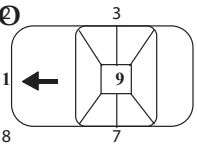
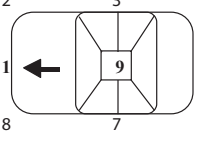


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/04/2021	Time of Crash 19:14 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 97 RIPLEY ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000670			
License # _____ St MA DOB/Age _____			Reg # AP32930		Reg Type CON		Reg State CT			
Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year 2021		Veh Make INTER		Veh Config. <input type="checkbox"/> 10 <input type="checkbox"/> 20			
Operator KOBER KYLE			Owner EAN HOLDINGS LLC							
Address 6 WEST ST			Address 14002 (apt. 1500) EAST 21ST ST							
City EASTHAMPTON State MA Zip 01027			City TULSA State OK Zip 74134							
Insurance Company SELF INS			Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22				10 Undercarriage 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 21 <input type="checkbox"/> 23							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 19 <input type="checkbox"/> 24 <input type="checkbox"/> 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed N							
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 99 0 0 10 1					
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants			<input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____							
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20							
Operator _____			Owner _____							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22				10 Undercarriage 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 23							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 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

ie: → 1 → 2 →

Crash Diagram:

97 RIPLEY ST

NOT TO SCALE

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:

On Saturday 9/4/2021 at approx 1914hrs, while assigned to N504, I responded to 97 Ripley St for a single vehicle MVA. There I observed a large tree limb resting on a box truck (CT plate AP32930) and a service line to 94 Ripley St.

The operator stated that he did not see the tree limb.

Eversource later arrived on scene and was able to remove the large branch from the service line. There appeared to be no damage to the residence of 94 Ripley St.

Newton Forestry was notified.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	1000 COMM AVE NEWTON, MASSACHUSETTS	617-796-1000	3	TREE

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

KEVIN DURICKAS NEWTON POLICE DEPART 09/04/2021

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

CDP1 11 -24:00