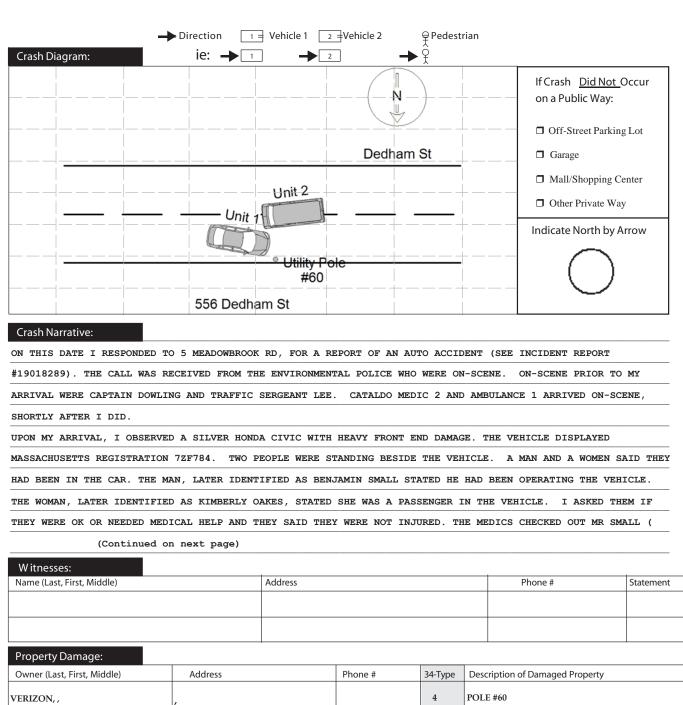
| | Poli | ce Use Only | | Common | wealth | of Ma | ssach | use | tts | [| I | RMV D | ocume | nt Number | |
|-----------------------|--|--------------------------------|-------------------|------------------------------|------------------|---|----------|-----------------|-------------------------------------|-------------------------------|-----------------------|-------------------------------|------------|--|-------------|
| | Date of Crash 05/09/2019 | Time of Crash 12:21 24HR | City/To NEWTON | Mo Mo | tor Ve Police | | | Nun Vehi | | jured | | Limit <u>30</u> le ude | I | State Police [Local Police] MBTA Police [Other: | ב מ ב |
| | | | SECTION: | < | | ATION | > | | ľ | | | | SECT | TION: | 2 |
| | | | | | | w | EST 5 | 556 | DE | DHAM | 1 ST | | | | |
| 1 1 | Route# Direct | ion | Name o | f Roadway/Street At | | Route# Di | rection | Address | | | | of Road | | reet | _ 2 |
| | D | | J | D - 1/Ctt | | Fe | eet NS | E W of | | ⁄Iile Mar | | — or <u>.</u> | | Exit Number | |
| | Route# Direct | tion N | | ng Roadway/Street | | Fe | eet NS | E W of | | oute# | Inte | ercecting | Roadw | ay/Street | L |
| 2 1 | | | N. CI. | D. 1. (C | | Fe | eet NS | E W of | | outen | III | crsecting | Koauw | аулянсен | 1 |
| 3 | Route# Direct | | | ecting Roadway/Street | | | | | | | | Landm | nark | | 7 |
| | XVehicle1 | _2_#Occupants | Hit/Run | Moped | Case Number | er | | 1900000 |)474 | | | | | | _ |
| | License# | 18 1 | St M | A DOB/Age | _ | | | | | | | | | 20 | |
| | Sex_M_ Lic. C | Class D | Lic. Restrictio | | nt | Year_2008 | | | e_HONI | OA | | Ve | eh Confi | g. 1 | \perp |
| ⁴ 1 | Operator SMA Address 1 ELW | Last VIN RD | BENJAMIN | Middle | Own | er (Same as | | | | rst | | | Middle | | 1 |
| | City NATICK | | Si | ate_MA Zip_01760 | | ress | | | | | | State | Zin |) | |
| | , | pany PILGRIM | | | • | cle Action Pr | | | 21 | | | | ^ | cle Up to Three |) |
| 5 | Vehicle Travel | Direction: N | S E X Res | ponding to Emergency | ? Ever | nt Sequence | 40 22 22 | | 22 22 | 0_ | | 3 | 4 | | |
| | | ssued) T0645459 | | | | t Harmful Ev | ent 22 | 23 | | _O 4 | ⊢ ` | 9 | 5 | 10 Undercarria 11 Totaled | ge |
| ⁶ 1 | | | | 1 2: Ch90/24_Sec | | er Contributii | | 9 ²⁴ | | 4 8 | | 7 | | | |
| 1 | Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved | | | | | Underride/Override Towed <u>Y</u> | | | | | | | _ | | |
| - | Name (Last Firs | | | Address See Above | | Age/DO | | Pos. \$ | ystem Statu | s Switch | Code | oue stati | us Code | Medical Facility | 1 |
| | Operator OAKES, KIME | RERIY | 1 | 8 WAVERLY ST | | | F | | 99 4 | 99 | | 0 10 0 10 | | | \dashv |
| | OTALES, TAINE | | FI | AMINGHAM, MA 01 | 702 | | | | ,,, | 1 | | 0 10 | | | |
| 7 | Name Calant O | | | _ | | 14 | 15 | | 16 | | | 17 | | | |
| 1 | Please Select O of the Followin | Vehicle | Occupar | nts Non-Motorist | A Type | Action | | ocation | 10 | Conditio | on | | Hit/R | un Mope | k |
| | License# | | St | | Reg | # | | | Re | eg Type | | | Reg Sta | | |
| | Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment | | | | | /eh YearVeh MakeVeh Config. | | | | | | | | | |
| 8 1 | Operator | Last | First | Middle | | er | | | Fi | rst | | | Middle | | |
| | Address | | | ata 7in | | ress | | | | | | State | 7in | | |
| | City State Zip Insurance Company_ | | | | | Damaged Area Code: (Circle Unito Three) | | | | | | |) | | |
| | Vehicle Travel Direction: NSEW Responding to Emergency? | | | | | 22 22 22 2 | | | | | | | | | |
| | Citation # (If Issued) | | | | | t Harmful Ev | ent | 23 | | 1 | _ ` | 9 | 5 | 10 Undercarria 11 Totaled | ge |
| | Violation 1: ChSec Violation 2: ChSec | | | | | Driver Contributing Code 24 24 | | | | | | | | | |
| - 1 | Violation 3: ChSec Violation 4: ChSec | | | | | erride/Overri | de | | wed | _ | | , | 0 | | |
| ļ | | | | | | | - 1 | 26 | 27 20 | 20 | 30 | 31 2 | 2 32 | | 7 |
| | Ple Name (Last Fir | ease fill out for | | l occupants involved Address | | Age/D | | Pos. S | 27 28 afety Airba System Stat | g Airbag us Switch | 30 Eject T Code | 31 3 rap Injui Code Sta | ry Fransp | D. | , |
| | Ple Name (Last Fir | ease fill out for | | l occupants involved | | Age/D | | Pos. S | 27 28 afety Airba System Stat | 8 29 g Airbag us Switch | 30 Eject T Code | rap Injui | ry [Fransp | D. | _ |
| - | Ple Name (Last Fir | ease fill out for | | l occupants involved Address | | | | Pos. S | 27 28 afety Airba System Stat | 8 29 g Airbag us Switch | 30 Eject I Code | rap Injui | ry [Fransp | D. | , |



Truck and Bus Information: Registration # ______(From Vehicle Section) 35 Carrier Name _ ___ Carrier Issuing Authority Code _____ City____ Address__ US DOT #: State Number ___ Issuing State _____ ICC #:____ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #:_ Hazmat Information: Material Name______ Material 4 digit # ______ Release code Placard Material 1 digit #

| EDWARD A BOUDROT | | NEWTON POLICE DEPARTM | 05/09/2019 | | |
|------------------------------------|-----------|-----------------------|------------|-------------------|------|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |

| _ | Direction 1 | Vehicle 1 | 2 ≠Vehicle 2 | Pedestriar | n | |
|---|-------------------|----------------|-----------------|------------------|---|--------------|
| Crash Diagram: | ie: → 1 | → | 2 | ₽ Ŷ | | |
| | _ _ | <u> </u> | <u> </u> | | If Crash <u>Did I</u> — — on a Public W | |
| | | | | | Off-Street Pa | arking Lot |
| | | | | | Garage | |
| | | | | | ☐ Mall/Shoppi | ing Center |
| | | | | | ☐ Other Private | e Way |
| | | | | | Indicate North | by Arrow |
| | | | - | | | |
| Crash Narrative: | | | | | | |
| MEDICS ELISE GADANSKY AND | ROBERT ANDERSON | N) WHICH INCI | LUDED CHECKING | FOR LOW BL | OOD SUGAR, DUE TO HIS | S |
| INABILITY TO SPEAK CLEARLY | AND LEGIBLY. I | HIS BLOOD SUG | GAR CHECKED OUT | r fine. | | |
| I THEN ASKED MR SMALL WHAT | HAD HAPPENED. | HE STATED TH | HAT HE WAS TRAN | VELING WEST | BOUND ON DEDHAM ST WE | HEN ALL OF A |
| SUDDEN A WHITE MINI VAN CE | | | | | | |
| ORDER TO AVOID A HEAD ON C | | | | | | |
| DETERMINED TO BE UTILITY E | | | | | E STATED THAT HE PULI | |
| ONTO MEADOWBROOK RD. BOTH | | | | | | |
| ODOR OF AN ALCOHOLIC BEVER | | | HE APPEARED 1 | TO BE LETHA | ARGIC, BUT I COULD NOT | T DETECT ANY |
| | on next page) | AIN. | | | | |
| | ni nekt page/ | | | | | |
| W itnesses: Name (Last, First, Middle) | | Address | | | Phone # | Statement |
| | | | | | | |
| | | | | | | |
| Property Damage: | | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type D | rescription of Damaged Property | y |
| | | | | | | |
| | | | | | | |
| Truck and Bus Information: | Registration # | | (From Veh | icle Section) | | |
| Carrier Name | | | | | Carrier Issuing Authorit | y Code 35 |
| Address | | | City | | St Zip | |
| US DOT #: | State Number | | Issuing State | ICC #: | Interstate | 36 |
| Cargo Body Type Code 37 Gro | ss Vehicle Weight | 38 | | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Traile | er Length 39 | |
| Hazmat Information: | | | | | | I |
| Placard 40 Material 1 digit | # 41 Material N | lame | | _ Material 4 dig | it#Release co | de 42 |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

| - | → Direction 1 | Vehicle 1 2 | =Vehicle 2 | ₽Pedestr | ian | | |
|--|----------------------|---------------|----------------|------------------|--------------------|---|-----------|
| Crash Diagram: | ie: → 🗆 | 2 | □ → | Ŷ | | | |
| | | | | | I | Crash <u>Did Not</u> C n a Public Way: | Occur |
| | | <u> </u> | | | | Off-Street Parking | g Lot |
| | | | | | | Garage | |
| | | | į | į | | Mall/Shopping Ce | enter |
| | | | +- | + | | Other Private Way | , |
| | | | | + | Inc | dicate North by A | rrow |
| | | | | | | \bigcirc | |
| Crash Narrative: | | | | | | | |
| NEXT I SPOKE TO MS OAKES W | WHO STATED SHE | IS MR SMALL'S | GIRLFRIEND. | SHE STAT | ED SHE WAS A | PASSENGER IN 1 | THE |
| | HE ALSO STATED | | | THE VEH | ICLE WHEN A V | EHICLE HAD CUT | THEM |
| OFF FORCING THEM OFF THE I | ROAD INTO THE T | ELEPHONE POLE | • | | | | |
| DUE TO THE FACT THAT WE CO | | | | | | | |
| A DRUG RECOGNITION EXPERT | | | NE. DISPATCH N | OTIFIED | SURROUNDING C | ITIES AND TOWN | 1S |
| OF OUR NEED FOR A DRE. NOR | | | | | | | |
| TRAFFIC OFFICER WADE RESPO | ONDED TO THE SC | ENE AND PERFO | RMED A ROADSID | E ASSESS | MENT ON MR S | MALL. SEE HIS | |
| SUPPLEMENTAL REPORT. BASEI | | | | | | | |
| SMALL UNDER ARREST FOR OUT | | D LANES, AND | NEGLIGENT OPER | ATION OF | A MV. MR SMA | LL WAS HANDCUE | FFED AND |
| | on next page) | | | | | | |
| W itnesses: Name (Last, First, Middle) | | Address | | | Phon | | Statement |
| Hame (East, Frist, Middle) | | rtadiess | | | THOIL | - 11 | Statement |
| | | | | | | | |
| | | | | | | | |
| Property Damage: | | | T | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Description of Dan | naged Property | |
| | | | | | | | |
| | | | | | | | |
| Truck and Bus Information: | | | (From Vehi | | | | 35 |
| Carrier Name | | | | | Carrier Is | ssuing Authority Code | e |
| Address | | | City | | St | Zip | |
| US DOT #: | State Number | | Issuing State | ICC #:_ | | Interstate | 36 |
| Cargo Body Type Code 37 Gro | oss Vehicle Weight | 38 | | | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Tra | ailer Length | | |
| Hazmat Information: Placard A0 Material 1 digit | # 41 Material N | Jame | | Material 4 a | ligit# | Release code | 42 |
| Material I digit | - Autorial IV | | | | | | |
| EDWARD A BOUDROT | | | NEWTO | N POLICE DEPARTS | | 05/09/20 | 119 |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

| _ | Direction 1 | Vehicle 1 2 | Vehicle 2 | Pedestrian | | |
|--|-------------------|--------------|-----------------|---------------------|---|-----------|
| Crash Diagram: | ie: 🕕 🛚 1 | 2 | → | Ŷ | | |
| | | | | | If Crash <u>Did Not</u> O on a Public Way: | Occur |
| | | | | | ☐ Off-Street Parking | g Lot |
| | | | | | ☐ Garage | |
| | | į | į | į | ☐ Mall/Shopping Ce | enter |
| | | | | + | ☐ Other Private Way | , |
| | | <u>+</u> | +- +- | + + | Indicate North by A | rrow |
| | | | - | | | |
| Crash Narrative: | | | - | | | |
| SEARCHED BY OFFICER WADE. | PRIOR TO TRANS | PORT, CRUISE | R 499 WAS SEAR | CHED BY OFFICER | WADE FOR CONTRABANI | HTIW |
| NEGATIVE RESULTS. OFFICER | WADE THEN PLAC | ED MR SMALL | INTO CRUISER | 499 AND SEAT BE | LTED HIM. | |
| WHILE OFFICER WADE DID THI | S, OFFICER WILS | ON AND I DID | AN INVENTORY | OF THE VEHICLE. | DURING THE INVENTO | ORY, 9 |
| CVS PAPER PRESCRIPTION PRI | NTOUTS WERE FOU | ND. THEY WER | E ALL IN MR SM | ALL'S NAME FOR ! | THE DRUG "ADDERALL" | |
| (8) OR "KLONOPIN" (1). AI | SO FOUND WAS A | SMALL YELLOW | PLASTIC PRESC | RIPTION TYPE BO | TTLE CONTAINING | |
| AN UNKNOWN LIQUID. OFFICE | R WILSON PLACED | THE BOTTLE | OF UNKNOWN LIQ | UID INTO A BAG | AND HAD IT LATER EX | AMINED |
| AT THE NPD STATION BY DET. | ROBINSON OF TH | E DRUG UNIT | (HE DETERMINED | IT TO BE NOT S | JSPICIOUS AND IT WAS | 3 |
| DISPOSED OF). THE VEHICLE | WAS THEN TOWED | BY TODY'S TO | OWING. THE CVS | PAPER PRESCRIP | TION PRINTOUTS WERE | |
| REMOVED AND PLACED INTO PR | ROPERTY AND EVID | ENCE. TOWED | MV AND PROPERT | Y AND EVIDENCE | FORMS WERE FILLED OF | JT. |
| (Continued o | on next page) | | | | | |
| Witnesses: | | | | | | |
| Name (Last, First, Middle) | | Address | | | Phone # | Statement |
| | | | | | | |
| | | | | | | |
| Property Damage: | | 1 | | <u>'</u> | | 1 |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type Description | n of Damaged Property | |
| | | | | | | |
| | | | | | | |
| T 1 10 16 3 | | | | | | |
| Truck and Bus Information: Carrier Name | - | | (From Vehic | | Carrier Issuing Authority Cod | e 35 |
| Address | | | | | | |
| US DOT#: | State Number | | _ Issuing State | ICC #: | Interstate | 36 |
| Cargo Body Type Code 37 Gro | ss Vehicle Weight | 38 | | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Trailer Length | 39 | |
| Hazmat Information: | | | | | | |
| Placard 40 Material 1 digit s | # 41 Material Na | nme | | Material 4 digit # | Release code | 42 |

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

05/09/2019

Date

Precinct/Barracks

EDWARD A BOUDROT

Police Officer Name (Please Print)

| i | Direction 1 | Vehicle 1 | 2 =Vehicle 2 | ₽Pedestria | ın | |
|------------------------------------|---------------------|--------------|-----------------|------------------------------|------------------------|-----------------------------------|
| Crash Diagram: | ie: → 1 | _ →□ | 2 | ₽Ŷ | | |
| | | | | | | <u>Did Not</u> Occur blic Way: |
| | | | | | □ Off-S | Street Parking Lot |
| | | | | | ☐ Gara | ge |
| | | | | | — — ☐ Mall | /Shopping Center |
| | | | | | | r Private Way |
| | | | | | | |
| | | | | | Indicate | North by Arrow |
| | | | - | | | \bigcirc |
| Crash Narrative: | | | | | | |
| PICTURES OF THE VEHICLE A | AND DAMAGED TELE | PHONE POLE W | ERE TAKEN BY (| OFFICER WIL | SON. OFFICER WIL | SON TURNED THE |
| DISC OVER TO DIRECTOR SMI | TH, WHO DOWNLOAD | DED THEM. | | | | |
| AFTER THE MV INVENTORY, | TRANSPORTED MR | SMALL TO NE | WTON POLICE FO | OR BOOKING. | AT THE STATION | MR SMALL WAS |
| REMOVED FROM MY CRUISER A | AND THE CRUISER I | WAS AGAIN SE | ARCHED AND I | FOUND NO CO | NTRABAND OR WEAP | ONS. HE WAS THEN |
| PROCESSED BY OFFICER JASO | ON SCHLEGEL, BOOK | KED BY SGT O | 'CONNELL, THE | N PLACED IN | TO CELL #3. MR SI | MALL WAS ISSUED |
| CITATION NUMBER T0645459 | IN HAND FOR 1. |) OUI DRUGS | CH90 SEC24, 2 | .) MARKED L | ANES VIOLATION C | 190 SEC4A, |
| 3.) NEGLIGENT OPERATION (| CH90 SEC24E. AN | IMMEDIATE TH | REAT FORM WAS | FILLED OUT | BY MYSELF AND A | COPY OF THE |
| REPORT ALONG WITH THE MOT | OR VEHICLE CITA | TION WERE FA | XED OVER TO THE | HE MASSACHU | SETTS REGISTRY O | F MOTOR VEHICLES. |
| | | | | | | |
| | | | | | | |
| 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: | | | | | | |
| Carrier Name | | | (From Ve | , | Carrier Issuing | Authority Code 35 |
| Address | | | City | | St | Zip |
| US DOT #: | State Number | | Issuing State | ICC #: | I | nterstate 36 |
| Cargo Body Type Code 37 G | ross Vehicle Weight | 38 | | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year_ | Trai | ler Length 39 | |
| Hazmat Information: | | | - | | | |
| Placard 40 Material 1 digi | t # 41 Material N | Jame | | Material 4 di | git # Re | lease code 42 |
| EDIMARD A POUDPOT | | | | | | 05/00/2010 |
| Police Officer Name (Please Print) | Signature | | | ron Police DEPARTA epartment | Precinct/Barracks | 05/09/2019 Date |