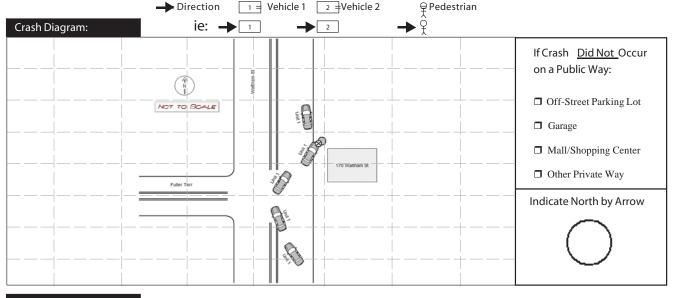
	Poli	ice Use Only		Commonweal	lth o	f Massa	ichu	setts			RMV	/ Docum	ent Number	
	Date of Crash 05/03/2019	Time of Crash 18:10 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles	Numb Injure 0	d Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	XI D
			RSECTION:		OCAT		>						CTION:	\Box $-$
						NORTH	170		WALT	HAM S	T			2
1 1	Route# Direc	tion		padway/Street	F	Route# Directio	n Ado	lress #		Na	me of R	loadway/S	Street	
	At					Feet NSEW of or Fxit Number								- -
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Mile Marker Exit Number 10 Feet N S E X of FULLER TERR								
2			Also at Intersec	uon wiin		Feet N		_	Route	#	Intersec	ting Road	way/Street	
2	Route# Direc	tion	Name of Intersecting	ng Roadway/Street							Lar	ndmark		
3	XVehicle1 1_#Occupants ☐ Hit/Run ☐ Moped Case N					Number 1900000449								
	License#		St MA	DOB/Age	Pag # 5	55EL18			Deg T	ne PA	N	Peg	State MA	-
	License # St DOB/Age St St St DOB/Age St				Reg # 55EL18 Reg Type PAN Reg State MA Veh Year 2002 Veh Make TOYOTA Veh Config. 2									_
4		TEFANO	FRANK	A Endorsment		(Same as oper								- 4
1	II .	Address 111 WALTHAM ST			Last First Address						Middle			_ 4
	City NEWTON State MA Zip 02465				City_						_State	Z	Eip	_
-	Insurance Company COMMERCE INSURANCE				Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								ee)	
5		Direction:		ding to Emergency?	Event S	Sequence 42 2		20 22 22	22 @		3		4	iona
		ssued) T1441775		90/9/R		farmful Event	22 23	24		—	9	$(\mid \mid \mid$	10 Undercarr 5 11 Totaled	iage
⁶ 1	1			Ch90/9/ B sec		Contributing Co	25	ь			7		6	
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed Y Seat Safety Airbag hirbag Eject Trap Injury Transp. Ana/DOR Saw Seat Safety Airbag hirbag Eject Trap Injury Transp. Contact Trap I							+	
	Name (Last Fir			Address See Above		Age/DOB	Sex Po		Airbag Air Status Swi	oag Ejec tch Code	Code	status Coc	le Medical Facili	<u>ity</u> 2
	Operator			See Above				1	1 4	0	0	10 1		
7											151			
1	Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist A Type	14	Action 1	Locat		Cone	dition	17	Hit	/Run Mop	ed
	License#StDOB/Age				Reg#_	g#Reg TypeReg State							_	
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL				Veh Ye	n YearVeh MakeVeh Config.								
8 1	Operator				Owner	Owner Last First Middle								_
	Address					Address								-
	CityStateZip				CityStateZip								-	
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) 22 22 22 23 4								ee)
					Event Sequence 10 Undercarriage							riage		
	Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec				Most Harmful Event 9 5 11 Totaled									
	Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec					Driver Contributing Code Underride/Override 25 Towed 8 7 6								
	Please fill out for operator and all occupants involved				Underr	de/Override	c.		28 Z Airbag Air	29 30 Pag Fian	31 Trap	32 Injury Tran	33	
	Name (Last Fi		<u> </u>	Address See Above		Age/DOB		os. System	Status Sv	oag Ejec	le Code		nsp. ode Medical Faci	lity
	Operator/	TSTTOIOTIST		See Above			-			+				
										+				-
										\perp				
											1			



Crash Narrative:

MV1, operator Frank Distefano (MA Reg:55EL18; a gray 2002 Toyota Highlander) was traveling NORTH on Waltham St when believes he may have fallen asleep and collided with a Eversource utility pole 39/2 along with a city green bin (06 1021851). There was heavy damage to MV1, the utility pole and the bin. There was airbag deployment but Distefano signed a refusal when medics arrived on scene. Distefano was steady on his feet, had no odor of an alcoholic beverage emanating from his person and did not exhibit red or glassy eyes. To be certain, I asked Distefano if he would consent to a field sobriety test to which he said yes.

Distefano was able to perform the tests and I made the determination that Distefano was not operating under the influence of alcohol.

Distefano said that he suffers from sleep apnea and states that he gets tired during the day due to his lack

(Continued on next page)

W itnesses:							
Name (Last, First, Middle)	Ad	ddress				Phone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	ription of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			35
Carrier Name						Carrier Issuing Authority Co	ode
Address			City			St Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gros	ss Vehicle Weight 38					39	
Trailer Reg #:	Reg State	Reg Year	Tr	ailer L	ength		
Hazmat Information:							
Placard 40 Material 1 digit #	# 41 Material Name			Material 4	digit #	Release code	42

	→ Direction 1	delicle 1 ≥ 2	_ Vehicle 2	Pedestriar	1	
Crash Diagram:	ie: → 🗆	2	□ →	₽		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	g Lot
					☐ Garage	5 - 31
					☐ Mall/Shopping C	enter
					Other Private Wa	
					Indicate North by A	rrow
Crash Narrative:						
of sleep and prescribed	medications which	h often makes	him fall asle	eep unexpec	tedly.	
MV1 was towed from the s	cene byTody's To	wing.				
Frank Distefano was give	n in hand, MA Un	iform Citatio	n T1441775 fo	r 89/9a Mar	ked Lanes and 90/9 Expir	ed ————
Registration.						
Due to Distefano's inabi	lity to stay awa	ke while oper	ating a motor	vehicle, a	n immediate threat was f	iled
with the RMV.						
Eversource arrived on so	ene to remedy the	e utility pol	e for public :	safety.		
W itnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type D	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From Vel	nicle Section)		
Carrier Name					Carrier Issuing Authority Coc	35 le
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	er Length 39	
Hazmat Information: Placard 40 Material 1 dig	git # 41 Material N	Jame		_ Material 4 dig	it # Release code	42
ALEX N KANE		38800	NEWT	ON POLICE DEPARTM	05/03/2	019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)