT 16 Washington St heading EASTBOUND, hit an island and was laid to rest on the sidewalk of the MassPike bridge on Rt-16. Heavy front end damage, airbag deployment, undercarriage and front wheels damaged as well. A witness notified Lt. DAngelo in front of NPD HQ that there was a crash and two occupants got out, a man and a woman. Lt. DAngelo was able to locate the male walking on Washington St who was involved in the crash, later identified as Jonathan Kardas. He stated that he was the passenger and his friend who was driving the vehicle but ran away. Multiple units looked for the female individual who was Sonia Walker, the owner of the MV. Kardas signed a refusal with the medics. Tody's towed the vehicle. Sonia's Iphone was secured into property locker #2 in support services for safekeeping. Dispatch made multiple attempts to contact Walker but had negative results.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
WALKER, SONIA,	239 HAVRE ST EAST BOSTON, MASSACHUSET	UNKNOWN	97	I-PHONE

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

ALEX N KANE	38800	NEWTON POLICE DEPART	10/28/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00