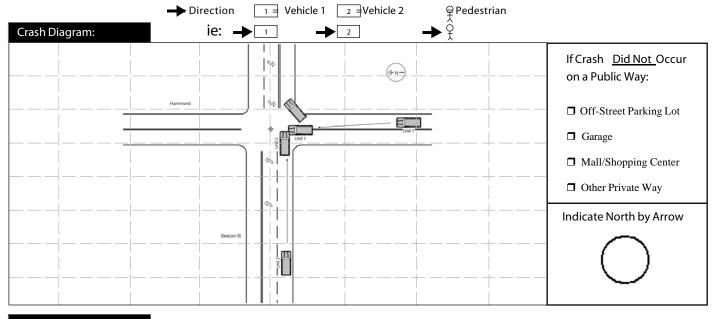
l	Police Use Only	Comn							ment Number	
	Date of Crash Time of Crash Ci 01/20/2019 11:12 NEWTON	ity/Town	Motor V	ehicle Cra	sh Num Vehi			d Limit <u>30</u> ude	State Police Local Police MBTA Police	
	01/20/2019 11:12 NEWTON 24HR	•	Police	e Report	2	0		itude	MBTA Police Other:	
	AT INTERSECTIO	< LOC	CATION :	>	N	OT AT	INTERSE	CTION:		
	EAST BEACON ST									
		me of Roadway/Stree		Route# Directio	n Address		Nan	ne of Roadway	y/Street	
		At						<del></del>		
	Route# Direction Name of Inter		Feet N	S E W of	Mi	le Marker	or	Exit Number	_	
	Route# Direction Name of Inter  Also at	<del></del>	Feet N	S E W of						
$\neg$				Route# Intersecting Roadway/Street Feet N S E W of						
	Route# Direction Name of Ir	ntersecting Roadway/	Street					Landmark		
	Wehicle 1 1_#Occupants	Run Mop	ed Case Num	nber	1900000	0095				
	License #	St MA DOB/Age	Re	eg#BCPD9		Reg	Type_PAV	Reg	State_MA	
	Sex_M Lic. Class D 18 18 Lic. Restr	rictions 99 C	DL Ve	eh Year_2017	Veh Mak	e FORD		Veh C	onfig. 20	
	Operator ELLIS JOHN  Last First		ndorsment O	wner TRUSTEES O	F BOST(					
	Address 6 RIVER ST	l .	Middle Ac	ddress 140 COMMO	NWEALTH .	AVE Firs	ı	Middl	le	_
		State_MAZip_	<b>02375</b> Ci	City NEWTON State MA Zip 02467						
	Insurance Company ARBELLA		Valida Action Drien to Creak 21 Damaged Area Code: (Circle Up to Three)							
		Responding to Eme	ergency? Y E	Event Sequence 1 22 22 22 22 2 3 4						
	Citation # (If Issued)		Most Harmful Event 1 23 10 Undercarriage							
	Violation 1: Ch Sec Vio	olation 2: Ch S		river Contributing Co	21	24	•	9	5 11 Totaled	
	Violation 3: ChSec Violation 4: ChSec Underride/Override								6	
	Please fill out for operator and all			idellide/ Override		27 28 afety Airbag	29 30 Airbag Eject	31 32 Trap Injury Tr Code Status C	33	
	Name (Last First Middle)	1	Address	Age/DOB	Sex Pos. Sy	stem Status	Switch Code		ransp. Code Medical Facil	ity
	Operator	See	e Above		3	4	99 0	0 5	1	
	Places Salact Ope	<del></del>			5 [	16	11	17		
				14 1		Type Action Location Condition Hit/Run				
	Please Select One of the Following: Wehicle 2 1 #Occ	cupants Non-N	Notorist A Type	Action 1:	Location		ondition			
	of the Following: Venicle 2 1_#Occ	St MA DOB/Age			Location		Type_PAN		State MA	_
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	City SOUTHBOROUGH  Insurance Company VERMONT MUTUAL Vehicle Travel Direction: X S E W  Citation # (If Issued)  Violation 3: Ch Sec Vi	St MA DOB/Age rictions 99 19 Cl Er  State MA Zip Responding to Emission 2: Ch and all occupants investigation 2.	Re   Re   Re   Re   Re   Re   Re   Re	eg # 3DV785 eh Year 2015 wner (Same as oper Last ddress	Veh Makator)  Crash	Rege FORD  Firs  21  22  24  wed N  27  28  felty Airbag system Status	Damagec  O  Airbag Eject	RegVeh Co	Zip	ree)



## **Crash Narrative:**

(Continued on next page)

Operator 1 who was operating a marked police unit stated that while responding to an emergency with his Aux. lights and siren activated he was traveling Northbound on Hammond St. Operator 1 approached the traffic lights at Beacon street where he waited for a white SUV to clear from his path. When it was clear to go Operator 1 proceeded into the intersection where he could see vehicle 2 coming down Beacon St; however, he was unable to stop due the snow/ice on the roadway. Vehicle 1 and vehicle 2 collided in the intersection. Operator 2 stated that he was traveling Eastbound on Beacon St approaching a green light an Hammond St. Operator 2 proceeded through the green light and saw a white SUV pulling into the intersection from Hammond St going through a red light. Operator 2 began to stop and then witnessed vehicle 1 with its lights on. Operator 2 tried to stop; however, do to the snow/ice on the roadway he was unable to stop. Vehicle 2 and

withesses:							
Name (Last, First, Middle)		Address			Р	hone #	Statement
Property Damage:					,		1
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	Damaged Property	
Truck and Bus Information:  Carrier Name	Registration #		,		Carr	rier Issuing Authority	Code 35
Address			City		St_	Zip_	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gross	s Vehicle Weight	38				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length		
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Nat	me		Material 4	ligit #	Release code	42

FRANCIS P SCALTRETO NEWTON POLICE DEPARTS 01/22/2019

If Crash Did Not Occur on a Public Way:		→ Direction	1 = Vehicle 1	2 =Vehicle 2	₽ Pedestr	ian		
On a Public Way: Off. Street Parking Lot. Garage Mall/Shopping Center Other Private Way Indicate North by Arrow  Witnesses: Address  Witnesses: Address  Phone # Statemen  Cartier Issuing Authority Code  Truck and Bus Information:  Registration # Malerial I digit # Address  Reg Your Trailor Longto  Registration:  Registration # Registration  Registration # Registration  Registration # Registration  Registration # Registrati	Crash Diagram:	ie: →□	1	2	→Ŷ			
witnesses:							on a Public Way:  Off-Street Parkin Garage Mall/Shopping C	ng Lot Center
witnesses:								
witnesses:	Crash Narrative:							
Witnesses:   Address		the intersection.						
Address Phone # Statemen  Property Damage:  Dwner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name	Both vehicles sustaine	d minor damage and	d there were	no injuries.				
Address Phone # Statemen  Property Damage:  Dwner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name								
Address Phone # Statemen  Property Damage:  Dwner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name								
Address Phone # Statemen  Property Damage:  Dwner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name								
Address Phone # Statemen  Property Damage:  Dwner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name								
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Address Phone # Statemen  Property Damage:  Dwner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name								
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Address Phone # Statemen  Property Damage:  Dwner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name								
Property Damage:  Dwner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name	Witnesses:					,		,
Dwner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration #	Name (Last, First, Middle)		Address				Phone #	Statement
Dwner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration #								
Dwner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration #								
Dwner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration #	Property Damage:		•			'		
Carrier Name Carrier Issuing Authority Code Address City St Zip State Number Issuing State ICC #: Interstate 36	Owner (Last, First, Middle)	Address		Phone #	34-Туре	Description	n of Damaged Property	
Carrier Name Carrier Issuing Authority Code Address City St Zip State Number Issuing State ICC #: Interstate 36								
Carrier Name Carrier Issuing Authority Code Address City St Zip State Number Issuing State ICC #: Interstate 36								
Carrier Name Carrier Issuing Authority Code Address City St Zip State Number Issuing State ICC #: Interstate 36	Truck and Bus Information	D : ( : "			W1:1 G .: )			
Address City St Zip						(	Carrier Issuing Authority Co	de 35
US DOT #: State Number Issuing State ICC #: Interstate 36  Cargo Body Type Code 37 Gross Vehicle Weight Reg State Reg Year Trailer Length 39  Hazmat Information:  Placard 40 Material 1 digit # Material Name Material 4 digit # Release code 42								
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				·				
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length   Hazmat Information:  Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42	37			Issuing State	ICC#:_		Interstate	
Hazmat Information:  Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42							39	
Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42		Reg Type	Reg State	Reg Year	r Tra	ailer Length		
TANGE DECAUTIFIED	40	digit # 41 Material	Name		Material 4 o	ligit #	Release code	42