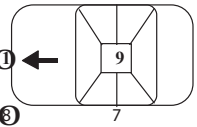
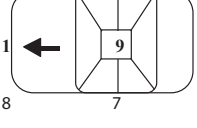


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/19/2021	Time of Crash 20:39 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u> 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:			
SOUTH EAST SIDE PKWY										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____				Mile Marker Exit Number			
WEST NEWTONVILLE AVE										
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____				Route# Intersecting Roadway/Street			
Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street							Landmark			
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000135	
License # --- St MA DOB/Age ---			Reg # 6VM222 Reg Type PAN Reg State MA							
Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year 2018 Veh Make TOYOTA Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20							
Operator BIBULD JONATHAN			Owner BIBULD DOUGLAS J							
Address 717 CENTRE ST			Address 717 CENTRE ST							
City NEWTON State MA Zip 02458			City NEWTON State MA Zip 02458							
Insurance Company SAFETY INSURANCE			Vehicle Action Prior to Crash <input type="checkbox"/> 4 <input type="checkbox"/> 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <input type="checkbox"/> N			Event Sequence <input type="checkbox"/> 20 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 27 <input type="checkbox"/> 22 <input type="checkbox"/> 22			2 3 4				
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 23 <input type="checkbox"/> 23						11 Totalled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed <input type="checkbox"/> Y							
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			-----			1 4 4 0 0 10 1				
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants			<input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14			Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # --- St DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____							
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20							
Operator _____			Owner _____							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash <input type="checkbox"/> 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22			2 3 4				
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 23 <input type="checkbox"/> 23						10 Undercarriage	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24						5 11 Totalled	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed _____							
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/Non-Motorist See Above			-----			-----				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Newtonville Ave

East Side Pkwy

Unit 1

← N =

NOT TO SCALE

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 of MV1 stated he was traveling westbound on Newtonville Ave, approaching the left onto East Side Pkwy. As he was making a slight left onto East Side Pkwy his MV slid up onto the curb and struck the East Side Pkwy and Newtonville Ave street sign. The MV went up onto the snow embankment.

Due to the MV being stuck on the embankment, I requested Tody's. MV1 had damage to the front bumper. The metal street sign was also under the vehicle. Unknown of the damage under neath the vehicle.

The operator of MV1 was not injured.

A City Of Newton Street sign was damaged due to the accident. Photos were taken and will be added to the report.

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,	,		97	NEWTON CITY STREET SIGN

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

SEAN STAKE

NEWTON POLICE DEPARTM

02/19/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date