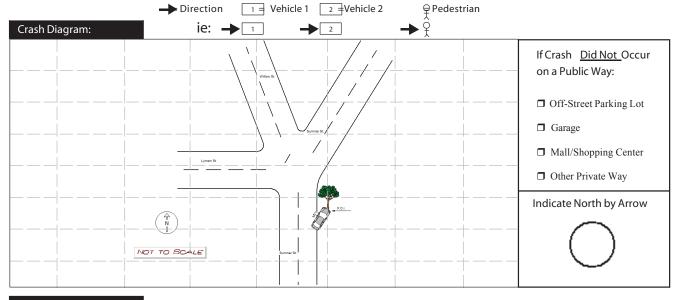
	Poli	ice Use Only		Commonwea	lth o	of Massa	achı	isetts			RMV	Docun	ient Number	
	Date of Crash 06/18/2021	Time of Crash 01:19 24HR	NEWTON	1410101		icle Cra Report	sh	Number Vehicles		Latit	ed Limit tude gitude_		State Police Local Police MBTA Police Other:	XI O
			RSECTION:		LOCAT		>		-				CTION:	_
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4	Route# Direc		Name of Re	padway/Street		Route# Direction	on Ad	ldress #		Naı	me of R	oadway/	Street	$ 2^1$
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	Route# Direc	etion N	Name of Intersecting			Feet	N S E	w of	Mile N	1arker			Exit Number	
2			Also at Intersec	ction with			N S E		Route#	<u> </u>	ntersect	ting Road	lway/Street	- <u> </u> 1
1	Route# Direc	tion	Name of Intersecti	ng Roadway/Street		rcct	N S E	VV OI			Lan	ıdmark		$-\frac{1}{}$
3	XVehicle1	#Occupants	☐ Hit/Run	Moped Case N	Number		21	100000445						\neg
	_		St MA	r case r		2SP545				PAN	NT.		· MA	-
	License # Sex_M Lic. 0	18 1	8	DOB/Age		8SP545 ear 2018		. Mala B					20	-
4		RGAONKAR	Lic. Restrictions SAURABH	S Endorsment		(Same as ope							111g	$ 7^1$
1		Last SWELL PARK (a		Middle		Las			First			Middle		_ 7
	City NEWTO		State	MA Zip 02458									Zip	_
	Insurance Com	pany GOVERNI	EMENT EMPLOYE	ES INSURANCE	Vehicle	e Action Prior to	Crash	1 2	2 1 I	Damage	d Area	Code: (C	Circle Up to Thre	ee)
5 1	Vehicle Travel	Direction:	S E W Respor	ading to Emergency? N	Event S	Sequence 20			22 0		3		4	
		ssued) T1447641			Most F	Iarmful Event	21 23		0	←	9		10 Undercarr5 11 Totaled	riage
⁶ 1	1			Ch_89/4ASec	Driver	Contributing C	ode = 25	10 24 9					6	
1			e Violation 4	ChSec	Underr	ide/Override		Towe	d <u>1</u>		31			1
	Name (Last Fir			Address		Age/DOB	Sex 1	26 27 Seat Safety Pos. System	Status Swit	ch Code	Code	Status Co	33 nsp. de Medical Facili	21
	Operator			See Above				1	3 99	0	0	10 1		
										+				
7														
2	Please Select C of the Followi	Vehicle	e#Occupants	Non-Motorist A Typ	e 1	4 Action	Loca	ation	Cond	ition	17	Hit	:/Run	ed
	License#	18 1	St	DOB/Age	Reg#_				Reg Ty	pe		Reg S	State 20	_
	Sex Lic.	Class	Lic. Restrictions	CDL		ear		n Make				Veh Cor		
⁸ 2	Operator	Last	First	Middle	Owner	Las	st		First			Middle		-
	Address					s								-
				Zip					<u></u> 1				Zip Circle Up to Thro	- ee)
	Insurance Com	Direction: N		anding to Emergency?		Action Prior to	22 22 22		22 2	amage	3	couc. (c	4	
	Citation # (If I		S E W Respo	onding to Emergency?		Sequence Iarmful Event	23				\prod		10 Undercarr	riage
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	Pl	ease fill out for	operator and all o	ccupants involved				26 27 Seat Safety	28 2 Airbag Airb	9 30 ag Eject	31 Trap I	njury Tra	33 nsp.	
	Name (Last Fi Operator/	rst Middle) Non-Motorist		Address See Above		Age/DOB		Pos. Syster	n Status Sw	tch Cod	e Code	Status Co	ode Medical Faci	lity



Crash Narrative:

On 6/18/21 at approximately 0119 hrs Sgt. Fleming, Officer L. Keefe, and I, Officer Mildner responded to

Sumner St @ Willow St. (public ways in Newton) for a report of a single motor vehicle crash.

Upon arrival I noticed MA Reg: 8SP545 up on the sidewalk, air bags deployed, with heavy front end damage from what appeared to be from crashing into a tree. The operator was identified as Saurabh Korgaonkar, who was being evaluated by the medics and signed a patient refusal. I spoke with Korgaonkar and asked him what happened. As I began speaking to Korgaonkar I noticed he a strong odor of alcoholic beverage coming from his breath, glassy eyes, and slurred speech. Korgaonkar stated he was driving home from Brookline somewhere in the area of Commonwealth Ave. and Washington St. I asked Korgaonkar where he was specifically coming from and he stated "Abbey". I asked Korgaonkar if he had anything to drink while he was there to which he stated "two

(Continued on next page)

Witnesses:							
Name (Last, First, Middle)	A	ddress			Phor	ne #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Da	maged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)			
Carrier Name					Carrier	Issuing Authority Cod	35 le
Address		(City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gross	s Vehicle Weight	3			:	39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length		
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Name	<u> </u>		Material 4	digit #	Release code	42

	→ Direction	■ Vehicle 1	2 =Vehicle 2	♀ Pedestrian	
Crash Diagram:	ie: →	→	2	→ ♀	
	 	 	 	 	If Crash <u>Did Not</u> Occur on a Public Way:
					☐ Off-Street Parking Lot
		 	 	 	☐ Garage
					☐ Mall/Shopping Center
					☐ Other Private Way
		-	<u> </u>		Indicate North by Arrow
Crash Narrative:	•				•
drinks". It should be	noted Korgaonkar	was unsteady	on his fee	t and seemed extreme	ely confused about what
just happened. Given th	e damage from the	crash, my c	onversation	with Korgaonkar,	and Korgaonkar's current
state, I asked him if h	e was willing to	perform Fiel	d Sobriety	Tests. Korgaonkar s	tated he was willing to
take the tests. I asked	Korgaonkar if he	wears glass	es or conta	cts to which he sta	ted "no". I asked
Korgaonkar if he had an	y medical conditi	ons that wou	ld affect h	is ability to take	the tests to which he

stated "no". I asked Korgaonkar if he felt comfortable in the shoes he was wearing to which he stated "yes". I brought Korgaonkar over to a clear spot on the side of the road on the fog line where the area was illuminated by the street light and cruiser spotlight. There were no blue lights on the cruisers. I used a field sobriety card I carry with me on my person to explain and instruct the tests.

(Continued o	n next page)							
Witnesses:								
Name (Last, First, Middle)	1	Address				Phone #	ŧ	Statement
Property Damage:	,							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descr	ription of Dama	ged Property	
Truck and Bus Information: Carrier Name	Registration #		(From Vehic	cle Section)		Carrier Issu	uing Authority Coo	35 de
								le
Carrier Name			City			St	Zip	le
Carrier Name Address US DOT #:	State Number		City			St	Zip	de
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Carrier Name Address US DOT #: Cargo Body Type Code37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	de
Carrier NameAddress	State Numberss Vehicle Weight Reg Type	Reg State	City Issuing State	ICC#:Tr	railer Le	St	Zip Interstate	de

JOHN MILDNER		1	NEWTON POLICE DEPARTM		06/18/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Crash Narrative: Crash Narrative:	_	▶ Direction 1 :	₹ Vehicle 1 2	∑ ≢Vehicle 2	₽Pedestr	rian		
Crash Narrative: The first teat I administered to Korgaonkar was Horisontal Gase Nystagmus. I explained to Korgaonkar I was going to use a pen as the stimulus and to only foliow it using his eyes only, not his head. Korgaonkar stated he understood the directions. The first steampt, Korgaonkar foliow the using his eyes only, not his head. Korgaonkar stated he understood the directions. The first attempt, Korgaonkar foliow the pen using his head, but his eyes only. Korgaonkar stated he understood. The second attempt, Korgaonkar followed the pen using his head. I advised Korgaonkar again, to only use his eyes. On the third attempt, Korgaonkar followed the pen using his head. I advised Korgaonkar again, to only use his eyes. On the third attempt, Korgaonkar followed the pen using his eyes only and I saw distinct nystagmus at maximum deviation and onset of nystagmus prior to 45 degrees. The second test I administered was the 9 Step Walk and Turn. I demonstrated the test for Korgaonkar and instructed him on how to complete the test. I placed my left foot on the fog line and right foot, heal to toe (Continued on next page) Witnesses: Name (Last, First, Middle) Address Phone 8 34-Type Description of Damaged Property Truckand Bus information: Carrier Issuing Authority Code 23 Carrier Issuing Authority Code 24 Truckand Bus information: Carrier Issuing Authority Code 25 Carrier Issuing Authority Code 26 Truckand Bus information: Registration # (New Velack Section) Carrier Issuing Authority Code 27 Carrier Issuing Authority Code 28 Truckand Bus information: Registration # (New Velack Section) Carrier Issuing Authority Code 37 Carrier Issuing Authority Code 38 Truckand Bus information: Registration # Registration # (New Velack Section) Carrier Issuing Authority Code 38 Truckand Bus information: Registration # Registration # (New Velack Section) Carrier Issuing Authority Code 38 Truckand Bus information: Registration # Registration # (New Yellow Section) Carrier Issuing Authority Code	Crash Diagram:	ie: 🕕 🗓	2	· →	▶ ĝ			_
Grange Mall/Shopping Center Other Private Way Indicate North by Arrow Indicat)ccur
Crish Narrolive: The first test I administered to Korgaonkar was Horizontal Gaze Nystagmus. I explained to Korgaonkar I was going to use a pen as the stimulus and to only follow it using his eyes only, not his head. Korgaonkar stated he understood the directions. The first attempt, Korgaonkar follow the pen using his head. I explained to Korgaonkar stated he understood the directions. The first attempt, Korgaonkar follow the pen using his head. I explained to Korgaonkar followed the pen using his head. I advised Korgaonkar stated he understood. The second attempt, Korgaonkar followed the pen using his eyes only. Korgaonkar stated he understood. The second attempt, Korgaonkar followed the pen using his eyes only and I saw distinct nystagmus at maximum deviation and onset of nystagmus prior to 45 degrees. The second test I administered was the 9 Step Walk and Turn. I demonstrated the test for Korgaonkar and instructed him on how to complete the test. I placed my left foot on the fog line and right foot, heal to toe (Continued on next page) Witnesses: Name (Last First, Middle) Address Phone # Statement Truckand Bus Information: Registration # (From Vehick Section) Carrier Name Carrier Issuing Authority Code 33 Gross Vehick Weight 38 Trailer Reg # Reg Type Reg State Reg Year Trailer Length 38 Harmst Information:							Off-Street Parking	; Lot
Crash Narrolive: The first test I administered to Korgaonkar was Horizontal Gaze Nystagmus. I explained to Korgaonkar I was going to use a pen as the stimulus and to only follow it using his eyes only, not his head. Korgaonkar stated he understood the directions. The first attempt, Korgaonkar follow the pen using his head. I advised korgaonkar stated he understood. The second attempt, Korgaonkar followed the pen using his head. I advised Korgaonkar stated he understood. The second attempt, Korgaonkar followed the pen using his head. I advised Korgaonkar again, to only use his eyes. On the third attempt, Korgaonkar followed the pen using his eyes only and I saw distinct nystagmus at maximum deviation and onset of nystagmus prior to 45 degrees. The second test I administered was the 9 Step Walk and Turn. I demonstrated the test for Korgaonkar and instructed him on how to complete the test. I placed my left foot on the fog line and right foot, heal to toe (Continued on next page) Witnesses: Name (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truckand Bus Information: Registration # (Fron Vokicle Section) Currier Name Address City St. Zip USDOT# State Number Interstate State Number Interstate Address Reg Type Reg State Reg Year Trailer Length Haznat Information: Registration # Reg State Reg Year Trailer Length Haznat Information:							Garage	
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Truck and Bus Information: Carrier Name Ca		-			lly and I	saw distinct	nystagmus at	maximum
Instructed him on how to complete the test. I placed my left foot on the fog line and right foot, heal to toe (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: Carrier Name								
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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: Carrier Name Carrier Issuing Authority Code Address City St Zip US DOT #: State Number Issuing State ICC #: Interstate 36 Cargo Body Type Code 37 Gross Vehicle Weight Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39 Hazmat Information:	·	n next page)						
Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Carrier Name			Address			Phone		Statement
Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Carrier Name	Ndille (Last, First, Milaule)		Audiess			THOR	: #	Statement
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Cargo Body Type Code 37 Gross Vehicle Weight 38 Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39 Hazmat Information:	US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information:	37			-			_	
41	Trailer Reg #:	_						
Placard Material 1 digit # Material Name Material 4 digit # Release code Material 2 digit # Material 3 digit # Material 5 digit # Material 6 digit # Material 8		Reg Type	Reg State	Reg Year	Tr	ailer Length		

	→ Direction 1 = Ve	hicle 1 2 = Vehicle 2	₽ Pedestrian	
Crash Diagram:	ie: → ¹	2	→ §	_
			<u> </u>	If Crash <u>Did Not</u> Occur on a Public Way:
				☐ Off-Street Parking Lot
				☐ Garage
				☐ Mall/Shopping Center
	 			☐ Other Private Way
				Indicate North by Arrow
- - - - - - - - - - - - -		 	 	
Crash Narrative:				
n front of the left.	I demonstrated three h	neal to toe steps or	the line, counting	g out loud, and keeping my
ands by my side. Korg	aonkar was advised to t	take 9 heal to toe s	steps, and then tur	n around and complete 9
ore heal to toe steps	. Korgaonkar stated he	understood. During	the test Korgaonka	r did not place his heal t
oe on steps 3,4,5. Ko	rgaonkar almost fell ov	ver on the fourth st	cep. Korgaonkar did	not count out loud his

in front of the left. I demonstrated three heal to toe steps on the line, counting out loud, and keeping my hands by my side. Korgaonkar was advised to take 9 heal to toe steps, and then turn around and complete 9 more heal to toe steps. Korgaonkar stated he understood. During the test Korgaonkar did not place his heal to toe on steps 3,4,5. Korgaonkar almost fell over on the fourth step. Korgaonkar did not count out loud his steps and was using his arms for balance. On Korgaonkar's return, he did not count out loud again, almost fell to the side on step 6, was using his arms for balance, and stopped the test on his own at step 7.

The third test I administered was the one leg stand. I explained to Korgaonkar the instructions and demonstrated the test for him. Korgaonkar stated he understood. I placed my hands by my side, feet together, raised my right foot six inches while looking at my foot, and counted 1001, 1002, 1003. I asked Korgaonkar

(Continued o	n next page)							
Witnesses:								
Name (Last, First, Middle)	Addre	ess				Phone #		Statement
Property Damage:	,				,			•
Owner (Last, First, Middle)	Address	F	Phone #	34-Type	Descriptio	n of Damag	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)				35
Truck and Bus Information: Carrier Name	-		(From Vehic	le Section)		Carrier Issu	ing Authority Co	
								de
Carrier Name		Cit	ty			St	Zip	de
Carrier NameAddressUS DOT #:		Cit	ty			St	Zip	de
Carrier NameAddressUS DOT #:	State Number	Cit	ty	ICC#:_		St	Zip	de
Carrier Name Address US DOT #: Cargo Body Type Code 37 Gro	State Number	Cit	ty	ICC#:_		St	Zip	de
Carrier NameAddress	State Number	Cit I	ty Issuing State Reg Year	ICC #:_ Tr	ailer Length	St	Zip Interstate	de

JOHN MILDNER		1	NEWTON POLICE DEPARTM		06/18/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Crash Diagram:	ie: → □	1 -	2	· Ŷ	If Crash <u>Did Not</u> (2-2
					If Crash Did Not (
					on a Public Way:	Jccur
					Off-Street Parking	g Lot
					□ Garage	
					☐ Mall/Shopping Co	enter
	-	-			☐ Other Private Way	y
				+-	Indicate North by A	rrow
Crash Narrative:						
if he understood, and not to	stop count:	ing until I to	old him to. Kor	gaonkar sta	ted he understood. On t	he first
attempt, I told Korgaonkar to	start and	d he didn't li	ft a foot off	the ground.	On the second attempt,	
Korgaonkar lifted his left le	g off the	ground two ind	hes, was looki	ng straight	ahead, and was not poi	nting
his left foot. I explained to	Korgaonka	r his foot nee	eded to be six	inches off	the ground, pointed, wh	ile
keeping his eyes on his foot.	On the th	ird attempt, F	Korgaonkar drop	ped his lef	t foot on 1004 and lost	his
balance on 1012. I concluded	the test a	t 1020 counts.				
Based on my observations and	Korgaonkar	's performance	on the field	sobriety te	sts, I concluded that	
Korgaonkar had been operating	a motor u	nder the influ	ence of alcoho	1. Korgaonk	ar was handcuffed (DL),	
searched, and placed in the r	ear of 496	where he was	seat belted. T	he prisoner	compartment was checke	d prior
(Continued on n	ext page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		-				
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	cription of Damaged Property	
Truck and Bus Information:	Pagistration #		(From Vehic	ala Saction)		
Carrier Name	Registration # _		`	· · · · · · · · · · · · · · · · · · ·	Carrier Issuing Authority Coc	35 le
Address						
US DOT #: State						36
37	ehicle Weight	38				
Trailer Reg #:		Reg State	Reg Year	Trailer l	Length 39	
Hazmat Information:	rog Type	Reg State	Neg 1 cai	1141161	Longui	
Placard 40 Material 1 digit #	41 Material	Name		Material 4 digit	# Release code	42

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

06/18/2021

Date

Precinct/Barracks

JOHN MILDNER

Police Officer Name (Please Print)

→	▶ Direction 1	Vehicle 1	2 ≢Vehicle 2	₽Pedestria	an	
Crash Diagram:	ie: → 1	→ [2	→Ŷ		
					l l	h <u>Did Not</u> Occur ublic Way:
					off	-Street Parking Lot
					☐ Gar	rage
						ll/Shopping Center
						er Private Way
					Indicat	e North by Arrow
Crash Narrative:						
to and after transportation	n to NPD.					
Korgaonkar was booked by Se	gt. Fleming and	l processed h	oy Officer Ka	a. Donahue i	n the normal fa	ashion. During
booking, Korgaonkar was rea	ad his rights a	and asked if	he wanted to	take a bre	athalyzer test.	Korgaonkar
refused the breathalyzer to	est. Korgaonkar	was notifie	ed his licens	se was suspe	nded, and his M	A drivers licensed
seized.						
Officer L. Keefe stood by			rrive and to	w away the v	ehicle. A towed	MV form was
filled out and placed in a		box.				
(Continued or	n next page)					
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Name (Last, First, Middle)		Address			Thore #	Statement
Property Damage:	T		T = 1			
Owner (Last, First, Middle)	Address		Phone #	34-Type I	Description of Damageo	d Property
Truck and Bus Information:	Registration #		(From '	Vehicle Section)		
Carrier Name					Carrier Issuing	g Authority Code
Address			City		St	Zip
US DOT #:	State Number		Issuing State	ICC #:		Interstate 36
Cargo Body Type Code Gros	ss Vehicle Weight	38			20	
1	Reg Type	Reg State	Reg Year	r Trai	ler Length 39	
Hazmat Information:	A1					42
Placard 40 Material 1 digit #	Material Na	ame		Material 4 di	git# F	telease code 42
JOHN MILDNER			N	EWTON POLICE DEPARTM		06/18/2021
Police Officer Name (Please Print)	Signature			Department	Precinct/Barrack	

CDP1 11 ·24·00

	Direction 1	Vehicle 1	∑ =Vehicle 2	₽Pedestr	ian	
Crash Diagram:	ie: 🕕 🛚 1	→ [2	→	Ŷ		
						nsh <u>Did Not</u> Occur Public Way:
		<u> </u>			o	ff-Street Parking Lot
		 			G	arage
	į	į		į	□м	all/Shopping Center
					O	ther Private Way
					Indica	ate North by Arrow
	 		 -	 	- — —	
Crash Narrative:	· · · · · · · · · · · · · · · · · · ·				<u>'</u>	
Korgaonkar was charged w	ith the following	g:				
MGL Ch. 90 Sec. 24/J OUI	Alcohol (Korgao	nkar crashed	his vehicle ar	nd failed	field sobriety	tests)
MGL Ch. 90 Sec. 24/E Neg	ligent Operation	of MV (Korga	onkar failed t	o operat	e his vehicle in	n a safe
manner)						
MGL Ch. 89 Sec. 4/A Mark	ed Lanes Violatio	on (Korgaonka	r crossed the	fog line	, went onto the	sidewalk, and
hit a tree)						
Photo's of scene sent to						
A court packet was fille	d out with all po	ertinent info	ermation and pl	aced in	the court prosec	cutors mailbox.
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damage	ed Property
						. ,
Truck and Bus Information: Carrier Name			(From Veh		Carrier Issuii	ng Authority Code
Address			City		St	Zip
US DOT #:						36
Cargo Body Type Code 37	Gross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	
Hazmat Information:					- 3	
Placard 40 Material 1 dig	it # 41 Material N	lame		_ Material 4 c	ligit #	Release code 42
JOHN MILDNER			NEWTO	ON POLICE DEPARTM		06/18/2021

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Precinct/Barracks

Date

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