

Commonwealth of Massachusetts

Police Use Only						Commonwealth of Massachusetts						RMV Document Number					
Date of Crash 05/15/2019	Time of Crash 19:49 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report						Number Vehicles 3	Number Injured 0	Speed Limit 30 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:									
				NORTH 109 ADAMS ST													
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street													
At				Feet N S E W of or Mile Marker Exit Number													
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Route# Intersecting Roadway/Street													
Also at Intersection with				Feet N S E W of Landmark													
Route# Direction Name of Intersecting Roadway/Street																	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000496											
License # --- St MA DOB/Age -- --				Reg # 3EN489 Reg Type PAN Reg State MA													
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2004 Veh Make CHEVROLET Veh Config. 2 20													
Operator GILES SCOTT Last First Middle				Owner (Same as operator) Last First Middle													
Address 237 PEARL ST				Address													
City NEWTON State MA Zip 02458				City State Zip													
Insurance Company PROGRESSIVE				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)													
Vehicle Travel Direction: X S E W Responding to Emergency?				Event Sequence 22 22 22 22 22 22 22 23 24 24 25 Towed Y		Diagram: A circle with numbers 1-11. A square in the center contains the number 9. Arrows point from 1 to 2, 2 to 3, 3 to 4, 4 to 5, 5 to 6, 6 to 7, 7 to 8, 8 to 9, 9 to 10, and 10 to 11.											
Citation # (If Issued) T1444865				Most Harmful Event 22 23													
Violation 1: Ch 89/4A Sec Violation 2: Ch Sec				Driver Contributing Code 8 24 24													
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25													
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				----- - - - 1 1 4 2 0 10 1													
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 # 4AB117 Reg Type PAN Reg State MA													
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment				Veh Year 2003 Veh Make NISSAN Veh Config. 2 20													
Operator DAVIS ROBERT Last First Middle				Owner (Same as operator) Last First Middle													
Address 18 FARNSWORTH AVE				Address													
City WALTHAM State MA Zip 02451				City State Zip													
Insurance Company SAFETY INSURANCE				Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)													
Vehicle Travel Direction: X S E W Responding to Emergency?				Event Sequence 2 22 22 22 22 22 22 23 24 24 25 Towed N		Diagram: A circle with numbers 1-11. A square in the center contains the number 9. Arrows point from 1 to 2, 2 to 3, 3 to 4, 4 to 5, 5 to 6, 6 to 7, 7 to 8, 8 to 9, 9 to 10, and 10 to 11.											
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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													
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				----- - - - 0 4 4 0 0 10 1													

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Date of Crash 05/15/2019		Time of Crash 19:49 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 30 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:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____						Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet [N S E W] of _____ Mile Marker _____ Exit Number _____						10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____						_____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____						11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____						Landmark _____							
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000496							
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18] [18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company UNION INS						Reg # S91622 Reg Type CON Reg State MA Veh Year 2016 Veh Make FORD Veh Config. [2] [20] Owner PAOLINI CORP. Last _____ First _____ Middle _____ Address 89 ADAMS ST City NEWTON State MA Zip 02458-1116 Vehicle Action Prior to Crash [11] [21] Damaged Area Code: (Circle Up to Three) Event Sequence [2] [22] [2] [22] [22] [22] [2] [23] [2] [24] [24] [25] Towed N Most Harmful Event [2] [23] [24] [24] [25] Driver Contributing Code [1] [24] [24] [25] Underride/Override [25] Towed N						12	
Vehicle Travel Direction: [N] [X] [E] [W] Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						 10 Undercarriage 11 Totaled						13	
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													
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" 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 _____ Sex M Lic. Class [18] [18] Lic. Restrictions [19] CDL _____ Operator PAOLINI DAN Last _____ First _____ Middle _____ Address 50 SMITH AVE City NEWTON State MA Zip 02465 Insurance Company _____ Vehicle Travel Direction: [N] [S] [E] [W] Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. [20] Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash [21] Damaged Area Code: (Circle Up to Three) Event Sequence [22] [22] [22] [22] [2] [23] [2] [24] [24] [25] Towed _____ Most Harmful Event [23] [24] [24] [25] Driver Contributing Code [24] [24] [25] Underride/Override [25] Towed _____						13	
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													

→ 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 05/15/2019, while assigned to N494, I, Officer Conary, responded to a MVA at 109 Adam Street, a public way in the City of Newton. Upon arrival, I observed a utility pole broken in half, wires hanging in the street, and also a transformer on the ground. Fire and medics responded. Other police units were able to block the street from traffic.

I spoke to witness, HARRIS, who stated that she was traveling Southbound on Adam Street when she saw MV1 in the wrong lane traveling toward her at a high rate of speed. HARRIS stated that MV1 then turned into the utility pole located outside of 109. MV1 took out the pole, side swiped MV2 and then hit MV3 head on. Operator of MV1 stated that he was traveling Northbound on Adam Street when he sneezed. At this point, he said his eyes were off the road and the next thing he could remember was being in the parking lot of 109 Adam

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
HARRIS, JESSICA,	,	----	N

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, EVERSOURCE,	1 NSTAR WAY NORWOOD, MASSACHUSETTS	800592200	4	TELEPHONE POLE 4/14-1X

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 Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

KRISTINA CONARY

NEWTON POLICE DEPT

05/15/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

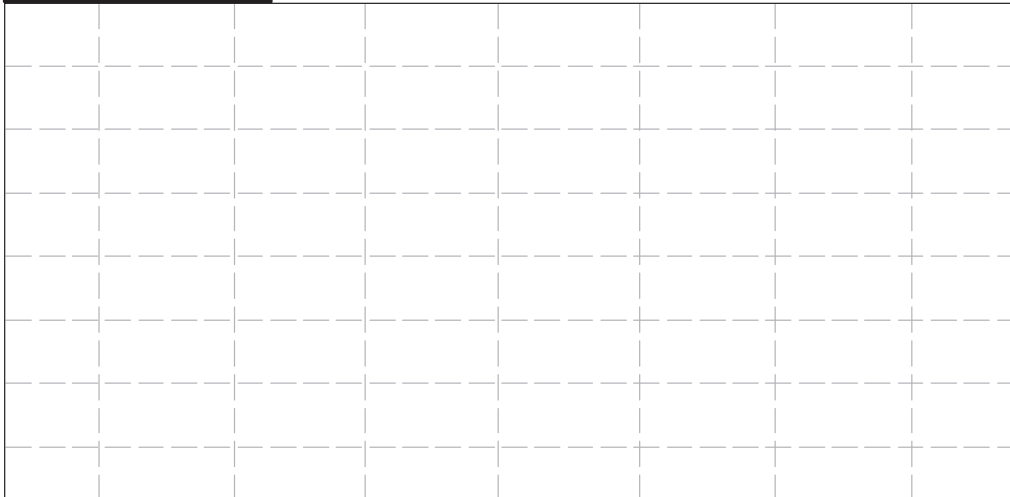
Precinct/Barracks

Date

→ 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:

Street after the accident. There was significant damage to the front of MV1 with airbag deployment. Operator of MV1 was checked out by the medics for a head injury and signed a refusal.

Operator of MV1 was asked if he had consumed any alcohol or taken any medication today and he declined.

Officer Spinney (N491) asked if he was willing to do a Field Sobriety Test, and he stated yes. Operator of MV1 did not show any signs of intoxication.

Operator of MV2 stated that he had parked his car outside of 109 Adam Street and was sitting in the driver seat when he was hit by MV1 and also the utility pole. Operator of MV2 was able to exit his car. He was evaluated by the medics and signed a refusal. MV2 has significant damage to the right side and windshield.

MV3 was parked in the lot of 109 Adam Street facing Southbound. MV1 hit MV3 head on. There was significant

(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

KRISTINA CONARY

NEWTON POLICE DEPT.

05/15/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ Direction

1 Vehicle 1

2 Vehicle 2

⊙ Pedestrian

ie:

→

1

→

2

→

⊙

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:

damage to MV3 front end.

The electric meter attached to 109 Adam Street was ripped off the house. There are no signs of damage to the house to report at this time.

MV1 was towed by Tody's. Eversource arrived on scene. Operator of MV1 was issued a citation for marked lanes violation. Pictures were taken of the scene and will be submitted to IT.

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 _____

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate _____

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Registration # _____ (From Vehicle Section)

Carrier Issuing Authority Code 35

36

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42