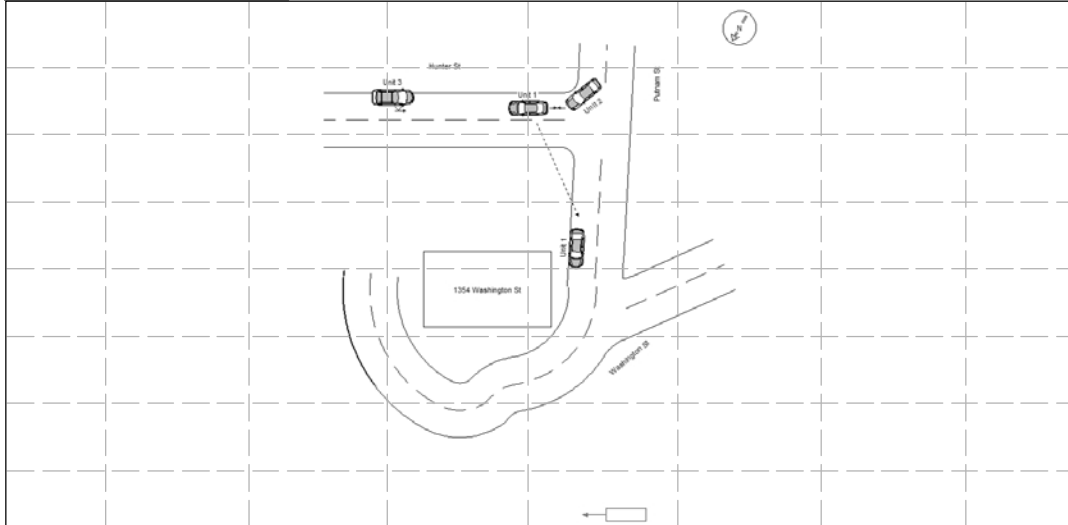


Police Use Only			Commonwealth of Massachusetts						RMV Document Number				
Date of Crash 03/01/2019	Time of Crash 17:37 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>						Number Vehicles 3	Number Injured 2	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> 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 1354 WASHINGTON ST Route# Direction Address # Name of Roadway/Street 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										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000222							
License # --- St MA DOB/Age ---			Reg # 134TR9 Reg Type PAN Reg State MA										
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2013 Veh Make SUBARU Veh Config. 1 20										
Operator MATTHEW DIGREGORIO Last First Middle			Owner (Same as operator) Last First Middle										
Address 16 ROLLING MEADOW			Address										
City HOLLISTON State MA Zip 01756			City State Zip										
Insurance Company COMMERCE			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 2 22 1 22 40 22 22 2			9 Undercarriage 11 Totaled							
Citation # (If Issued) T1268426			Most Harmful Event 1 23										
Violation 1: Ch 90/24 Sec Violation 2: Ch 90/24 Sec			Driver Contributing Code 9 24 14 24										
Violation 3: Ch 90/24 Sec Violation 4: Ch 89/4A Sec			Underride/Override 25 Towed Y										
Please fill out for operator and all occupants involved													
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility													
Operator See Above			NWH										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 MA DOB/Age ---			Reg # 1RD999 Reg Type PAN Reg State MA										
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2017 Veh Make BMW Veh Config. 1 20										
Operator FERDINANDS LUKE Last First Middle			Owner (Same as operator) Last First Middle										
Address 45 PERKINS ST			Address										
City NEWTON State MA Zip 02465			City State Zip										
Insurance Company VERMONT MUTUAL			Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)										
Vehicle Travel Direction: N S X W Responding to Emergency?			Event Sequence 1 22 99 22 22 22 2			10 Undercarriage 11 Totaled							
Citation # (If Issued)			Most Harmful Event 1 23										
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24										
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y										
Please fill out for operator and all occupants involved													
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility													
Operator/Non-Motorist See Above													

Police Use Only			Commonwealth of Massachusetts						RMV Document Number						
Date of Crash 03/01/2019	Time of Crash 17:37 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report						Number Vehicles 3	Number Injured 2	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:			
AT INTERSECTION:			<	LOCATION			>	NOT AT INTERSECTION:							
											9				
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street								10				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number								11				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street Landmark												
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000222									
License # --- St MA DOB/Age ---			Reg # 134TR9 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2013 Veh Make SUBARU Veh Config. 1 20									
Operator MATTHEW DIGREGORIO Last First Middle			Owner Last First Middle			Address 16 ROLLING MEADOW City HOLLISTON State MA Zip 01756 Insurance Company COMMERCE									
Vehicle Travel Direction: N S X W Responding to Emergency?			Event Sequence 2 22 1 22 40 22 22 2 21 Damaged Area Code: (Circle Up to Three)			Citation # (If Issued) T1268426 Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved			Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above									
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 3 1 #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 # 7CAK80 Reg Type PAN Reg State MA			Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment Veh Year 2014 Veh Make TOYOTA Veh Config. 2 20									
Operator Last First Middle			Owner Last First Middle			Address 853 WASHINGTON ST City NEWTON State MA Zip 02460 Insurance Company GOVT EMPLOYEE									
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 1 22 99 22 22 22 11 21 Damaged Area Code: (Circle Up to Three)			Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved			Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above									
FERDINANDS, ELIZABETH			45 PERKINS ST NEWTON, MA 02465			F 3 1 1 1 0 0 3 1									

→ 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:

On 3/1/19 while working N493, myself and N492 Officer Selig were sent to the area of 1354 Washington St for a motor vehicle accident with reported injuries. On arrival, I spoke to Matthew Digregorio DOB 7/2/74 (hereby referred to as operator #1) who was standing on the sidewalk next to MA reg 134TR9 (vehicle #1). Vehicle #1 had significant damage to the front and right quarter panels. It was straddled between the travel lanes and did not have the keys in the ignition.

It was immediately apparent that operator #1 suffered an injury to his head, as there was a moderate amount of blood and small pieces of glass stuck in his forehead area. I observed operator #1 to be unsteady on his feet, have bloodshot eyes and slurred speech. I could detect a moderate odor of alcoholic beverage coming from operator #1 as I was approaching him, which was apparent from about an arms length away (it should be

(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 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

→ 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:

noted that medics were already en route to the scene at this time).

Prior to the medics arrival, I asked operator #1 for a brief synopsis of what transpired. Operator #1 stated that he had just left Paddy's Pub and was driving westbound on Hunter St (which is approximately 1/8 mile from our location) when he collided head on with vehicle #2. Vehicle #2 was not immediately visible upon police arrival, however was pointed out as being located at the intersection of Hunter and Putnam St. I asked operator #1 where he was heading, as Hunter St is a back road not directly in the vicinity of Paddy's. Operator #1 could not answer the question and also remained silent when I asked him how much alcohol he had consumed this evening. At this time the medics arrived on scene. I asked operator #1 for the car keys to relinquish to the tow truck operator, which is standard operating practice. Operator #1 reached into his

(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 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

→ 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:**

pocket and then provided me with the keys. Due to concern over operator #1's obvious head trauma, he was then transported to NWH to be evaluated while the investigation continued on scene.

Two other parties approached myself and Officer Selig. One was the operator of vehicle #2, MA reg 1RD999. Operator #2 is identified as Luke Ferdinands DOB 5/11/80. The other party who approached is identified as Douglas Dasilva-Pimenta DOB 6/2/86 (Dasilva-Pimenta will now be referred to as operator #3).

Operator #2 states that he was taking a right onto Hunter St from Putnam St, when he observed vehicle #1 on the wrong side of the road approaching him head on. Operator #2 states vehicle #1 then collided head on with him, took a right onto Putnam St, and continued onto the Washington St overpass near 1354 Washington St.

Operator #3 states he was inside of #5 Hunter St when he heard a loud crash coming from outside. He looked

(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 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

→ 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:

out the window and saw vehicle #1 traveling at a high rate of speed on Hunter St towards Putnam St. Operator #3 observed damage to the right side of his parked vehicle (now referred to as vehicle #3) MA reg 7CAK80. He immediately got in his vehicle and proceeded to follow vehicle #1, which then crashed into vehicle #2 head on. Operator #1 did not stop until it was obvious that operator #3 was following close behind. This ultimately landed vehicle #1 at it's final location near 1354 Washington St. Vehicle #1 and vehicle #2 were not driveable and were towed to Tody's. It should be noted that there was a passenger in vehicle #2 at the time of the collision. Airbags were deployed and medics checked out both operator and passenger. Both declined transport. The passenger is identified as Elizabeth Ferdinands DOB 5/22/53. Ferdinands' version of events coincide with that of operator #2.

(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 ☐ 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

→ 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:

Upon speaking with Officer Selig it was learned that operator #1 dropped his cell phone several times as he was holding it on scene. Both Officer Selig and operators #2 and #3 observed this. Operators #2 and #3 both expressed concern over the obvious odor of alcohol emanating from operator #1, and the fact that he was unsteady on his feet.

I responded to NWH to follow up with operator #1 however he did not wish to speak further. He did express concern over the well being of all parties involved.

Operator #1 was issued in hand the following citations:

T1268426 - 90/24 OUI Alcohol, 90/24 Leaving the Scene (property damage, vehicle #2), and 90/24 Leaving the Scene (property damage, vehicle #3).

(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 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

### 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:

T1268425 - 89/4a Marked Lanes violation.

T1269216 - 90/24 Negligent Operation of a M/V (mailed after consultation with superiors)

All streets mentioned are public ways in the City of Newton. 1354 Washington St will be the address used on this report and subsequent citations due to multiple locations being involved. Citations and paperwork have been placed in the prosecutor's mailbox. An immediate threat form has been filled out and faxed to Mass DOT.

**\*Attention Police Prosecutor for blood work subpoena, if applicable\***

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	37	Gross Vehicle Weight	38
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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