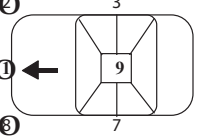
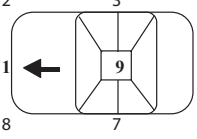


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/13/2021	Time of Crash 16:59 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 _____			NORTH 885 CENTRE 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 _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000694			
License # _____ St MA DOB/Age _____			Reg # 4ZM716		Reg Type PAN		Reg State MA			
Sex M Lic. Class <input type="checkbox"/> D <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year 2018		Veh Make TOYOTA		Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20			
Operator LEKA EDI			Owner LEKA ALBERT							
Address 783 EAST 4TH STREET			Address 248 CHESTNUT STREET							
City SOUTH BOSTON State MA Zip 02127			City CLINTON State MA Zip 01510							
Insurance Company STANDARD FIRE			Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence <input type="checkbox"/> 20 <input type="checkbox"/> 22 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 22 <input type="checkbox"/> 22				10 Undercarriage 5 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 20 <input type="checkbox"/> 23							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 21 <input type="checkbox"/> 24 <input type="checkbox"/> 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed Y							
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 3 4 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 5 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			-----		---		1 3 4 0 0 10 1			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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 09/13/2021, while assigned to N494, I, Officer Conary, and Officer Kane (N492), responded to 885 Centre Street for a report of a single motor vehicle accident with airbag deployment.

Upon arrival, I observed MV1 up on the curb with significant damage to the front and front right side. Operator of MV1 explained to me that he just got out of work and was driving Northbound on Centre Street when he fell asleep. Next thing he knew he was off the roadway. He explained to me that he had an early morning at work, and this hasn't happened before. Medics arrived on scene and he signed a patient refusal.

Today's towed MV1. The City of Newton was notified because the crosswalk sign was taken down during the accident. There was also damage to a City tree. Pictures were taken and submitted to IT to be uploaded accordingly.

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 COMMONWEALTH AVE NEWTON, MASSACHUSETTS	6177861000	3	TREE
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS	6177861000	3	CROSSWALK SIGN

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

KRISTINA CONARY **NEWTON POLICE DEPARTMENT** **09/13/2021**

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

CDP1 11 24:00