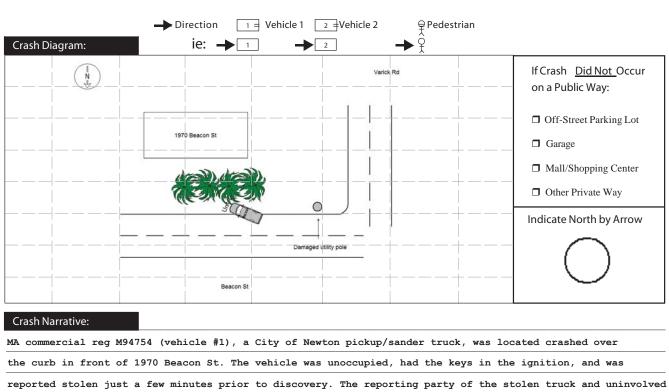
	Poli	ice Use Only		Commonweal	th o	f Massa	achu	setts	}		RMV	V Docur	nent Number	
	Date of Crash 01/18/2019	Time of Crash 06:13	City/Town	Motor `	Vehi	icle Cra	sh	Number Vehicles			ed Limi itude		State Police Local Police MBTA Police	NA NA
	01/10/2017	24HR				Report		1	1		gitude_		Other:	
		AT INTER	RSECTION:	< L	OCAT	ION	>		NO	T AT	INTI	ERSE	CTION:	
						EAST	197	0	BEAC	ON ST				
1 2	Route# Direc	tion		oadway/Street	F	Route# Direction	on Ad	dress #		Na	me of F	Roadway	/Street	$ 2^1$
	At					Feet NSEW of or								_   _
	Route# Direc	etion N	Name of Intersecting	Roadway/Street					Mile	Marker			Exit Number	_
			Also at Interse	ction with		Feet [1	N S E	W of	Route		Intersec	ting Roa	dway/Street	-
2 1				D 1 (2)	-	Feet	N S E	W of						$1^1$
3	Route# Direc	tion	Name of Intersecti	ng Roadway/Street							Laı	ndmark		
<sup>3</sup> 99	XVehicle1	#Occupants	X Hit/Run	Moped Case N	umber		19	00000064						
	License#		St MA	DOB/Age	Reg#_	M94754			Reg T	ype_CO	N	Reg	State_MA	
	Sex_M Lic.	Class 99 18 1	8 Lic. Restrictions	99 CDL	-	ar_2014	Veh	Make FO	_				20	
4	Operator CAI		MICHAEL	P Endorsment		CITY OF NEV								$- \frac{1}{3}$
1		Last ALEM STREET	First	Middle		S 1000 COMM	f	ALTH AV	First			Middle		3
	City DORCH		State	MA Zip 02113		EWTON					State	MA ,	Zip_02459	
	'	pany SELF INSU				Action Prior to	Crash	1 2	21	Damage	ed Area	Code: (0	Circle Up to Thre	ee)
5	Vehicle Travel	Direction: N	S W W Respon	nding to Emergency?	Event S	Sequence 22	22 20 22	22	22 2	!	3		4	
2		ssued) T0648082		2 2		armful Event	22 23					<u>/</u>   `	<b>O</b> Undercarr	iage
				: Ch90/24/Sec	Driver	L Contributing Co		10 24 1	4 24	<b>—</b>	9	┨,	5 11 Totaled	
<sup>6</sup> <b>1</b>	Violation	3: Ch90/24/5ec	c Violation 4	: ChSec		ide/Override	25			3	7		6	
			ator and all occupa	nts involved	26 27 28 29 30 31 32 33 Seut Safety Airbag Airbag Eject Trap Injury Transp.						1			
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex F	os. \$ystem 99	Status Sw	ritch Code	e Code	Status Co	Medical Facili	22
	- F													
1	Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist A Type	14	Action 1	Loca		Con	dition	17	Hi	t/Run Mop	ed
	License#		St	DOB/Age	Reg#_				Reg T	`ype		Reg		_
	Sex_M_ Lic.	Class 18 1	8 Lic. Restrictions	19 CDL	Veh Ye	ar	Veh	Make				_ Veh Co	nfig.	
<sup>8</sup> <b>1</b>	Operator SEN	MENTELLI	GEORGE	Endorsment	Owner	Las			First					_
1	Address 31 M	OZART DRIVE	First	Middle	Address	Las	t		First			Middle		_
	City WALPO	LE	State	MA Zip	City						State		Zip	_
	Insurance Com	pany			Vehicle	Action Prior to	Crash	2	21	Damage	ed Area	Code: (0	Circle Up to Thre	ee)
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	Citation # (If Issued)					armful Event	23						10 Undercarr 5 11 Totaled	iage
	Violatio	n 1: ChSe	2: ChSec	Driver	L Contributing Co	ode	24	24		9	$\bigvee$ ,	3 11 Totaleu		
	Violatio	n 3: ChSe	ec Violation	4: ChSec	Underri	ide/Override	25	Towed	I8	3	7		6	
			operator and all o	ccupants involved				26 27 Seat Safety	28 Airbag Ai	29 30 Thag Ejec	31 Trap		33 ansp.	$\neg$
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB		Pos. System	n Status S	witch Co	de Code		Code Medical Faci	lity
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		ce Use Only		Commonw					[			nent Numbe	
	Date of Crash 01/18/2019	Time of Crash 06:13	City/Tow NEWTON	MIO		nicle Cra	sh   Nu		jured	Speed Lin Latitude _		State Police Local Police MBTA Poli	e XXI
_		24HR				Report	1			Longitude		Other:	
ŀ		AT INTER	RSECTION:	<	LOCA	ATION :	>	N	OT A	AT INT	ERSE	CTION:	
Į.													
-	Route# Direct	tion	Name of R	oadway/Street		Route# Direction	n Addres	ss #		Name of	Roadway	/Street	
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t	Wyobiolo1	1 #Occupants	X Hit/Run	Moped							andina k		
╬	venicier	#Occupants	_	Moped	Case Numbe		19000						
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- 1	Sex_M Lic. 0		Lic. Restrictions	P CDLEndorsment	t	Year 2014					_ Veh Co	onfig. 2	
- 11	Operator CAR	Last	MICHAEL First	Middle		erLas					Middle	,	
1		LEM STREET		MA 00112		ess							
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┨	Insurance Com			ading to Emarganav?		cle Action Prior to	L	22 22	2	naged Area	`	4	11100)
		Direction: N Ssued) T0648082		nding to Emergency?_		t Sequence 22 2	23				$\overline{A}$	(1) Underc	arriage
ľ				: ChSec		Harmful Event	22 23 ode 10	24 14 24	<b>⊕</b>	<b>-</b>   [		5 11 Totaled	l
				: ChSec : ChSec		er Contributing Co	25	Towed Y	8	V 1		6	
┞		Please fill out for operator and all occupants involved				inde/Overnde			29 Airbag	30 31 Eject Trap	32 Injury Tra	33 ansp.	
$\vdash$	Name (Last First Operator	st Middle)		Address See Above		Age/DOB	Sex Pos.	System Statu	Switch	Code Code	Status Co	ode Medical Fa	cility
F	Орегию			Sections									
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	Please Select O of the Followir	Vehicle	e# Occupants	Non-Motorist A	Туре	14 Action 1	Location	16	Conditio	on 17	Ні	t/Run M	oped
F	License#		St	DOB/Age	Pagi	<u> </u>		Da	a Type		Pag	State	
ı	Sex Lic. (	18 1		19 CDL		r Year						20	
4	Operator		_	Endorsment	-	erLasi							_
	Address	Last	First	Middle		Lasi	t	Fi	st		Middle	;	
ı			State	Zip						Stat	e:	Zip	
ŀ	Insurance Com	pany				cle Action Prior to		21	Dan	naged Area	a Code: (0	Circle Up to T	'hree)
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	Citation # (If Is	ssued)		- /	Most	Harmful Event	23					10 Underc	_
	Violation	n 1: ChSe	ec Violation	2: ChSec	Drive	24 24 1 <b>9</b> 5 11 Totaled							-
	Violation	n 3: ChSe	ec Violation	4: ChSec	Unde	rride/Override	25	Γowed	8	7	,	6	
Ĺ	Ple Name (Last Fi		operator and all o	ccupants involved		A/DOD	Sex Pos.		29 Airbag	30 31 Eject Trap	32 Injury Tra	33 ansp.	la ailte
r		Non-Motorist		See Above		Age/DOB	Sex Pos.	System Stati	is switch	Code Code	e Status C	Code Medical F	acitity
T													
$\vdash$						+	+-	<del>                                     </del>	+		+	-	
l													



occupant is identified as City DPW worker George Sementelli. The witness/passerby who discovered the collision is also a DPW worker, identified as Donny Brandt.

Pursuant to an investigation outlined in incident #19002213, the operator at the time of the crash was determined to be Michael Carter. It is believed that Carter stole the vehicle from 295 Auburn St, fled the area, and ultimately crashed in front of 1970 Beacon St. Corroborating facts outlined in the incident report put Carter as the operator.

(Continued on next page)

Witnesses:							
Name (Last, First, Middle)		Address			Pho	one #	Statement
Property Damage:					'		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of D	Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			35
Carrier Name					Carrie	er Issuing Authority Co	
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length		
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Nat	me		Material 4	digit #	Release code	42

KELEIGH N DONAHUE			NEWTON POLICE DEPARTM		01/18/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

→ Direction	Vehicle 1 2	=Vehicle 2	₽Pedestria	ın	
Crash Diagram: ie: -	2	□ →	· ĝ		
				If Crash <u>Did Not</u> on a Public Way:	_Occur
				Off-Street Parki	ng Lot
				Garage	
				☐ Mall/Shopping 0	Center
		<del> </del> -	+	☐ Other Private W	ay
			+	Indicate North by	Arrow
			+		
Crash Narrative:					
The vehicle itself was located partially	on the sidew	alk and partia	lly on the	e road, therefore Carter	is being
cited with MGL 89/4A - Marked Lanes Viol	ation (T12684	23). Due to th	e fact it	is believed that Carter	
fled the scene after the crash, MGL 90/				<del>_</del>	
90/23/D Operating After a Suspended LIce					
crash occurred during busy weekday commu					
charges mentioned have been listed on a for OUI Drugs MGL 90/24/G. See the incident					
(3) citations issued to Carter.	ent report ro	1 decails abou	C CHIS CH	arge. In total, there ar	<del>-</del>
The vehicle sustained heavy front end da	mage. It shou	ld be noted th	at the ut	ility pole a couple of h	ouses
(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	
Truck and Bus Information: Registration #					
Carrier Name		`		Carrier Issuing Authority Co	ade 35
					36
US DOT #: State Number	38	Issuing State	ICC #:	Interstate	
Cargo Body Type Code Gross Vehicle Weight Trailer Reg #: Reg Type		Reg Veer	Troil	er Length 39	
Hazmat Information:	reg siate	Keg 1 eai	11411	or rough	
40 41	Name		Material 4 di	git# Release code	42

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

01/18/2019

Date

Precinct/Barracks

KELEIGH N DONAHUE

Police Officer Name (Please Print)

_	Direction 1	Vehicle 1	₂ ≢Vehicle 2	₽Pedestri	an	
Crash Diagram:	ie: → 1	<b>→</b>	2	Ŷ		
					If Crash <u>Did Not</u> On a Public Way:	Occur
		<u> </u>			Off-Street Parking	g Lot
					☐ Garage	
					☐ Mall/Shopping Co	enter
		+		+	Other Private Way	
					Indicate North by A	rrow
		+	+-	+		
					_	
Crash Narrative:						
down from the crash site	Beacon/Varick B	Rd, pole #212	2) sustained fr	esh, mino	or superficial damage,	
consistent with the vehicl	e crashing into	o it before v	verring onto th	e sidewal	Lk.	
Pictures have been taken a	and submitted to	o the IT bure	eau. Tody's res	ponded ar	nd towed the vehicle to the	e police
garage for processing due	to the pending	other crimin	nal charges inv	olved in	this accident/incident. M	ichael
Carter was subsequently pl	aced under arre	est and his o	citations have	been plac	ced into his property.	
Carter suffered a hand inj	ury due to the	crash an was	s transported t	o NWH Hos	spital for an evaluation a	fter he
was booked.						
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 Vehi	cle Section)		35
Carrier Name					Carrier Issuing Authority Cod	
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length 39	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material N	ame		Material 4 d	ligit # Release code	42
KELEICH N DONAHUE				N POLICE DEPARTA	01/18/2	010

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)