

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/21/2020	Time of Crash 07:59 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:			
Route# Direction Name of Roadway/Street At			NORTH 132 CHRISTINA ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Mile Marker _____ Exit Number _____							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street _____							
Route# Direction Name of Intersecting Roadway/Street			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000758	
License # --- St MA DOB/Age ---			Reg # 668WG8			Reg Type PAN			Reg State MA	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2018			Veh Make INFINITI			Veh Config. 2 20	
Operator SAHINIDIS MARCELA			Owner (Same as operator)			First Middle			Last Middle	
Address 581 SAW MILL BROOK PKWY			Address			First Middle			Last Middle	
City NEWTON State MA Zip 02459			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)	
Insurance Company LIBERTY MUTUAL			Event Sequence 23 22 22 22 22			Most Harmful Event 23 23			Driver Contributing Code 99 24 24	
Vehicle Travel Direction: X S E W Responding to Emergency? N			Underride/Override 25 Towed Y			10 Undercarriage			11 Totaled	
Citation # (If Issued) _____			1 21			2 23			3 4	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			4 5			6 7			8 9	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage			11 Totaled			12	
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			13 23	
SAHINIDIS, TOMAS			581 SAW MILL BROOK PKWAY NEWTON, MA 02459			M 4 4 4 4 0 0 10 1				
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 _____			Reg # _____ Reg Type _____ Reg State _____			Veh Year _____ Veh Make _____ Veh Config. 20				
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. 20			Veh Year _____ Veh Make _____ Veh Config. 20				
Operator _____			Owner _____			First Middle			Last Middle	
Address _____			Address _____			First Middle			Last Middle	
City _____ State _____ Zip _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)	
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Operator/Non-Motorist			See Above			M 4 4 4 4 0 0 10 1				

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

132 Christina St

Unit 1

Unit 2

← N →

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:

Marcela Sahinidis was operating Ma Reg 668WG8 N/B on Christina St. Marcela states that a vehicle was coming at her in the opposite direction. Marcela states that the car started to cross the yellow line and she swerved to the right to avoid the vehicle. As a result, Marcela struck the telephone pole (1099/11). Vehicle towed no injuries.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, VERIZON,	,		4	POLE 1099/11

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

STEPHEN T COTTENS

NEWTON POLICE DEPART

12/21/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date