

Commonwealth of Massachusetts

| Police Use Only | | | Motor Vehicle Crash Police Report | | | | RMV Document Number | | | | |
|---|--------------------------------|---------------------|--|---------------------|--|---|---|--|---|--|--|
| Date of Crash 04/05/2021 | Time of Crash 21:39 24HR | City/Town NEWTON | Number Vehicles 1 | Number Injured 1 | Speed Limit 25 Latitude Longitude | State Police Local Police MBTA Police Other: | | | | | |
| AT INTERSECTION: | | | < LOCATION > | | | | NOT AT INTERSECTION: | | | | |
| Route# Direction Name of Roadway/Street At | | | WEST 48 WACHUSETT RD | | | | Route# Direction Address # Name of Roadway/Street | | | | |
| Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | Feet N S E W of Mile Marker Exit Number | | | | Feet N S E W of | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Feet N S E W of | | | | Route# Intersecting Roadway/Street | | | | |
| | | | | | | | Landmark | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 # Occupants | | | <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 210000234 | | |
| License # --- St MA DOB/Age --- | | | Reg # T21949 Reg Type CON Reg State MA | | | Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL Endorsment | | | Veh Year 2017 Veh Make RAM Veh Config. 2 20 | | |
| Operator SAHINIDIS GEORGE | | | Owner (Same as operator) | | | Address | | | Address | | |
| 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 THE HANOVER INS | | | Event Sequence 20 22 22 22 22 22 | | | Most Harmful Event 22 23 | | | Driver Contributing Code 10 24 19 24 | | |
| Vehicle Travel Direction: N S E W Responding to Emergency? N | | | Underride/Override 25 Towed Y | | | Citation # (If Issued) T2012668 | | | 10 Undercarriage 5 11 Totaled | | |
| Violation 1: Ch 90/24 Sec Violation 2: Ch 90/24 Sec | | | | | | Violation 3: Ch 90/24 Sec Violation 4: Ch Sec | | | | | |
| 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 1 99 0 0 8 2 | | | NEWTON WELLESLEY H | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 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 | | | Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment | | | Veh Year Veh Make Veh Config. 20 | | |
| Operator | | | Owner | | | Address | | | Address | | |
| City State Zip | | | City State Zip | | | Vehicle Action Prior to Crash 21 | | | Damaged Area Code: (Circle Up to Three) | | |
| Insurance Company | | | Event Sequence 22 22 22 22 22 22 | | | Most Harmful Event 23 | | | Driver Contributing Code 24 24 | | |
| Vehicle Travel Direction: N S E W Responding to Emergency? --- | | | Underride/Override 25 Towed | | | Citation # (If Issued) | | | 10 Undercarriage 5 11 Totaled | | |
| Violation 1: Ch Sec Violation 2: Ch Sec | | | | | | Violation 3: Ch Sec Violation 4: Ch Sec | | | | | |
| 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 | | | ----- | | | 1 1 99 0 0 8 2 | | | NEWTON WELLESLEY H | | |
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| | | | | | | | | | | | |

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

it was safe to tow the vehicle involved. Operator of MV1 was mailed a criminal application, citation
#T2012668 for the following offenses:

1. Ch. 90 Sec. 24/C (Leaving the scene of property damage).
2. Ch. 90 Sec. 24/E (MV, Negligent operation).
3. Ch. 90 Sec 24/J (OUI, Liquor).

(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 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

JUSTIN MARCH

NEWTON POLICE DEPART

04/05/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

