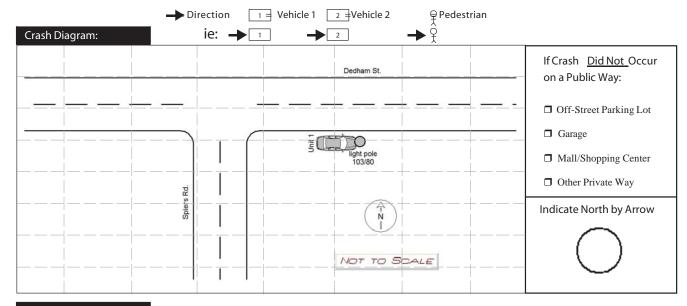
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	Date of Crash 02/17/2019	Time of Crash 01:10	City/To	own N			icle Cra	ash			Number Injured		d Limit		Sta Loc	te Police cal Police BTA Police	N X	
	02/17/2019	24HR	NEWTON				Report		1		1	Long	itude_		Otl	ner:	ш	
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	Operator/	Non-Motorist		See Ab	ove													



Crash Narrative:

At approximately 0110HRs on Sunday February 17, 2019, I was dispatched to the area of Dedham St. and Spiers Rd. (both public ways in the City of Newton), for a report of a motor vehicle vs pole accident with injury, airbag deployment and entrapment. Upon arrival, I exited my cruiser with my medical bag and AED and went to assist the motorist involved in the crash. MV1 (MA Passenger: 255ZA9) was completely off the roadway and on the shoulder of the road (facing Eastbound) with its nose contacting the light pole (

Verizon Pole #:103/80), which was now broken and listing to the side. Attempts to open the doors were unsuccessful and I attempted to communicate with the operator through a partially broken driver's window frame which was bent. The operator was slumped forward with his hand cradling his head and he was unable to speak, but was breathing. Newton Fire arrived and attempted to gain access to the vehicle via several manual

(Continued on next page)

Witnesses:						
Name (Last, First, Middle)	Address			Phone #	Statement	
JURA , KEVIN,		1000 COMM A NEWTON,MA	02459			N
SWEET , DAVID,	1000 COMM A NEWTON,MA				N	
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Dama	aged Property
Truck and Bus Information:	Registration #	(From Vel	nicle Section)		
Carrier Name				Carrier Iss	uing Authority Code
Address		City		St	Zip
US DOT #:	State Number	Issuing State	ICC #:_		Interstate 36
Cargo Body Type Code 37	Gross Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	T		
Hazmat Information:					
Placard 40 Material 1 dig	it # 41 Material Name		_ Material 4	digit #	_ Release code 42

CHRISTOPHER G HOWES		38804	NEWTON POLICE DEPARTM		02/17/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	Direction 1 = venicle 1 2	∃venicie 2	
Crash Diagram:	ie: → 1 → 2	→ Ŷ	
		 	If Crash <u>Did Not</u> Occur on a Public Way:
			☐ Off-Street Parking Lot
		. — — — — — — — — —	☐ Garage
			☐ Mall/Shopping Center
			☐ Other Private Way
		. — — — — — — — — — — — — — — — — — — —	Indicate North by Arrow

Crash Narrative:

tools with no success and instead deployed the Jaws of Life which was successful. Newton Fire also made entry into the rear passenger compartment because we viewed a child's car seat and checked with negative results for any child in the vehicle. Once the operator was cut out of his seatbelt and safely out of MV1 and on board Newton Medic 1, I entered the ambulance where he was identified as Mark Topham. It should be noted that Topham was having difficulty answering basic questions such as his name, date of birth, today's date, Etc. At one point when he was asked what today's date was, he gave his birth date of February 21, 1983 and it took him several attempts to say his last name, I had to run him over the air with a partial name to ascertain who he is. Also of note, in my presence and that of Sgt. Devine, Topham informed the medics that he had been consuming alcoholic beverages prior to the crash. Upon viewing the scene, I noted that the roadway was lit

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
GIARDINA , LINDSAY,	990 VFW PKWY WEST ROXBURY,MA 02132						Y	
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	ription of Damag	ed Property	
Truck and Bus Information: Carrier Name	Registration #		`	ŕ		Carrier Issui	ng Authority Code	35
Address		(City			St	Zip	
US DOT #: S			Issuing State	ICC #:_			_ Interstate	36
Cargo Body Type Code 37 Gross	Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer L	ength		
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Nat	me		Material 4 o	digit#		Release code	42

		Vehicle 1 2 Vehicle 2	Pedestrian	
rash Diagram:	ie: → 1	2	→ ¥	
	. — — — — — — — — — — — — — — — — — — —			If Crash <u>Did Not</u> Occur on a Public Way:
				☐ Off-Street Parking Lot
			<u> </u>	☐ Garage
				☐ Mall/Shopping Center
				☐ Other Private Way
	· — — — — — — —		<u>+ + </u>	Indicate North by Arrow
	. — — — — — — — — — — — — — — — — — — —		++	
ash Narrative:	1			·
l I did not observe	any skid marks on th	e dry, ice-free paym	ent, indicating that	there was unlikely any

and I did not observe any skid marks on the dry, ice-free payment, indicating that there was unlikely any braking or swerving to avoid the collision. I spoke to the reporting party, Lindsay Giardina, she stated that she was traveling on Dedham St. when she heard what she believed to be a motor vehicle crash. When she came upon said crash, she attempted to assist the operator, as she was an off duty firefighter. She was unable to gain access to the inside of the vehicle, but communicated to the operator in the same manor as I did. She stated that she was able to smell the odor of an alcoholic beverage emanating from the operator. Topham was transported to Beth Israel of Boston, where he was assigned patient record number 3109921. I attempted to speak with him at the hospital, but was unable to do so because of his current state; I noted several injuries on Topham, such as a bloody lip, a wound to his lower left side and a wound to his left leg. Due to

(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 _____ City_____ Address___ US DOT #: State Number ___ Issuing State ____ ICC #:___ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #:_ Hazmat Information: Material Name_____ Material 4 digit #_____ Release code Placard Material 1 digit #

CHRISTOPHER G HOWES		38804	NEWTON POLICE DEPARTM		02/17/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	→ Direction	1 = Vehicle 1	2 ≢Vehicle 2	₽Pedestri	an	
Crash Diagram:	ie: →□	1 -	2	→ ♀ ·		
	 		_	<u> </u> <u> </u>	If Crash <u>Dic</u> on a Public \	
		<u> </u>	_		Off-Street	Parking Lot
		 			Garage	
		į		į	☐ Mall/Shop	ping Center
		- 	-		Other Priv	ate Way
		-			Indicate Nort	h by Arrow
Crash Narrative: Topham's statements onbody	ard of Medic 1 a	and Lindsav	Giardina's ob	servations.	T will be charging T	opham with
one count of violating M		<u>_</u>		<u> </u>		
Negligent Operation of a						
via MA Criminal Citations	s which I placed	d in the ma:	il. Additional	ly, I will h	oe seeking a subpoena	for Topham's
blood work from the hosp:	ital. Note: The	crash occu	rred on the Ne	wton/Boston	line, Newton dispatch	h's GPS
indicated that the crash	was in Newton.	I took seve	eral pictures	of the scene	and have forwarded	them to IT to
be attached to this report	rt. I completed	and filled	an NPD Motor	Vehicle Tow	Inventory Form and O	fficer
Boudrot stood by for the	tow.					
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Prope	rty
Truck and Bus Information:	Registration #		`	Vehicle Section)		35
Carrier Name					Carrier Issuing Author	rity Code
						ip
US DOT#:	State Number	38	Issuing State _	ICC #:	Intersta	ate 36
Cargo Body Type Code 37 G	ross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Yea	ur Tra	iler Length 39	
Hazmat Information: Placard Material 1 dig	it # 41 Material I	Name		Material 4 d	igit# Release	code 42
CHRISTOPHER G HOWES		3	8804	NEWTON POLICE DEPARTA		02/17/2019

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)