

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/19/2022		Time of Crash 00:57 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 25 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:						9	
NORTH CRAFTS ST										2			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						10			
At				Feet N S E W of _____ or _____ Mile Marker Exit Number									
NORTH WALNUT ST													
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____						11			
Also at Intersection with				Route# Intersecting Roadway/Street						1			
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000233							
License # --- St MA DOB/Age ---				Reg # 1RMF78 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2014 Veh Make VOLKSWAGON Veh Config. 1 20								12	
Operator NEDELJKOVIC RELJA SRDJAN				Owner (Same as operator)									
Address 5 BELLINGHAM STREET				Address _____									
City NEWTON State MA Zip 02461				City _____ State _____ Zip _____									
Insurance Company GEICO				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 20 22 42 22 22 22				2 3 4					
Citation # (If Issued) T1445642				Most Harmful Event 20 23				1 9 5 11 Totaled					
Violation 1: Ch 90/244 Sec Violation 2: Ch 90/244 Sec				Driver Contributing Code 10 24 24									
Violation 3: Ch 89/4A Sec Violation 4: Ch _____ Sec				Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator				See Above				99				1	
BURT, DENISA				42 MYSTIC LAKE DR ARLINGTON, MA				F				3	
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												20	
License # _____ St _____ DOB/Age _____				Reg # _____ Reg Type _____ Reg State _____									
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____ Veh Make _____ Veh Config. 20									
Operator _____				Owner _____									
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 5 10 Undercarriage 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed _____									
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator/Non-Motorist				See Above				---				---	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

309 Craft St

Craft St

Walnut St

Median

NOT TO SCALE

Indicate North by Arrow

Crash Narrative:

MV1 was traveling north bound on Walnut St at a high rate of speed when it hit the curb of the median at the intersection of Walnut and Craft St both public ways in the City of Newton. MV1 then skidded across the median coming to rest on the other side in front of 309 Craft St. Operator of MV1 was unsteady on his feet, had glassy eyes and was speaking with slurred speech. Air bags deployed and one occupant was transported to Newton Wellesley wit non-fatal injuries. MV1 was towed by Tody's. MA Uniform Citation T1445642 was issued. Pictures were taken on scene of damaged city property.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
	WALNUT ST NEWTON, MASSACHUSETTS 02		3	CITY OF NEWTON MEDIAN

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

JOSEPH CUNNING NEWTON POLICE DEPARTM 03/19/2022

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

CDP1 11 -24:00