

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 02/22/2021	Time of Crash 10:37 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				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:				
<div>WEST BEACON ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>SOUTH WALNUT ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>			<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or 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 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000143		
License # --- St MA DOB/Age ---			Reg # 46DS40 Reg Type PAN Reg State MA			Veh Year 2015 Veh Make CHEVY Veh Config. 1					
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Operator NEDELJKOVIC STEVAN			Owner (Same as operator)					
Address 136 BEETHOVEN AVE			City NEWTON State MA Zip 02468			Insurance Company SAFETY INSURANCE					
Vehicle Travel Direction: N S E W Responding to Emergency? N			Citation # (If Issued)			Vehicle Action Prior to Crash 3 21			Damaged Area Code: (Circle Up to Three)		
Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Event Sequence 20 22 22 22 22 22			Most Harmful Event 22 23		
						Driver Contributing Code 9 24 24			Underride/Override 25 Towed 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			-----			--- --- 99 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 20			Veh Year --- Veh Make --- Veh Config. 20					
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Operator ---			Owner ---					
Address ---			City --- State --- Zip ---			Insurance Company ---					
Vehicle Travel Direction: N S E W Responding to Emergency? ---			Citation # (If Issued)			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)		
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						Driver Contributing Code 24 24			Underride/Override 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

Crash Diagram: ie: → 1 → 2 → Pedestrian

Walnut St

Beacon St

Utility pole

MV#1

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:

The operator of MV#1 stated he was travelling southbound on Walnut St making a right turn onto Beacon St when he went over the curb (Snow mound) and struck a utility pole. The operator of MV#1 stated he suffers from a neurological medical condition and typically walks with a folding walker. He was evaluated by Newton Paramedics and signed a patient refusal of treatment. While he was speaking to the Paramedics, it was apparent that he was unstable on his feet but was able to walk on his own will. His portable walker was located in the back seat of his vehicle. He appeared to be of sound mind. His daughter in-law picked him up and drove him home.

MV#1 sustained damages to its passenger side front wheel area. MV#1 was towed by Tody's Towing. The utility pole (Boston Edison pole #31/107) that was struck is located on Walnut St southbound at the

(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

GITA K SETIABUDI

25111

NEWTON POLICE DEPART

02/22/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

