

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/18/2019	Time of Crash 06:13 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:					
Route# Direction Name of Roadway/Street At			EAST 1970 BEACON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street										
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000064			
License # --- St MA DOB/Age ---			Reg # M94754		Reg Type CON		Reg State MA			
Sex M Lic. Class 99 18 18 Lic. Restrictions 99 19 CDL _____			Veh Year 2014		Veh Make FORD		Veh Config. 2 20			
Operator CARTER MICHAEL P			Owner CITY OF NEWTON							
Address 44 SALEM STREET			Address 1000 COMMONWEALTH AVE.							
City DORCHESTER State MA Zip 02113			City NEWTON State MA Zip 02459							
Insurance Company SELF INSURED			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? _____			Event Sequence 22 22 20 22 22 22		2 3 4					
Citation # (If Issued) T0648082			Most Harmful Event 22 23		1 9		11 Totaled			
Violation 1: Ch 90/234 Sec _____ Violation 2: Ch 90/24C Sec _____			Driver Contributing Code 10 24 14 24		8 7 6					
Violation 3: Ch 90/24C Sec _____ Violation 4: Ch 90/24C Sec _____			Underride/Override 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			-----		99 4 99 0 0 3 2		NWH			
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants			<input checked="" 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 #		Reg Type		Reg State			
Sex M Lic. Class 99 18 18 Lic. Restrictions 19 CDL _____			Veh Year		Veh Make		Veh Config. 20			
Operator SEMENTELLI GEORGE			Owner							
Address 31 MOZART DRIVE			Address							
City WALPOLE State MA 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 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24		8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 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			-----		5 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

1970 Beacon St

Varick Rd

Beacon St

Damaged utility pole

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:

MA commercial reg M94754 (vehicle #1), a City of Newton pickup/sander truck, was located crashed over the curb in front of 1970 Beacon St. The vehicle was unoccupied, had the keys in the ignition, and was reported stolen just a few minutes prior to discovery. The reporting party of the stolen truck and uninvolved occupant is identified as City DPW worker George Sementelli. The witness/passersby 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	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

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

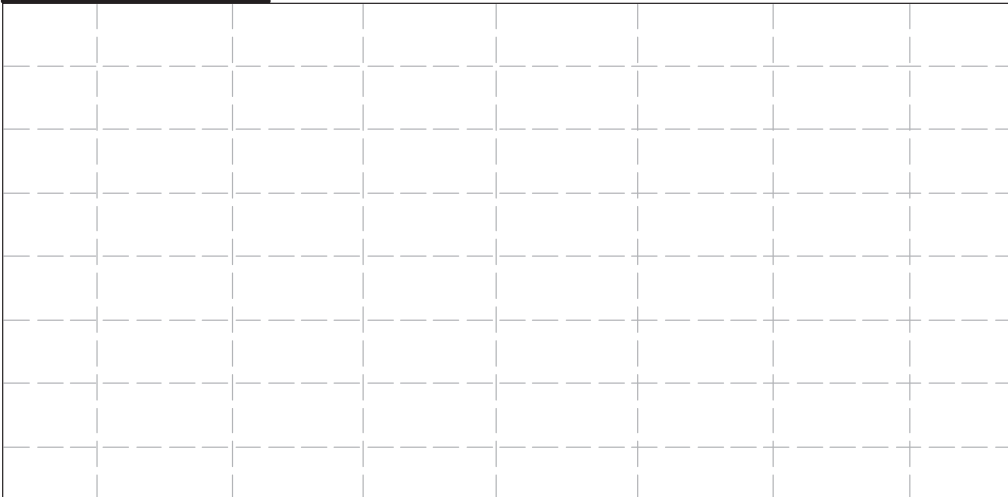
Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

→ 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:

The vehicle itself was located partially on the sidewalk and partially on the road, therefore Carter is being cited with MGL 89/4A - Marked Lanes Violation (T1268423). Due to the fact it is believed that Carter fled the scene after the crash, MGL 90/24/C - Leaving the Scene of Property Damage was added as well as MGL 90/23/D Operating After a Suspended License, and MGL 90/24/O - Reckless Operation of a Motor Vehicle. The crash occurred during busy weekday commuting about 0.7 miles from Angier Elementary School. The last 3 charges mentioned have been listed on a second citation (T1268422). Officer Brooks also issued T0648082 for OUI Drugs MGL 90/24/G. See the incident report for details about this charge. In total, there are (3) citations issued to Carter.

The vehicle sustained heavy front end damage. It should be noted that the utility pole a couple of houses

(Continued on next page)

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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

KELEIGH N DONAHUE

NEWTON POLICE DEPT

01/18/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

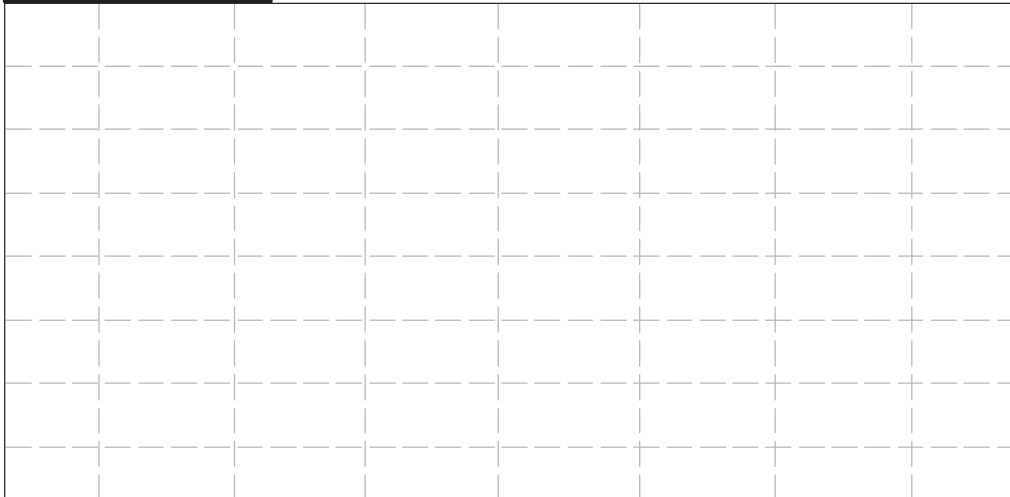
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



If Crash Did Not Occur
on a Public Way:

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- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

down from the crash site (Beacon/Varick Rd, pole #212) sustained fresh, minor superficial damage, consistent with the vehicle crashing into it before verrying onto the sidewalk.

Pictures have been taken and submitted to the IT bureau. Tody's responded and towed the vehicle to the police garage for processing due to the pending other criminal charges involved in this accident/incident. Michael Carter was subsequently placed under arrest and his citations have been placed into his property.

Carter suffered a hand injury due to the crash an was transported to NWH Hospital for an evaluation after 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 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

KELEIGH N DONAHUE

NEWTON POLICE DEPART

01/18/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date