

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/17/2019		Time of Crash 01:10 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:						9	
EAST DEDHAM ST												2	
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10	
SPIERS RD						Feet N S E W of _____ Mile Marker _____ Exit Number _____							
Route# Direction Name of Intersecting Roadway/Street				Also at Intersection with		Feet N S E W of _____ Route# Intersecting Roadway/Street _____						11	
Route# Direction Name of Intersecting Roadway/Street						Landmark _____						1	
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000195							
License # --- St MA DOB/Age ---				Reg # 255ZA9		Reg Type PAN		Reg State MA					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2011		Veh Make DODGE		Veh Config. 1 20					
Operator TOPHAM MARK WILLIAM				Owner SMITH COURTNEY E									12
Address 140 MEADOWBROOK RD				Address 58 NEEDHAM ST									
City NEEDHAM State MA Zip 02492				City DEDHAM State MA Zip 02026									
Insurance Company INTEGON NATIONAL				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 23 22 22 22 22		2 3 4							
Citation # (If Issued) T1441721				Most Harmful Event 23 23		10 Undercarriage							
Violation 1: Ch 89/4A Sec _____ Violation 2: Ch 90/24B Sec _____				Driver Contributing Code 10 24 24		5 11 Totalled							
Violation 3: Ch 90/24E Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y		6							
Please fill out for operator and all occupants involved													13
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													22
Operator See Above				-----		---		1 3 4 0 1 2 2					
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input 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 _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____		Veh Make _____		Veh Config. 20					
Operator _____				Owner _____									
Address _____				Address _____									
City _____ State _____ 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		10 Undercarriage							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24		5 11 Totalled							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed _____		6							
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				-----		---							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Dedham St.

Spiers Rd.

Unit 1

light pole 103/80

N

NOT TO SCALE

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:

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 AVE NEWTON, MA 02459	-----	N
SWEET, DAVID,	1000 COMM AVE NEWTON, MA 02459	-----	N

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

CHRISTOPHER G HOWES

38804

NEWTON POLICE DEPART

02/17/2019

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:

- ☐ 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	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

CHRISTOPHER G HOWES

38804

NEWTON POLICE DEPART

02/17/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

