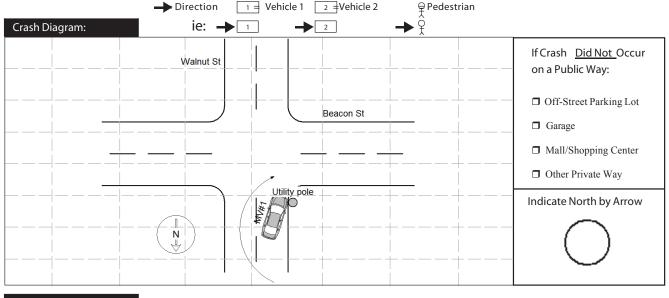
	Poli	ice Use Only		Commonwea	lth o	of Massa	achu	isetts			RMV	Docume	ent Number	
	Date of Crash 02/22/2021	Time of Crash 10:37 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		Latitu	d Limit . ude	30	State Police Local Police MBTA Police Other:	XI D
			RSECTION:		LOCAT		>						TION:	$\neg$ $\vdash$
	WES	т веасо	N ST											2
<b>1</b>	Route# Direc			padway/Street	I	Route# Direction	on Ad	dress #		Nan	ne of Ro	adway/S	treet	_ 2 1
	At SOUTH WALNUT ST					Feet NSEW of or								_   2
	Route# Direc	etion N	Name of Intersecting	Roadway/Street	Mile Marker Exit Number								_	
			ction with	Feet N S E W of Route# Intersecting Roadway/Street									- 1	
<sup>2</sup>	Route# Direc	tion	Name of Intersection	ng Roadway/Street		Feet [	N S E	W of						_ 1
3	[W]	1 110	ΙΙ								Land	lmark		$\dashv$
	Vehicle1	#Occupants		Moped Case N	Number		21	100000143						4
	License#	18 1	St MA	DOB/Age					Reg Ty			_	20	-
	Sex_M_ Lic.	Class D	Lic. Restrictions	B CDLEndorsment		ear_2015		n Make_C	HEVY			Veh Conf	řg. 1	
3		DELJKOVIC Last		Middle	Owner (Same as operator)  Last First Middle									- <b>3</b> <sup>1</sup>
		SEETHOVEN AV		MA 02469		SS								-
	City NEWTO			MA Zip 02468	Demond Ann Code (Circle He to Three)									
5	1	pany SAFETY II		r . r . p . N	Vehicle Action Prior to Crash  3 21 Damaged Area Code: (Circle Up to Three)  Event Sequence  20 22 22 22 22 22 22 22 22 22 22 22 22									
1		Direction: N		iding to Emergency? N		Sequence 20 Harmful Event	22 23				$\prod$		10 Undercarri	iage
	`	· ————		Ch Sec		Contributing Co		24	24	←	9	*	5 11 Totaled	
<sup>6</sup> <b>3</b>	1			ChSec		ide/Override	25		8		7	$\mathcal{L}$	5	
	Please	fill out for opera	ator and all occupa	nts involved	Onder			26 27 Seat Safety	28 29 Airbag Airba	30 g Eject	31 Trap In	32 3 njury Trans	3	1
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex I	os. System	Status Switc	h Code 0	Code 3	tatus Code	Medical Facili	ty 22
7		_							10		15			
2	Please Select C of the Followi	I Vehicle	e# Occupants	Non-Motorist A Type	e 1	Action	Loca	ation	Condi	tion	17	Hit/I	Run Mop	ed
	License#		St	_DOB/Age	Reg # Reg Type Reg State							ate		
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL					Veh Year Veh Make Veh Config.							řig. <b>20</b>	
<sup>8</sup> <b>3</b>						Owner Last First Middle								_
3	Address	Last	rust	Middle		3S			riist			Wildle		-
	City		City State Zip								-			
	Insurance Com	npany	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ee)			
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	Citation # (If I	ssued)			Most F	Harmful Event	23		24 1	←	9	´	5 11 Totaled	lage
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 24 24 7 6								5					
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	Name (Last Fi	irst Middle)	operator and all o	Address		Age/DOB	Sex	Pos. System	28 29 Airbag Airba Status Swi	g Eject ch Code	Trap In Code S	njury Trans Status Cod	sp.	lity
	Operator/	Non-Motorist		See Above										
														_
		· · ·												



## 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	Descriptio	n of Damag	ged Property	
Truck and Bus Information:  Carrier Name	Registration #		(From Vehic	cle Section)		Carrier Issu	ing Authority Cod	35 de
Address			City			St	Zip	
US DOT #:			_ Issuing State	ICC #:_			_ Interstate	36
Cargo Body Type Code Gros	ss Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length			
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#		Release code	42

-	→ Direction	_1 <u> </u> V	ehicle 1	2 =Vehicle 2	₽ Pedestr	ian	
Crash Diagram:	ie: →[	1	→[	2	→ 🤅		
							rash <u>Did Not</u> Occur a Public Way:
				<u> </u>			Off-Street Parking Lot
							Garage
				<del></del>			Mall/Shopping Center
							Other Private Way
		_		 <del> </del>			cate North by Arrow
		_		 			
							( )
				<del>                                     </del>		- — —	$\bigcirc$
Crash Narrative:							
intersection of Beacon St	westbound. The	ne pol	le sustai	ned minor da	amages to it	s base. Traffic	Officer took
pictures of the damaged p	ole and Boston	n Edis	son was n	otified. Bas	sed on the s	tatements made	to me and the
health condition of the o	perator of MV	#1, I	believe	his continue	ed operation	would constitu	ıte an immediate
threat to the public safe	ty. A request	for i	immediate	threat of	icense susp	ension/ revocat	tion form was
completed and emailed to	the R.M.V.						
Witnesses:							
Name (Last, First, Middle)		Ac	ddress			Phone #	# Statemen
Bronorty Damago							
Property Damage: Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of Dama	ged Property
Truck and Bus Information:	Registration #			(Erom	Vehicle Section)		
Carrier Name	_					Carrier Issu	uing Authority Code
Address				_ City		St	Zip
US DOT #:	_ State Number			Issuing State	ICC #:		Interstate 36
Cargo Body Type Code Gr	oss Vehicle Weight	38					
Trailer Reg #:	Reg Type		Reg State _	Reg Ye	ar Tra	ailer Length 39	
Hazmat Information:							
Placard 40 Material 1 digit	# 41 Materia	l Name_			Material 4 o	ligit #	Release code 42
GITA K SETIABUDI			251	11	NEWTON POLICE DEPARTS		02/22/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)