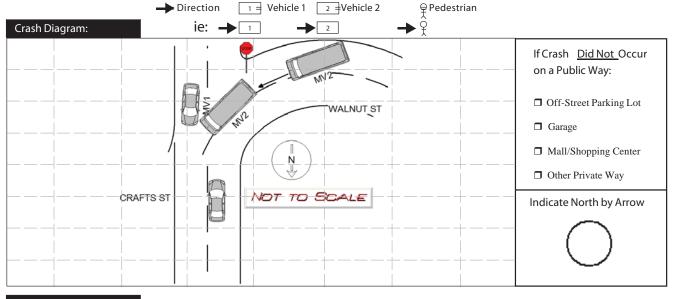
	Poli	ce Use Only		Common	wealth	of Ma	ssa	chus	etts			RM	V Doc	umen	t Number	
	Date of Crash 02/05/2019	Time of Crash 10:21	City/To NEWTON	Mo Mo	tor Ve	hicle C	cras	\mathbf{h} $\begin{bmatrix} N_1 \\ V_2 \end{bmatrix}$	umber chicles	Num Inju		eed Lim		St	ate Police ocal Police BTA Police	N X
	02/03/2019	24HR	NEWTON			Repor	t	2		0		ngitude_		O	ther:	
		AT INTER	SECTION:	<	LOC	ATION	>			N()T AT	INT	ERSI	ECT	ION:	
	NOR	TH CRAFT	S ST													2
1 1	Route# Direc	tion	Name of	Roadway/Street		Route# Di	rection	Addre	ss#		N	ame of I	Roadwa	ay/Stre	et	$ 2^{1}$
	EAST WALNUT ST					Feet NSEW of or							<u>-</u>			
	Route# Direc		Jame of Intersection	ng Roadway/Street							e Marker				xit Number	_
			Also at Inte	section with		Fe	et N	S E W	of	Rou	te#	Intersec	ting Re	oadwa	y/Street	-
2 1						Fe	et N	S E W	of				Ü		•	3
	Trains of Interesting Trains of State o					Landmark										
3	XVehicle 1	2_#Occupants	X Hit/Run	Moped	Case Numb	er		19000	000146							
	License#		St M	A DOB/Age	Reg	# 1VJ665				Reg	Type PA	AS	Re	eg State	e MA	
	Sex_F_ Lic.	Class D 18 1		19	_	Year 2010		Veh M	ake FC						20	
4	Operator NA		JESSICA	Endorsmer	nt	ner NADOL								Ü		- 1
2	Address 37 CA	Last AMBRIA STREE	First	Middle	Add	ress 37 CAM	Last BRIA I	RD		First			Mid	dle		_ 1
	City WALTH			ate_MA Zip_02453		WALTHAM						State	MA	Zin	02453	
		_{pany} GOVT EM				icle Action Pr		Crash [1 2						le Up to Thre	ee)
5	1	Direction: X		onding to Emergency?		nt Sequence	22	22	22	22	2	3		4		
1]	ssued)		·gg, -		t Harmful Ev		23					Λ		10 Undercarri	iage
				2: ChSec		er Contributii			24	24	1	9	$\langle $	5	11 Totaled	
⁶ 1	1			4: ChSec		erride/Overrid		25	Towe		0	7		6		
		fill out for opera						26 Seat	_	28 Airbag A	29 3 irbag Eje	30 31	32 Injury	33 Fransp.		1
	Name (Last Fir	st Middle)		Address See Above	<u> </u>	Age/DC		Sex Pos.	System 1	Status \$	witch Co	de Code	\$tatus	Code 1	Medical Facili	1 1
	WHITTEMOR	E I ALIDA	15	GILBERT STREET			F	3	1	\vdash	99 0	0	5	1		
	WHITTEMOR	E, LAUKA	W	ALTHAM, MA			1	3	1	4	99 0	0	5	1		
4	Please Select C of the Followi	I A Venicle	2 <u>1</u> #Occupan	Non-Motorist	A Type	14 Action	15	Location		16 Co	ndition	17	X	Hit/Ru	n Mop	ed
	License#		St_M		Reg	Reg # M50167 Reg Ty					Type_Co	pe_CON Reg State_MA				_]
	Sex_M Lic. Class D 18 18 Lic. Restrictions 19 CDL				Veh Year 2007 Veh Make FORD Veh Config. 2						. 2 20					
⁸ 1	Operator DU	QUETTE	CAMDEN	Endorsmer	nt Owr	Owner COMCAST OF BOST(Last First Middle							-			
1	Address 370 T	ITICUT ROAD	Plist	Middle	Add	ress 9 NORT	HESTI	ERN BLV	D	Filst			WIII			
	City RAYNHAM State MA Zip 02767					City SALEM State NH Zip 03079							-			
	Insurance Com	pany ACE AME	RICAN		Veh	icle Action Pr	rior to C	Crash	4 2	1	Damag	_		(Circl	le Up to Thre	ee)
	Vehicle Travel Direction: NSWW Responding to Emergency? Citation # (If Issued) T1441120 Violation 1: Ch 90/24/Csec Violation 2: Ch 89/9 Sec					nt Sequence	1 22	22	22	22	2	<u> </u>	<u>)</u>	4		
						Most Harmful Event 1 23 10 Undercarriag Driver Contributing Code 19 24 24 1 5 11 Totaled							iage			
	Violatio	n 3: ChSe	ec Violatio	on 4: ChSec	Und	Underride/Override 25 Towed N 8 7 6										
			operator and al	occupants involved			T	26 Seat	27 Safety	28 Airbag A	29 3 irbag Eje	0 31 Trap	32 Injury	33 Transp.		
	Name (Last Fi Operator/	rst Middle) Non-Motorist		Address See Above	;	Age/D		Sex Pos.	System 1	Status	Switch Co	ode Code 0	Status 5	Code 1	Medical Facil	ity
	*															
						1			1							



Crash Narrative:

OPERATOR OF MV 1 STATED SHE WAS TRAVELING NORTHBOUND ON CRAFTS ST WHEN SUDDENLY MV 2 FAILED TO STOP AT THE STOP SIGN LOCATED AT WALNUT ST AND CRAFTS ST, STRIKING HER VEHICLE ON THE FRONT DRIVERS SIDE CAUSING MODERATE DAMAGE. OPERATOR AND PASSENGER OF MV 1 STATED THAT MV 2 NEVER STOPPED TO SEE IF THEY WERE INJURED OR EXCHANGE INFORMATION AND CONTINUED ON CRAFTS ST EVENTUALLY TURNING RIGHT ONTO CALIFORNIA ST. MV 2 COULD ONLY BE DESCRIBED AS A WHITE COMCAST VAN WITH A LADDER ON THE ROOF. THERE WAS ALSO A WITNESS TO THE HIT AND RUN ACCIDENT IDENTIFIED AS RYAN WALSH WHO STATED HE WAS TRAVELING SOUTHBOUND ON CRAFTS ST WHEN MV 2 FAILED TO STOP AT THE STOP SIGN, CAUSING HIM TO SWERVE OUT OF THE WAY TO AVOID A COLLISION. WALSH ALSO STATED THAT THE VEHICLE WHO BLEW THE STOP SIGN AND CAUSED THE ACCIDENT WAS A COMCAST VEHICLE.

I CONTACTED COMCAST SUPERVISOR BRIAN DELANO (617 756 6293) WHO WORKS OUT OF THE NATICK OFFICE AND IS

(Continued	on next page)							
W itnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
		25 RUTH DR.						
WALSH, RYAN,		FRAMINGHA	M,MA 01701					N
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descr	ription of Dama	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)				25
Carrier Name						Carrier Issu	ing Authority Co	de 35
Address			City			St	Zip	
US DOT #:	State Number		Issuing State	ICC#			Interstate	36
			_ ~ ~				_ mersure	
Cargo Body Type Code 37 Gr	ross Vehicle Weight	38	_	100			_ interstate	
Cargo Body Type Code 37 Gr						39	_ miorsuae	
Cargo Body Type Code G1						39	_ morsule	
Cargo Body Type Code G Trailer Reg #:	Reg Type	Reg State		Tr	ailer Le	ength 39		42

MATTHEW W COLELLA			NEWTON POLICE DEPARTM		02/05/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Crash Diagram: ie: 1 2 If Crash Did Not Occur on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by Arrow
on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by Arrow
Garage Mall/Shopping Center Other Private Way Indicate North by Arrow Crash Narrative:
☐ Mall/Shopping Center ☐ Other Private Way Indicate North by Arrow Crash Narrative:
Other Private Way Indicate North by Arrow Crash Narrative:
Other Private Way Indicate North by Arrow Crash Narrative:
Indicate North by Arrow Crash Narrative:
Crash Narrative:
THE OWN DOT OF THE OWN DESCRIPTION OF THE OWN
IN CHARGE OF EMPLOYEES IN NEWTON. HE STATED HE LOOKED AT GPS RECORDS AND STATED ONLY ONE OF HIS EMPLOYEES
WAS IN THE AREA AT THE TIME OF THE CRASH AND HE WAS STATIONARY AT ADDRESS ON MELVILLE AVE.
I ALSO CALLED JOHN MCGUINNESS WHO IS THE SUPERVISOR FOR COMCAST WORKING IN WESTON, WALTHAM AND WATERTOWN
AREAS. I LEFT A VOICEMAIL FOR HIM TO CALL ME BACK.
I RECEIVED A CALL BACK FROM JOHN MCGUINNESS WHO RELAYED TO ME THAT HE SENT A MESSAGE OUT TO ALL OF HIS
EMPLOYEES INQUIRING ABOUT THE ACCIDENT IN QUESTION AND ONE OF HIS DRIVERS CALLED HIM AND TOLD HIM THAT HE WAS
THE PERSON INVOLVED IN THE ACCIDENT. I MET WITH HIM WHO WAS IDENTIFIED AS CAMDEN DUQUETTE AND HE STATED THAT
HE STOPPED AT THE STOP SIGN, PROCEEDED FORWARD AND DIDN'T SEE A TRUCK COMING ON HIS LEFT. HE STATED HE WAS ABLE TO AVOID THE FIRST CAR AND DIDN'T REALIZE HE STRUCK ANOTHER VEHICLE (STATED HE THOUGHT HE STRUCK THE
(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 NameCarrier Issuing Authority Code
Address
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
MATTHEW W COLELLA Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

-	Direction 1	Vehicle 1	y ≢Vehicle 2	₽Pedestria	an	
Crash Diagram:	ie: → 1	→ [2	_	₽Ŷ		
					If Crash <u>Did Not</u> O on a Public Way:	Occur
					Off-Street Parking	g Lot
					☐ Garage	
					☐ Mall/Shopping Ce	enter
					— — — ☐ Other Private Way	,
					Indicate North by A	
Crash Narrative:	UTO DAGGENGED O	The Concient	NIII WIIII CIIDI	TNO A VEHT	CLE AND NOW MILE CUIDD. AC	
CURB).THERE WAS DAMAGE ON RESULT OF THE INVESTIGATIO						
ACCIDENT (PROPERTY DAMAGE)	AND CH. 89 S.	9 FTC STOP S	IGN.			
						-
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Name (Last, First, Miladie)		Address			Thone #	Statement
Property Damage:			DI "	24.7	D : :: (D ID :	
Owner (Last, First, Middle)	Address		Phone #	34-Type I	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Ve	chicle Section)		35
Carrier Name					Carrier Issuing Authority Code	е
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trai	ler Length 39	
Hazmat Information:						
Placard Material 1 digit #	Material Na	ame		Material 4 di	git # Release code	42
MATTHEW W COLELLA			DITTA	TON POLICE DEPARTA	02/05/20	119
Police Officer Name (Please Print)	Signature			epartment	Precinct/Barracks Date	

CDP1 11 ·24·00