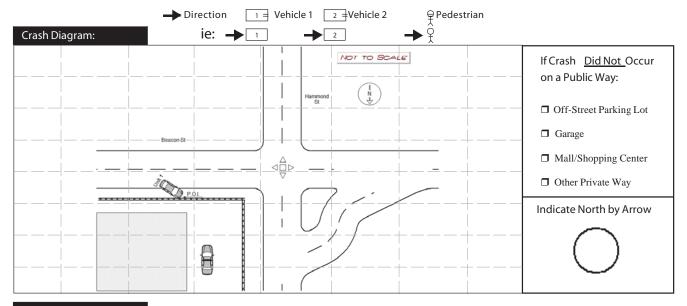
	Poli	ice Use Only		Commonwea	lth o	of Mass	sach	uset	ts		RM	V Docur	nent Number	
	Date of Crash 04/24/2019	Time of Crash 01:59	City/Town	Motor	Veh	icle Cr	ash	Numl		1 ^	eed Limi		State Police Local Police MBTA Police	<u>N</u>
	04/24/2019	01:59 24HR	NEWTON	Pol	lice]	Report		1	0	1	ngitude_		Other:	
		AT INTER	SECTION:	< I	LOCA'	TION	>		N	OT A	Γ ΙΝΤΙ	ERSE	CTION:	2
	WES	г веасо	N ST											2
$\frac{1}{4}$	Route# Direc	tion	Name of R	oadway/Street		Route# Direc	tion A	ddress #	ŧ	N	Name of F	Roadway	/Street	
_	NOR	тн намм	At OND ST			Feet	NSI	E W of			•	or		_ 2
	Route# Direc		Vame of Intersecting	Roadway/Street	—					le Markei			Exit Number	_
			Also at Interse	ction with		Feet	NSI	E W of	Rou	ite#	Intersec	ting Roa	dway/Street	- _
5						Feet	N S I	E W of				Ü	•	1
	Route# Direc	tion	Name of Intersecti	ng Roadway/Street							Laı	ndmark		
3	XVehicle1	#Occupants	Hit/Run	Moped Case I	Number		:	19000004	410					
	License#		St MA	DOB/Age	Reg#	1PA875			Reg	Type P	AN	Reg	State_MA	
	Sex_M Lic.	18 1		B CDL	_	ear_2003	V						20	_
4	Operator VAI		GRIFFIN	Endorsment CHARLES					JL First					- 1
3		Last IEWTONVILLE	AVE (apt. 1)	Middle		399 (apt. #1	ast NEWI	ONVIL	LE AVE			Middle		
	City NEWTO			MA Zip 02460		NEWTONVIL					State	MA ,	Zip_02460	
	'	pany STANDAI				le Action Prior		1 1	21				Circle Up to Thr	ree)
5		Direction: N		nding to Emergency?	Event	Sequence 97	7 22	22 22	2 22	O	3		4	
1		ssued) T1441792				Harmful Event	7	23			9	/ `	10 Undercari	riage
				: ChSec	Driver	Contributing		17 24	24	₩		┨,	5 11 Totaled	
⁶ 2	Violation	3: ChSec	Violation 4	: ChSec	Under	ride/Override	2	25 To	wed Y	0	7		6	
			ator and all occupa					26 Seat \$at	27 28 fety Airbag	29 S	30 31 ect Trap	32 Injury Tra	33 ansp.	ity 97
	Name (Last Fir Operator	st Middle)		Address See Above		Age/DOB	Sex	Pos. \$ys	stem Status !	switch Co	de Code	\$tatus Co	ode Medical Facil	ity 97
												++		
7														
2	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A Typ	e :	Action Action	15 Lo	cation	16 Co	ondition	17	Hi	t/Run Mop	oed
			64	DOD/A	D#				D	Т		Doo	C+-+-	
	License #	18 1	StSt	DOB/Age 19 CDL		ear							20	-
8	Sex Lic.	Class	Lic. Restrictions	Endorsment				en wake				_ Veh Co	iiiig.	
⁸ 1	Operator Address	Last	First	Middle		r	Last		First			Middle	:	-
			State	Zip							State	,	7in	-
	Insurance Com			Zip		le Action Prior		, [21				Circle Up to Thr	ree)
		Direction: N		onding to Emergency?		Sequence Sequence		22 22	2 22	2	3		4	
		ssued)		Jiding to Emergency		Harmful Event	2	23			Λ	Λ)	10 Undercari	riage
				2: ChSec		Contributing		24	24	1	9		5 11 Totaled	
				4: Ch Sec		ride/Override		25 Tov	wed	8	7		6	
				ccupants involved					27 28 fety Airbag	29 S	30 31 ect Trap	32 Injury Tra	33 ansp.	\dashv
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos. Sy	stem Status	Switch C	ode Code	Status C	Code Medical Faci	ility
	- Срегиюн/			500 1100 10										
							+							



Crash Narrative:

On April 24, 2019, while assigned to N496, I was called by Dispatch to respond to the area Beacon Street and Hammond Street for a motor vehicle crash. This was called in by Boston College Police Department. Upon arrival MV #1 was on Beacon Street just past Hammond Street at the Island with considerable vehicle damage.

MV#1 stated while traveling westbound on Beacon St, while approaching the intersection of Hammond he stated he started to feel strange and not like himself. MV#1 stated he then struck the curb with his front right tire, not believing his accident was very serious at this time. He reversed his vehicle off the sidewalk and proceeded to travel westbound on Beacon St. After passing through the intersection he stated his car felt very off at which point he initiated his hazards and pulled over to the right.

MV#1 stated he has a history of epilepsy and currently takes Oxcarbazepine twice a day for his condition. He (Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
	50 MAYNARD ST		
WILLIAMS , CASANDRA,	ATTELBORO,MA		N
	22 COUNTY ROAD		
PEIRCE , WILLIAM,	BURLINGTON,MA 01803		N

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Description of Damaged Property

Truck and Bus Information:	Registration #	(From Vehic	cle Section)		35
Carrier Name				Carrier Issuir	ng Authority Code
Address		City		St	
US DOT #:S		Issuing State	ICC #:		_ Interstate 36
Cargo Body Type Code Gross	s Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

SCOTT SIEGAL			NEWTON POLICE DEPARTM		04/24/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction 1	Vehicle 1	2 ≠Vehicle 2	₽Pedesti	rian		
Crash Diagram:	ie: → 1	→	2 -	₽ Ŷ			
	 	 <u> </u> 		<u> </u> 		If Crash <u>Did</u> on a Public V	
						☐ Off-Street l	Parking Lot
						☐ Garage	
						☐ Mall/Shopp	oing Center
						☐ Other Priva	te Way
						Indicate Nort	h by Arrow
	-						
Crash Narrative:							<u></u> .
stated he did not believe	he had a seizu	re or lost co	onsciousness b	ut did no	t recall t	he incident	very well.
Boston College Ofc. Cadoga	n witnessed th	e incident, a	and stated the	followin	g, while c	onducting a	directed
patrol at the intersection	of Beacon and	Hammond St	he saw MV#1 t	raveling	westbound	on Beacon St	Ofc.
Cadogan stated MV#1 then t	ook a sudden t	ight turn on	to the curb s	triking t	he metal fo	ence surrour	ding the BC
facility. MV#1 was then s			-	ll in dri	ve before	reversing hi	s vehicle
off the curb and attemptin							
The fence surrounding the			rate damage.	Tire mark	s in the	grass show t	the path of
MV#1 in direct line to the							
While on scene, I spoke at		anhorne. I o	iid not detect	or any a	lcohol from	m his breath	as he
	n next page)						
W itnesses: Name (Last, First, Middle)		Address			P	hone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	Damaged Proper	tv
Owner (Last, 111st, Middle)	Address		Thorie #	34-туре	Description of	Damaged 1 Toper	ty
Truck and Bus Information:	Registration #		(From Vel	nicle Section)			35
Carrier Name					Carr	ier Issuing Author	ity Code
Address			City		St_	Zi	p
US DOT #:	State Number		Issuing State	ICC #:_		Intersta	te 36
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	39	
Hazmat Information:							
Placard 40 Material 1 digit #							
Placard Material 1 digit #	# 41 Material N	Jame		_ Material 4	digit #	Release c	ode 42

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)

-	Direction 1	Vehicle 1	≥ ≢Vehicle 2	₽ Pedestrian		
Crash Diagram:	ie: →□	→	□ →	Ŷ		
					If Crash <u>Did Not</u> 0	Occur
					☐ Off-Street Parking	g Lot
					Garage	
		į į	į		☐ Mall/Shopping Co	enter
					Other Private Way	y
					Indicate North by A	rrow
Crash Narrative:						
spoke. Vanhorne reported	he only consum	ed one beer t	onight at roug	hly 2030hrs a	and smoked a little ma	rijuana
at 2200hrs. Vanhorne's eye	s did not dete	ct any signs	of alcohol and	he walked wi	ith no signs of any	
impairment. Sgt. Devine a	dministered a	horizontal ny	stagmus test w	hich reveale	ed no signs of impairm	ent.
Vanhorne reported he was a	t a work event	and then vis	ited a friend	in Brookline	. Vanhorne reported h	is last
seizure from epilepsy occu	rred a little	over two year	s ago. Pictur	es of the sce	ene were taken and sub	mitted
to IT to be attached to th	is report.					
MV#1 operator stated he wa	s not injured	at this time.	MV#1 was towe	d from the so	cene by Todys's due to	heavy
front end damage. Vanhorne	was picked up	from the so	ene by Paul Mi	ller his step	p father. A towed MV	form was
filled out and placed in t	he traffic box	:•				
(Continued o	n next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Descr	iption of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		35
Carrier Name					Carrier Issuing Authority Cod	
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	Trailer Le	ength 39	
Hazmat Information:						
Placard 40 Material 1 digit #	# 41 Material N	Name		Material 4 digit #	Release code	42

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

04/24/2019

Date

Precinct/Barracks

CDP1 11 ·24·00

SCOTT SIEGAL

Police Officer Name (Please Print)

	→ Direction 1	」 = Vehicle 1 2	y ≠Vehicle 2	Pedestriar	1	
Crash Diagram:	ie: → 🛚	→ 2	<u> </u>	→ ♀		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	g Lot
		 			Garage	
	į	į	į	į	☐ Mall/Shopping C	enter
		-			Other Private Wa	y
					Indicate North by A	ırrow
		 -				
					()	
Crash Narrative:			-		•	
Witnesses Cassandra Will	iams and Bill Pe	irce observed	the crash a	nd stated id	entical narratives to Of	c.
Cadogan's. An Immediate	Threat form was	filed with t	he RMV (via	Fax and E-ma	il at approximately 0650	hrs
4/24/19) due to his medic	al history and h	is explanatio	n with this	crash. All	streets mentioned are p	ublic
ways in the City of Newt	on. It should be	noted that t	he road was	wet from rai	n on this night.	
Update: on 4/27/19 Sgt.D				incident fro	m Boston College Police.	The
video confirmed the stat						
Due to the aforementione						
with Marked Lanes Ch89/4	a (MA Uniform Ci	tation #T1441	792. Vanhori	ne will be n	otified via phone he wil	l be
receiving the ticket in	the mail.					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From V	ehicle Section)		
Carrier Name					Carrier Issuing Authority Cod	de 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_	Traile	r Length 39	
Hazmat Information: Placard 40 Material 1 dig	rit # Material N	Name		Material 4 dig	it # Release code	42
iviateriai I dig	aviaciidi i	········		1.14101141 + 019.	Release code	
SCOTT SIEGAL				VTON POLICE DEPARTM	04/24/2	010

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)