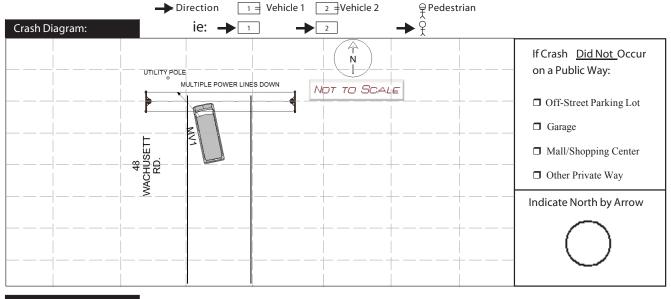
Date of Creab   Direction		Poli	ce Use Only		Common	wealth	of Mass	achı	isetts	<b>S</b>		RMV	/ Docur	nent Number	r
AT INTERSECTION:    Control   Contro				1	m Mo	tor Ve	hicle Cra	ısh						State Police Local Police	- <u>X</u>
Route* Direction Name of Readway/Street Route* Direction Name of Intersecting Readway/Street Also at Intersection with Als	L	04/03/2021								1 '				Other:	ce 🔲
Route® Direction Name of Readway/Street  Route® Direction Name of Intersecting Roudway/Street  Abo at Intersecting Roudway/Street  Feet NSEW of Feet NSEW of Feet NSEW of Feet NSEW of Readow Intersecting Roudway/Street  Landmark  License # Sy MA DOB/Age —— Route® Direction Name of Intersecting Roudway/Street  Feet NSEW of Feet NSEW of Readow Intersecting Roudway/Street  Landmark  License # Sy MA DOB/Age —— Rog # 121849 Reg Type CON Reg State MA Veh Config 2  Operator SAHNNIDS GFORGE  Name Address  Sis SAW MILL BROOK PKWY City PNPTON State MA Zip 02459 City — State Zip Vehicle Taxed Direction: NSEW Name of Readway/Street  Name Address  Violation 1 Ct. 90/24 Me. Violation 2 Ct. 90/24 Me. Violation 1 Ct. 90/24 Me. Violation 2 Ct. 90/24 Me. Violation 1 Ct. 90/24 Me. Violation 2 Ct. 90/24 Me. Violation 1 Ct. 90/24 Me. Violation 2 Ct. 90/24 Me. Violation 1 Ct. 90/24 Me. Violation 2 Ct. 90/24 Me. Violation 1 Ct. 90/24 Me. Violation 2 Ct. 90/24 Me. Violation 1 Ct. 90			AT INTER	RSECTION:	<	LOC	ATION	>		NO	ГАТ	INTE	ERSE	CTION:	
Routes Direction Name of Intersecting Readway/Street Also at Intersecting Readway/Street Feet NSEW of Feet NS	1						WEST	48		WACH	USETT	RD			
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Route# Direction   Name of Intersecting Roadway/Street   Feet   S EW of   Route# Intersecting Readway/Street	┨	At					Feet	N S E	W of		•		or		
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License # S, MA DOB/Age — Reg # 21949 Reg Type CON Reg State MA  Sex M Lic Class D 18 M8 Lic Restrictions 1 19 CDL Endocrament  Operator SAHINDIS GEORGE  Address SELSAW MILL BROOK PKWY  Address SELSAW MILL BROOK PKWY  City NEWTON  City NEWTON  City NEWTON  Citiation # (If Issued)  Please fill out for operator and all occupants involved  Address Selections  Operator  Please Fill out for Department and Incompany  License # State Zip  City State Zip  City New Address  Reg # Reg Type CON Reg State MA  Veh Config 2 20  Owner (Same as operator)  Veh Card 2017 Veh Make RAM  Veh Config 2 20  Owner (Same as operator)  Address  City State Zip  Damaged Area Code. (Circle Up to Three Sevent Sequence 20 22 22 22 22 22 22 22 22 22 22 22 22	4	Route# Direct	tion	Name of Intersect	ing Roadway/Street							Lar	ndmark		
Sex M Lie Class D IS M IS Lie Restrictions  Operator SAHNIDIS  GEORGE  Operator SAHNIDIS  GEORGE  Address  Sist SAW MILL BROOK PKWY  City NEWTON  Sinte MA Zip 02459  City NEWTON  Sinte MA Zip 02459  City NEWTON  Citation # (If Issued) Teorism  Vehicle Action Prior to Crash  Violation 1: Ch 99/2445e;  Violation 3: Ch 99/2445e;  Violation 3: Ch 99/2445e;  Violation 3: Ch 99/2445e;  Violation 3: Ch 99/2445e;  Violation 4: Ch 99/2445e;  Violation 5: Ch 99/2445e;  Violation 6: Ch 99/2445e;  Violation 6: Ch 99/2445e;  Violation 7: Ch 99/2445e;  Violation 8: Ch 99/2445e;  Violation 8: Ch 99/2445e;  Violation 8: Ch 99/2445e;  Violation 8: Ch 99/2445e;  Violation 9: Ch 99/2445e;  Violation 1: Ch 99/2445e;  Violation 8: Ch 99/2445e;  Violation 9: Ch 99/2445e;  Violation 9: Ch 99/2445e;  Violation 1: Ch 99/2445e;  Violation 3: Ch 99/2445e;  Violation 3: Ch 99/2445e;  Violation 4: Ch 99/2445e;  Violation 6: Ch 99/2445e;  Violation 6: Ch 99/2445e;  Violation 7: Ch 99/2445e;  Violation 8: Ch 99/2445e;  Violation 9: Ch		Wehicle 1	1_#Occupants	Hit/Run	Moped	Case Numbe	er	21	100000234	Į					
Sex M Lie Class D IS M IS Lie Restrictions  Operator SAHNIDIS  GEORGE  Operator SAHNIDIS  GEORGE  Address  Sist SAW MILL BROOK PKWY  City NEWTON  Sinte MA Zip 02459  City NEWTON  Sinte MA Zip 02459  City NEWTON  Citation # (If Issued) Teorism  Vehicle Action Prior to Crash  Violation 1: Ch 99/2445e;  Violation 3: Ch 99/2445e;  Violation 3: Ch 99/2445e;  Violation 3: Ch 99/2445e;  Violation 3: Ch 99/2445e;  Violation 4: Ch 99/2445e;  Violation 5: Ch 99/2445e;  Violation 6: Ch 99/2445e;  Violation 6: Ch 99/2445e;  Violation 7: Ch 99/2445e;  Violation 8: Ch 99/2445e;  Violation 8: Ch 99/2445e;  Violation 8: Ch 99/2445e;  Violation 8: Ch 99/2445e;  Violation 9: Ch 99/2445e;  Violation 1: Ch 99/2445e;  Violation 8: Ch 99/2445e;  Violation 9: Ch 99/2445e;  Violation 9: Ch 99/2445e;  Violation 1: Ch 99/2445e;  Violation 3: Ch 99/2445e;  Violation 3: Ch 99/2445e;  Violation 4: Ch 99/2445e;  Violation 6: Ch 99/2445e;  Violation 6: Ch 99/2445e;  Violation 7: Ch 99/2445e;  Violation 8: Ch 99/2445e;  Violation 9: Ch	Ī	License#		St MA	DOB/Age	Reg	# T21949			Reg Ty	pe CO	N	Reg	State MA	
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Violation 1: Ch 90/24/Sec Violation 2: Ch 90/24/Sec Violation 4: Ch Sec Underride/Override					ining to Emergency.			23				M	Λ)	l .	
Violation 3: Ch 90/24/dec Violation 4: Ch See Underride/Override 25 Towed Y 6  Please fill out for operator and all occupants involved Name (Last First Middle)  Address AgeDOB Sea Sec Name Switch Code Code Status Code Medical Facility  Operator See Above			-		: Ch 90/24/E				10 24 1	24 (1)	<b>←</b>	9		5 11 Totaled	
Please fill out for operator and all occupants involved Name (Last First Middle)  Operator  See Above  Please Select One of the Following:  Description:  Operator  Non-Motorist A Type  Id Action  Is Location  If Condition  If Condition  If Condition  If Hit/Run  Mope  Reg Type  Reg State  Veh Config  Owner  O							1					7		6	
Please Select One of the Following:	+						ciride/ o verride	T T.			9 30	31	32	33	
Please Select One of the Following:    Vehicle	F		st Middle)					Sex 1	Pos. System	Status Swit			Status Co	ode Medical Fac	
Of the Following:    Vehicle	H	Operator			See Above				1	1 99	0	U	8 2	NEWTON WEL	LESLEY H
Of the Following:    Vehicle												-			
of the Following:  Vehicle#Occupants   Non-Motorist A Type   Action   Location   Condition   Hit/Run   Mope    License #	L														
of the Following:  Vehicle#Occupants   Non-Motorist A Type   Action   Location   Condition   Hit/Run   Mope    License #															
License # St DOB/Age Reg # Reg Type Reg State  Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Veh Year Veh Make Veh Config.  Operator Owner Last First Middle Address  City State Zip City State Zip Damaged Area Code: (Circle Up to Three Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 22 22 22 22 22 22 22 22 22 22 22 22 22				# Occupants	Non-Motorist	A Type		15 Loca	ation	16 Cond	ition	17	Пні	t/Run Mc	oped
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Sex_ Lic. Class		License#	18 1	St		Reg	#			Reg Ty	pe		Reg		_
Address			Class		CDL		Year	Vel	n Make				Veh Co	nfig.	
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Insurance Company	- 1						ress								
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Citation # (If Issued) Most Harmful Event		Vehicle Travel	Direction: N	S E W Resp	onding to Emergency	? Ever	nt Sequence			22 2		<u> </u>			
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code  Violation 3: ChSec Violation 4: ChSec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Name (Last First Middle)	-	Citation # (If Is	ssued)			Mos	t Harmful Event	23		1	<b>+</b>	9		l .	
Violation 3: ChSecViolation 4: ChSecUnderride/Override		Violation	n 1: ChSe	ec Violation	2: ChSec	Driv	er Contributing C					Ų	$\sum$		
Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System  Status Switch  Code Status Code Medical Facilit  Medical Facilit	L	Violation	n 3: ChSe	ec Violation	4: ChSec	Und	erride/Override		Tower	1		/			
				operator and all o	*		Age/DOB		26 27 Seat Safety Pos. System	28 2 Airbag Airb	9 30 ag Eject	Trap	Injury Tra	ınsp.	acility
												2240			/
	+										+				
	-								$\perp$	+	$\perp$				



## Crash Narrative:

Operator of MV1 was traveling Westbound of Wachusett Rd. and collided with a utility pole in front of 48

Wachusett Rd. Operator of MV1 left the scene of the accident and was located nearby at the intersection of

Hammondswood Rd. at Intervale Rd. Operator of MV1 stated he left the scene of the accident because he was

scared. During questioning, Operator of MV1 admitted to consuming alcohol, appeared impaired and under the

influence of alcohol on scene. Operator of MV1 completely left his lane of travel and was operating in a

negligent manner.

Operator of MV1 sustained injuries to his head and left ankle. He was then transported to Newton Wellesley
Hospital for evaluation. MV1 sustained heavy front end damage due to impact. MV1 was unable to be towed due
to live power lines underneath the vehicle. A voicemail was left with the traffic bureau to follow up on when

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)	/	Address				Phone #		Statement
Property Damage:	,							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descri	ption of Damag	ged Property	
EVERSOURCE, ,	48 WACHUSETT R NEWTON,MASSA			4	1 EVEI	RSOURCE UTI	LITY POLE	
Truck and Bus Information:  Carrier Name	Registration #			,		Carrier Issui	ing Authority Cod	e 35
Address		(	City			St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_			Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	88				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Lei			
Hazmat Information:								
Placard 40 Material 1 digit #	Material Nam	e		Material 4	digit#_		Release code	42

 JUSTIN MARCH
 NEWTON POLICE DEPARTA
 04/05/2021

 Police Officer Name (Please Print)
 Signature
 ID/Badge # Department
 Precinct/Barracks
 Date

→	▶ Direction 1 :	Vehicle 1	vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: → 1	<b>→</b> [2	2	Ŷ			
						sh <u>Did Not</u> C Public Way:	Occur
					of	f-Street Parking	Lot
	.				<b>  G</b> a	arage	
					□м	all/Shopping Ce	nter
		+	+-		Ot	ther Private Way	
				+	Indica	ate North by Aı	row
						$\bigcirc$	
Crash Narrative:							
it was safe to tow the veh	icle involved.	Operator of	MV1 was mailed	a crimi	nal application,	citation	
#T2012668 for the following	j offenses:						
1 0 00 0 00 0 00 00 00 00 00 00 00 00 00							
1. Ch. 90 Sec. 24/C (Leavis 2. Ch. 90 Sec. 24/E (MV, No.			mage).				
3. Ch. 90 Sec 24/J (OUI, L	· · · · · · · · · · · · · · · · · · ·	.1011) .					
(Continued or	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
Bronorty Damago							
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damage	ed Property	
				71.			
Truck and Bus Information:	Registration #						35
Carrier Name					Carrier Issuir	ng Authority Code	
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gros	s Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length		
Hazmat Information:	41						42
Placard Material 1 digit #	Material Na	nme		Material 4	ligit #	Release code	12
JUSTIN MARCH			AHEATOON	N POLICE DEPARTM		04/05/20	21
Police Officer Name (Please Print)	Signature			artment	Precinct/Barrac		

'	Direction 1	■ Vehicle 1 2	₂_ <del>‡</del> Vehicle 2	₽Pedestrian		
Crash Diagram:	ie: → 1	<b>→</b> [2	2	→ĝ		
					If Crash Did Not Coon a Public Way:  Off-Street Parking Garage Mall/Shopping Ce Other Private Way	Lot
					Indicate North by Ar	rrow
Crash Narrative:						
See incident #21016286 fo	or further review	·.				
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	scription of Damaged Property	
Truck and Bus Information:	Registration #		(From '	Vehicle Section)		35
Carrier Name					Carrier Issuing Authority Code	33
Address			City		St Zip	
US DOT #:						36
27		38	10041115 04410	100 m	mersure	
J. S. Tay yr T. Ta	ross Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	r Trailer	Length	
Hazmat Information:						
Placard 40 Material 1 dig	it # 41 Material Na	nme		Material 4 digit	# Release code	42
JUSTIN MARCH				EWTON POLICE DEPARTN	04/05/20	
Police Officer Name (Please Print)	Signature			Department	Precinct/Barracks Date	

CDP1 11 ·24·00