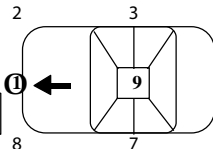
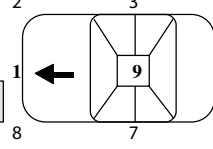


Police Use Only		Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 01/12/2019	Time of Crash 16:12 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report						Number Vehicles 1	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:									
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark _____											
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000047									
License # _____ St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>GENTILE</u> <u>NICHOLAS</u> Last First Middle Address <u>99 ASPEN AVE</u> City <u>NEWTON</u> State <u>MA</u> Zip <u>02466</u> Insurance Company <u>ARBELLA</u> Vehicle Travel Direction: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? _____ Citation # (If Issued) <u>T0648078</u> Violation 1: Ch <u>90/11/8</u> Sec _____ Violation 2: Ch <u>90/24/5</u> Sec _____ Violation 3: Ch <u>89/4A</u> Sec _____ Violation 4: Ch <u>90/11/1</u> Sec _____				Reg # <u>9PAK20</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2018</u> Veh Make <u>CHEVY</u> Veh Config. <u>2</u> <u>20</u> Owner <u>GENTILE</u> <u>MEGAN</u> Last First Middle Address <u>99 ASPEN AVE</u> City <u>AUBURNDALE</u> State <u>MA</u> Zip <u>02466</u> Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>42</u> <u>22</u> <u>41</u> <u>22</u> <u>36</u> <u>22</u> <u>22</u> <u>2</u> Most Harmful Event <u>36</u> <u>23</u> <u>9</u> <u>10</u> Undercarriage <u>10</u> 11 Totalled Driver Contributing Code <u>97</u> <u>24</u> <u>10</u> <u>24</u> Underride/Override <u>25</u> Towed <u>Y</u>											
Please fill out for operator and all occupants involved				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	5	2	NEWTON WELLESLEY H	
Please Select One of the Following:				Please Select One of the Following:											
<input type="checkbox"/> Vehicle _____ #Occupants		<input type="checkbox"/> Non-Motorist A Type		<u>14</u> Action	<u>15</u> Location	<u>16</u> Condition	<u>17</u>	<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped					
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>20</u> Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> Most Harmful Event <u>23</u> <u>9</u> <u>10</u> Undercarriage <u>10</u> 11 Totalled Driver Contributing Code <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed _____											
Please fill out for operator and all occupants involved				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		-----	---	---									

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
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AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 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 _____							
2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet [N][S][E][W] of _____ Landmark _____							
3 <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Case Number 190000047							
4 License # _____ St MA DOB/Age _____ Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator GENTILE NICHOLAS Last First Middle Address 99 ASPEN AVE City NEWTON State MA Zip 02466 Insurance Company ARBELLA			Reg # 9PAK20 Reg Type PAN Reg State MA Veh Year 2018 Veh Make CHEVY Veh Config. 2 20 Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Event Sequence 42 22 41 22 36 22 22 2 Most Harmful Event 36 23 Driver Contributing Code 97 24 10 24 Underride/Override 25 Towed Y Damaged Area Code: (Circle Up to Three)  1 Undercarriage 11 Totaled							
5 Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? _____ Citation # (If Issued) T0648078										
6 Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ 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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator See Above										
7 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										
8 License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____ Damaged Area Code: (Circle Up to Three)  10 Undercarriage 11 Totaled							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator/Non-Motorist See Above										

→ 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 Saturday, January 12th 2019, at approximately 4:12pm, I, Officer Brooks, responded to a single vehicle accident in the area of Cherry street and Derby street, both of which are public ways in the city of Newton. Upon arrival in the area I observed the fire department off with MV1(MA REG 9PAK20), in front of 171 Cherry street. The vehicle had a fire hydrant lodged under the front axle, and front end damage. The fire department was attempting to wake the operator who was unresponsive. The fire department ended up administering 2 doses of Narcan to the operator before he became responsive. The operator was transported to Newton Wellesley Hospital by Cataldo for further evaluation. Based on the accident scene, it appears the operator was traveling southbound on Cherry street, crossed over the center line into oncoming traffic, striking the fire hydrant in front of 154 Cherry street, and then

(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
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0		3	FIRE HYDRANT

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

→ 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:

crossed back over into the correct lane of traffic before coming to rest in front of 171 Cherry street.
 The vehicle was towed by Tody's towing, and an inventory form was filled out and filed. The operator was
 mailed MA Uniform Citations T0648078 and T0648079 charging him with MGL 89/4A Marked Lanes violation, 90/24
 OUI Drugs, 90/24(2) (A) Operating to Endanger/Negligent operation, 90/11 No License in Possession,
 and 90/11 No Registration in Possession.
 Officer Donahue took pictures of the fire hydrant and crash scene, which have been submitted to the IT
 Bureau. The fire department was made aware of the broken hydrant.

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:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42



