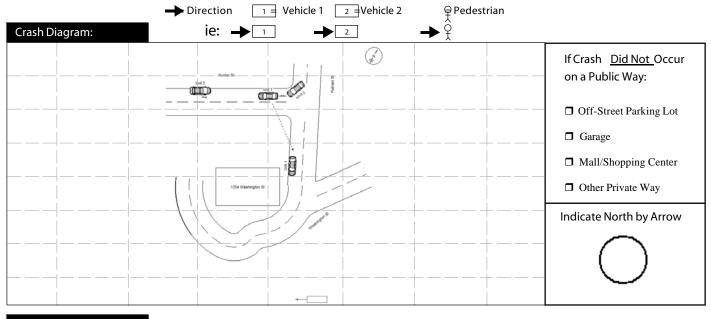
[Police Use Only	Commor	nwealth o	of Massac	chusetts	}	RM	V Docume	ent Number	
	03/01/2019 17:37 NEWTON		otor Veh Police 1		h Number Vehicles		Speed Lim Latitude _ Longitude		State Police Local Police MBTA Police Other:	1
	AT INTERSECTIO	N: <		_			AT INT			
	III II (I I I I I I I I I I I I I I I I								110111	2 9
1	Route# Direction Nan	ne of Roadway/Street		EAST Route# Direction	1354 Address #	WASHIN	Name of	Roadway/St	troot	-
3	Route# Direction Ivan	At								2 10
				Feet N	S E W of	Mile Ma	rker	or	Exit Number	
		secting Roadway/Street Intersection with		Feet N	S E W of					
2				Feet N	S E W of	Route#	Interse	cting Roadw	vay/Street	6 11
1	Route# Direction Name of In	tersecting Roadway/Street	:				I.a	ındmark		-
³ 99	XVehicle 1 1_#Occupants X Hit/I	Run Moped	Case Number		1900000222		2.			1
	<u> </u>	351		134TR9			PAN	D 0	. MA	4
	18 18	19	_					_	20	
	Sex_M Lic. Class D Lic. Restri	Endorsn	nent	2013		- DITING		_ Veh Conf	ig. 1	12
$\begin{vmatrix} 4 \\ 1 \end{vmatrix}$	Operator MATTHEW DIGREG Last First Address 16 ROLLING MEADOW			(Same as operat		First		Middle		1 ¹²
		- MA 01756		SS						
		_State_MA _Zip_01756							p rcle Up to Three)	
5	Insurance Company COMMERCE			e Action Prior to C	1 1 1	22 2	maged Area	`		
1		Responding to Emergence		Sequence 2 22	23				(1) Undercarriag	e
	Citation # (If Issued) T1268426	90/24/C		Harmful Event 1	24			<u> </u>	11 Totaled	
⁶ 1	Violation 1: Ch_90/24/Sec Viol			Contributing Code	25	4			;	
1	Violation 3: Ch_90/24/SecViol		Under	ride/Override	Towe		20 21	32 3	2	13
	Please fill out for operator and all on Name (Last First Middle)	occupants involved Addres	ss	Age/DOB S	Seat Safety Pos. System	28 29 Airbag Airbag Status Switch	30 31 Eject Trap Code Code	32 3 Injury Trans Status Code	sp.	_ 2 ¹³
	Operator	See Abo	ve		99	4 99	0 0	3 2	NWH	
7	Please Select One			4 15		16	17		<u> </u>	1
1	of the Following: Vehicle 2 1 #Occi	upants Non-Motori	st A Type	Action	Location	Conditi	ion	Hit/F	Run Moped	
	License #	t MA DOB/Age DOB	Reg#	1RD999		Reg Typ	PAN	Reg St	ate_MA	
	Sex_M Lic. Class D 18 18 Lic. Restri	ctions 19 CDL _	Veh Ye	ear_2017	Veh Make_B	MW		_ Veh Conf	ig. 20	
8 1	Operator FERDINANDS LUKE	Endorsn	Owner	(Same as operat	tor)	First		Middle		
1	Address 45 PERKINS ST	Middle		Last				Middle		
	City_NEWTON	State_MAZip_02465						eZi ₁	p	
	Insurance Company VERMONT MUTUAL		Vehicle	e Action Prior to C	Crash 3	21 Da	maged Area	a Code: (Ci	rcle Up to Three)	
	Vehicle Travel Direction: NSWW	Responding to Emergence	cy? Event	Sequence 1 22	99 22 22	22 2	3	4	ŀ	
	Citation # (If Issued)		•	Harmful Event 1	23			<u>.</u> /).	10 Undercarriag	e
	Violation 1: ChSec Vio	plation 2: Ch Sec		Contributing Code	24	24		<u>'</u> 5	5 11 Totaled	
	Violation 3: Ch Sec Vio			ride/Override	25 Towed	8	<u> </u>	6	,	
	Please fill out for operator an					28 29 Airbag Airbag	30 31 Eject Trap	32 33 Injury Trans	3 sp.	1
-	Name (Last First Middle) Operator/Non-Motorist	Addre See Abo			Sex Pos. System	n Status Switc	h Code Code	Status Cod		-
	operator/from motorist	Sec Abo			1 99	1 1	0 0	5 1		

	ce Use Only		Comm	onwealth	U1 1V1a55a	cnusetts	•	RM		ent Number
Date of Crash 03/01/2019	Time of Crash	•	Town	Motor Vel	hicle Cras	Number Vehicles	l l	Speed Lim		State Police Local Police MBTA Police
03/01/2019	17:37 24HR	NEWTON		Police	Report	3	2	Longitude_		MBTA Police Other:
	AT INTER	SECTION	•	< LOCA	ATION >	>	NOT	AT INT	ERSEC'	ΓΙΟN:
Route# Direct	tion	Name	of Roadway/Street		Route# Direction	Address #		Name of I	Roadway/S	treet
			At		Feet N	S E W of		_ •	or	
Route# Direc	tion N	ame of Intersec	ting Roadway/Stree	et		[5]2[] or	Mile Ma	rker		Exit Number
		Also at In	tersection with		Feet N	S E W of	Route#	Intersec	ting Roady	vay/Street
					Feet N	S E W of	Routen	Intersec	ang Roud	чаульност
Route# Direct	tion	Name of Inter	secting Roadway/S	Street				La	ndmark	
XVehicle1	1_#Occupants	X Hit/Ru	n Mope	ed Case Numbe	r	1900000222	2			
License #		St _	MA DOB/Age_	Reg	# 134TR9		Reg Type	PAN	Reg St	
Sex_M_ Lic. 0	Class D 18 18	Lic. Restricti			Year_2013	Veh Make_S	UBARU		_ Veh Conf	ig. 20
Operator MA	TTHEW Last	DIGREGO	RIO	dorsment Own	er		First		Middle	
Address 16 RC	DLLING MEADO)W			ess				Middle	
City HOLLIST	ΓΟΝ		State_MA_Zip_0	01756 City				State	Zi	p
Insurance Com	pany COMMERC	CE		Vehi	cle Action Prior to	Crash 1	21 Da	maged Area	Code: (Ci	rcle Up to Three)
Vehicle Travel	Direction: N S	S X W Re	esponding to Emer	gency? Even	t Sequence 2 22	1 22 40 22	22 2	<u> </u>	4	
Citation # (If Is	ssued) T1268426			Most	Harmful Event	1 23		_ \	یا ا	Undercarriage 11 Totaled
Violation	1: ChSec_	Violati	on 2: ChSe	ec Drive	er Contributing Coo	le 9 24	14 24			
Violation	3: ChSec_	Violati	on 4: ChSe	ec Unde	erride/Override	25 Towe	ed_Y8	7	6	
Please f		tor and all oc	cupants involved	Address	Age/DOB	26 27 Seat Safety Sex Pos. System	28 29 Airbag Airbag Status Switch	30 31 Eject Trap Code Code	32 3 Injury Trans Status Code	p.
Operator	st Wilduic)			Above		system	1 Status Switch	Code Code	status Code	Wiedical Facility
Please Select O	IX I Vahicla:	3 <u>1</u> # Occup	ants Non-Mo	otorist A Type	14 Action 15	Location	Conditi	on 17	Hit/l	Run Moped
of the Followir		St_	DOB/Age	Reg	# 7CAK80		Reg Type	PAN	Reg St	ate MA
of the Followin		1	19	-					_ Veh Conf	20
	Class 18 18	Lic. Restricti	ions CD	DL Veh	Year 2014	Veh Make_T	OYOTA		_ ven com	
License #	Class	Lic. Restricti	Enc	dorsment	_{Year} 2014 _{er} DASILVA-PIN		GLAS		_	
License # Sex Lic. (Operator		Lic. Restricti	Enc	dorsment Own	Year 2014	MENTA DOUG			Middle	
License # Sex Lic. (Operator Address	Last	Lic. Restricti	Enc	dorsment Middle Addi	Year 2014 er DASILVA-PIN	MENTA DOUG	GLAS		_	p_02460
License # Sex Lic. O Operator Address City	Last	Lic. Restricti	Enc	Own Addr City	Year 2014 er DASILVA-PIN Last ress 853 WASHING	MENTA DOUG	GLAS First	State	Middle	p <u>02460</u> rcle Up to Three)
License # Sex Lic. C Operator Address City Insurance Com	Last	First PLOYEE	Enc	Own Middle Addu City Vehi	Year 2014 er DASILVA-PIN Last Cess 853 WASHING NEWTON cle Action Prior to	GTON ST	GLAS First	State	Middle MA Zi Code: (Ci	
License # Lic. O Operator Address City Insurance Com Vehicle Travel	Last Dany GOVT EMI	First PLOYEE S E W I	Enc.	Own Addi City Vehi rgency? Even	Year 2014 er DASILVA-PIN Last PIN Last PIN	GTON ST Crash 11	First Da	State	Middle Middle Code: (Ci	rcle Up to Three) 10 Undercarriage
License # Sex Lic. (Operator Address City Insurance Com Vehicle Travel Citation # (If Is	Last Direction: N S SSSUED	First PLOYEE S E W H	Enc.	Own Addr City Vehi rgency? Even	Year 2014 er DASILVA-PIN Last ress 853 WASHING NEWTON cle Action Prior to at Sequence 1 22	Crash 11 23 24 24	First Da	State	Middle Middle Code: (Ci	rcle Up to Three)
License # Sex Lic. C Operator Address City Insurance Com Vehicle Travel Citation # (If Is	Last Direction: N S sssued) n 1: Ch Sec	First PLOYEE S E W H	StateZip	Own Addi City Vehi rgency? Even Most	Year 2014 er DASILVA-PIN Last ress 853 WASHING NEWTON cle Action Prior to at Sequence 1 22 Harmful Event	Crash 11 29 22 22 1 23 1 23 1 24 1 24 1	GLAS First Da 22 24	State	Middle Middle Code: (Ci	rcle Up to Three) 10 Undercarriage 5 11 Totaled
License # Sex Lic. O Operator Address City Insurance Com Vehicle Travel Citation # (If Is Violation Violation	Direction: N Security	PLOYEE S E W H C Viola	StateZip Responding to Eme tion 2: ChS tion 4: ChS all occupants invo	Own Addr City Vehi rgency? Even Most Sec Under Olved	Pear 2014 Per DASILVA-PIN Last Sess 853 WASHING NEWTON Cle Action Prior to at Sequence 1 22 Harmful Event Erride/Override erride/Override	Crash 11 22 22 1 23 1 25 Tower Seat Safety	GLAS First Da 22 24 d N Airbag Airbag Airbag	State maged Area	Middle MA Zi Code: (Ci	10 Undercarriage 5 11 Totaled
License # Sex Lic. O Operator Address City Insurance Com Vehicle Travel . Citation # (If Is Violation Violation Violation Ple Name (Last Fin	Direction: N Second Sec	PLOYEE S E W H C Viola	StateZip Responding to Eme tion 2: ChS tion 4: ChS all occupants invo	Own Addre City Vehi rgency? Even Most Sec Drive Under	Pear 2014 Per DASILVA-PIN Last Cast S53 WASHING NEWTON Cle Action Prior to to tt Sequence 1 22 th Harmful Event Cer Contributing Coc	Crash 11 22 22 1 23 1 25 Tower Seat Safety	GLAS First Da 22 24 d. N	State maged Area 3 7 30 31 Eject Frap	Middle MA Zi Code: (Ci	rcle Up to Three) 10 Undercarriage 5 11 Totaled
License # Sex Lic. O Operator Address City Insurance Com Vehicle Travel . Citation # (If Is Violation Violation Violation Ple Name (Last Fin	Direction: N Security Medical Security M	PLOYEE S E W H C Viola C Viola Deperator and S	StateZip Responding to Eme tion 2: ChS tion 4: ChS all occupants invo	Own Addi City Vehi rgency? Even Most Sec Drive Sec Unde Olved Address Above	Pear 2014 Per DASILVA-PIN Last Press 853 WASHING NEWTON Cle Action Prior to at Sequence 1 22 Per Contributing Core Per Contributin	Crash 11 22 22 1 23 1 25 Tower Seat Safety	GLAS First Da 22 24 d N Airbag Airbag Airbag	State maged Area	Middle MA Zi Code: (Ci	10 Undercarriage 5 11 Totaled



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 DOB7/2/74 (

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 alchoholic 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 Damage	d Property			
Truck and Bus Information: Registration #(From Vehicle Section) Carrier NameCarrier Issuing Authority Code										
Address			City			St	Zip			
US DOT #:S	state Number		_ Issuing State	ICC #:_			Interstate	36		
Cargo Body Type Code 37 Gross Trailer Reg #:	Vehicle Weight	Reg State	Reg Year	Tra	ailer Length	39				
Hazmat Information:					l					
Placard 40 Material 1 digit #	41 Material Nat	me		Material 4	digit #	1	Release code	42		

	→ Direction 1	■ Vehicle 1	2 ≠Vehicle 2	₽ Pedest	rian		
Crash Diagram:	ie: →□	→□	2	₽Ŷ			
						If Crash <u>Did Not</u> on a Public Way:	Occur
						☐ Off-Street Parkin	ıg Lot
	 	 	 			☐ Garage	
						☐ Mall/Shopping C	Center
	- — — — — — — 	- 				☐ Other Private Wa	ıy
		- 				Indicate North by A	Arrow
<u> </u>		-					
	- — — — — —		+				
Crash Narrative:							
noted that medics were	already en route	to the scene	at this time).			
Prior to the medics arr	ival, I asked ope	rator #1 for	a brief syno	psis of wh	at transpi	red. Operator #1	stated
that he had just left P	addy's Pub and wa	s driving we	stbound on Hu	nter St (v	hich is ap	proximately 1/8	mile
from our location) when	he collided head	on with veh	icle #2. Vehi	cle #2 was	not immed	iately visible u	ipon
police arrival, however	was pointed out	as being loc	ated at the in	ntersectio	on of Hunte	r and Putnam St.	I aske
operator #1 where he wa				_		_	
Operator #1 could not a							
consumed this evening.				_			
reliquish to the tow tr		ch is standa	rd operating	practice.	Operator #	l reached into h	nis
	d on next page)						
W itnesses: Name (Last, First, Middle)		Address			F	Phone #	Statemen
(2004) 1 1004 (1004)		, tuuress					Statemen
Property Damage:					1		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	Damaged Property	
Truck and Bus Information:	Registration #		(From V	ehicle Section)			
Carrier Name					Car	rier Issuing Authority Co	de 3
Address			City		St_	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38				20	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tı	ailer Length	39	
Hazmat Information: Placard 40 Material 1 d	igit # 41 Material N	Name		Material 4	digit #	Release code	42
KELEIGH N DONAHUE				VTON POLICE DEPART		03/01/2	

	→ Direction 1	∃ Vehicle 1	2 =Vehicle 2	₽ Pedest	rian			
Crash Diagram:	ie: →	_ → 「	2	Ŷ				
Crash Diagram:	. =			Pedesti O	ian	on a F	Sh Did Not Oublic Way: -Street Parking rage Il/Shopping Courter Private Way re North by A	g Lot enter
Crash Narrative:	me with the keys	s. Due to co	ncern over ope	erator #1	's obvi	ous head	trauma, he	was
then transported to NWH	to be evaluated w	while the in	vestigation cor	ntinued c	n scene			
Two other parties approa							MA reg 1R	D999.
Operator #2 is identifie								
Douglas Dasilva-Pimenta								
Operator #2 states that	he was taking a r	right onto H	unter St from I	Putnam St	, when	he observ	ed vehicle	#1 on
the wrong side of the ro	ad approaching hi	im head on. (Operator #2 sta	ites vehi	cle #1	then coll	ided head	on with
nim, took a right onto P	utnam St, and cor	ntinued onto	the Washington	St over	pass ne	ar 1354 W	ashington	St.
Operator #3 states he wa	s inside of #5 Hu	inter St when	n he heard a lo	oud crash	coming	from out	side. He l	ooked
(Continued	on next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statemen
Property Damage:								1
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	on of Damage	d Property	
Truck and Bus Information								
Truck and Bus Information: Carrier Name	Registration #		,			Carrier Iconie	g Authority Cod	3.
			•					36
US DOT #:	State Number Gross Vehicle Weight	38	Issuing State	ICC #:_			Interstate	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Lengt	39 h		
Hazmat Information:								
Placard 40 Material 1 dig	rit # 41 Material Na	ame		_ Material 4	digit #	I	Release code	42
KELEIGH N DONAHUE			NEWTO	ON POLICE DEPART			03/01/2	019

TD/D 1 //

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D.I. OCC. M. (DI

-	Direction 1	■ Vehicle 1	₂ ≠Vehicle 2	우 Pedesti	ian	
Crash Diagram:	ie: → 1	→ □	2 -	> ♀		
		<u> </u>				Crash <u>Did Not</u> Occur a Public Way:
						Off-Street Parking Lot
	_					Garage
						Mall/Shopping Center
						Other Private Way
					Ind	icate North by Arrow
						\bigcirc
Crash Narrative:						
out the window and saw ve	hicle #1 traveli	ing at a hig	gh rate of spe	ed on Hun	ter St towards	Putnam St. Operato
#3 observed damage to th		_				-
7CAK80. He immediately go #2 head on. Operator #1 d						
ultimately landed vehicl	_		-		_ _	crose bening. This
Vehicle #1 and vehicle #2	were not drives	able and were	towed to Tod	y's. It s	hould be noted	l that there was a
passenger in vehicle #2 a	t the time of th	ne collision.	Airbags were	deployed	and medics ch	ecked out both
operator and passenger. B	oth declined tra	ansport. The	passenger is	identifie	d as Elizabeth	Ferdinands DOB
5/22/53.Ferdinands' versi	on of events coi	incide with t	that of operat	or #2.		
(Continued	on next page)					
Witnesses: Name (Last, First, Middle)		Address			Dhono	# Stateme
Name (Last, First, Middle)		Address			Phone	# Stateme
Property Damage:			T			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property
Truck and Bus Information:	Registration #		(From Vel	nicle Section)		
Carrier Name					Carrier Is	suing Authority Code
Address			City		St	Zip
US DOT #:	_ State Number		Issuing State	ICC #:_		Interstate 36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38			30	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	
Hazmat Information: Placard 40 Material 1 digit	# 41 Material Na	ame		_ Material 4	digit #	_ Release code 42
KELEIGH N DONAHUE				ON POLICE DEPART		03/01/2019

Crash Diagram:		yehicle 1 2	≠Vehicle 2	♀ Pedestri ▶ ♀	an	
Crash Diagram:	ie: -> 1				If Crash Did No on a Public Way Off-Street Park Garage Mall/Shopping Other Private V	ing Lot Center
Upon speaking with Officer	Selig it was	learned that	operator #1 di	ropped his	s cell phone several tim	es as he
was holding it on scene. B	oth Officer Se	lig and opera	tors #2 and #3	3 observed	d this. Operators #2 and	#3 both
expressed concern over the	obvious odor	of alcohol em	inating from o	operator a	#1, and the fact that he	was
unsteady on his feet.						
I responded to NWH to foll			ver he did not	t wish to	speak further. He did e	xpress
concern over the well bein						
Operator #1 was issued in						
T1268426 - 90/24 OUI Alcoh		ing the Scene	(property dar	mage, veh:	icle #2), and 90/24 Leav	ing
the Scene (property damage	·					
	n next page)					
Witnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
(Eddy i iidy Middle)	7,007,033		. Hone #	эт турс	2 compaint of burnaged Froperty	
Truck and Bus Information:	Registration #		(From Veh	nicle Section)		35
Carrier Name					Carrier Issuing Authority (Code
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gross Trailer Reg #:	ss Vehicle Weight	Pag State	Dag Vanz	т	ilor Longth	
11aller Keg #:	keg Type	Keg State	Keg Year	Ira	mer Length	
Hazmat Information:						

KELEIGH N DONAHUE NEWTON POLICE DEPARTS 03/01/2019

Palica Officiar Name (Place Print) Signature Double to Department President Department Depa

+	Direction 1	Vehicle 1	₂ ≢Vehicle 2	Pedestrian		
Crash Diagram:	ie: → 1	→	2	▶ ♀		
	_				If Crash <u>Did Not</u> on a Public Way:	Occur
	_	<u> </u>			☐ Off-Street Parkin	g Lot
					☐ Garage	
					☐ Mall/Shopping C	enter
		+ 			Other Private Wa	у
					Indicate North by A	Arrow
Crash Narrative:						
T1268425 - 89/4a Marked La T1269216 - 90/24 Negligent		a M/W (mailed	l after consul	tation with	eupori ore)	
All streets mentioned are	-				-	sed on
this report and subsequent						
been placed in the prosecu						
Attention Police Prosecut	or for blood w	ork subpoena,	if applicabl	le		
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	scription of Damaged Property	
Truck and Bus Information:	Registration #		(From Ve	chicle Section)		
Carrier Name			,	ŕ	Carrier Issuing Authority Cod	de 35
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code Grow	ss Vehicle Weight	38			39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer	Length	
Hazmat Information: 40	41					42
Placard Material 1 digit #	Material N	ame		Material 4 digit	# Release code	,,,

NEWTON POLICE DEPARTM

03/01/2019

KELEIGH N DONAHUE