

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/23/2021	Time of Crash 08:49 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
<div>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29WEST 1301 WASHINGTON ST</div> <div>210Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of or Exit Number</div> <div>Feet NSEW of</div> <div>Feet NSEW of Route# Intersecting Roadway/Street</div> <div>Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000976			
License # --- St MA DOB/Age ---			Reg # V40097		Reg Type CON		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2019		Veh Make FORD		Veh Config. 2 20			
Operator KYRIAKIDIS STOLLIOS			Owner GALVIN ELECTRIC JAMES							
Address 45 DUTTON ROAD			Address 126 ADAMS STREET							
City STOUGHTON State MA Zip 02072			City NEWTON State MA Zip 02458							
Insurance Company COMERCE INSURANCE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: NSE Responding to Emergency? N			Event Sequence 3 22 22 22 22		2 1 4 5 11		10 Undercarriage 11 Totaled			
Citation # (If Issued)			Most Harmful Event 3 23		1 24 24					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24		Underride/Override 25 Towed Y					
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.	
Operator			See Above		---		---		27 Safety System	
NGUYEN, TRAM, N			71 LINDEN STREET DORCHESTER, MA 02122		---		M		28 Airbag Status	
									29 Airbag Switch	
									30 Eject Code	
									31 Trap Code	
									32 Injury Status	
									33 Transp. Code	
									Medical Facility	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 # 1AJW69		Reg Type PAN		Reg State MA			
Sex Lic. Class D 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year 2018		Veh Make CADI		Veh Config. 1 20			
Operator			Owner							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: NSE Responding to Emergency? N			Event Sequence 51 22 22 22 22		2 3 4 5 11		10 Undercarriage 11 Totaled			
Citation # (If Issued)			Most Harmful Event 51 23		1 24 24					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24		Underride/Override 25 Towed Y					
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.	
Operator/Non-Motorist			See Above		---		---		27 Safety System	
									28 Airbag Status	
									29 Airbag Switch	
									30 Eject Code	
									31 Trap Code	
									32 Injury Status	
									33 Transp. Code	
									Medical Facility	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash		Time of Crash		City/Town		Motor Vehicle Crash Police Report		Number Vehicles	Number Injured	Speed Limit		State Police <input type="checkbox"/>	
		24HR								Latitude		Local Police <input type="checkbox"/>	
										Longitude		MBTA Police <input type="checkbox"/>	
												Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street							
						Feet N S E W of or Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street				Also at Intersection with		Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Landmark							
<input type="checkbox"/> Vehicle #Occupants		<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 Last First Middle		Owner Last First Middle											
Address		Address											
City State Zip		City State Zip											
Insurance Company		Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S E W Responding to Emergency?		Event Sequence 22 22 22 22		2 3 4									
Citation # (If Issued)		Most Harmful Event 23		1 9 10 Undercarriage									
Violation 1: Ch Sec Violation 2: Ch Sec		Driver Contributing Code 24 24		5 11 Totaled									
Violation 3: Ch Sec Violation 4: Ch Sec		Underride/Override 25 Towed		6 7 8									
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		-----		-----		-----					
Please Select One of the Following:		<input type="checkbox"/> Vehicle #Occupants		<input checked="" type="checkbox"/> Non-Motorist A Type 14 97		Action 15 5		Location 16 4		Condition 17 1		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # St DOB/Age		Reg # Reg Type Reg State											
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment		Veh Year Veh Make Veh Config. 20											
Operator MURPHY DENNIS J		Owner Last First Middle											
Address 379 AUSTIN STREET (apt. 2)		Address											
City NEWTON State MA Zip 02465		City State Zip											
Insurance Company		Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S E W Responding to Emergency?		Event Sequence 22 22 22 22		2 3 4									
Citation # (If Issued)		Most Harmful Event 23		1 9 10 Undercarriage									
Violation 1: Ch Sec Violation 2: Ch Sec		Driver Contributing Code 24 24		5 11 Totaled									
Violation 3: Ch Sec Violation 4: Ch Sec		Underride/Override 25 Towed		6 7 8									
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		-----		-----		-----		10 1			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington Street

1301

NOT TO SCALE

Uninvolved MV

Ped#1

Watertown Street

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:

Mv#1 was traveling west on Washington Street when it struck Ped#1; then after a brief exchange Mv#1 drove off.

-OpMv#1 stated he was traveling west on Washington Street when he struck Ped#1 with his side mirror. OpMv#1 stated he and Pas Mv#1 asked Ped#1 if he was ok and Ped#1 stated he was. MV#1 continued to his job site, until he was instructed to the Police Station by his superiors to meet with Ped#1 who was filing a Police Report regarding the collision.

-Pas Mv#1 statements coincide with those made by OpMv#1.

-Ped#1 stated he got out of his vehicle to get the dry cleaning items from the back seat when he was struck by Mv#1's side mirror on his left shoulder. He stated the driver paused and the passenger asked if he was ok.

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
MURPHY, JESSICA,	379 (apt 2) AUSTING STREET NEWTON, MA 02459	-----	N

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

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

DAVID A. CALDERON NEWTON POLICE DEPT 11/23/2021

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

CDP1 11 -24-00

