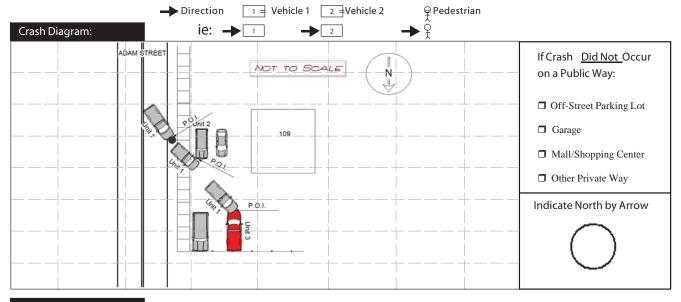
	Poli	ice Use Only		Comm	nonwea	lth o	of Mass	ach	use	etts			RMY	V Docu	ıment	t Number	
	Date of Crash 05/15/2019	Time of Crash	City/I	'own	Motor	Veh	icle Cra	sh		mber	Numb Injure		ed Limi		Sta	ate Police ocal Police BTA Police	N X
	03/13/2017	24HR					Report		3		0		ngitude_		Ot	ther:	ш
		AT INTE	RSECTION:		< I	LOCA T	ΓΙΟΝ	>			NO	ТАТ	INT	ERSE	ECTI	ION:	
							NORTH	1	09		ADAN	IS ST					
1	Route# Direc	tion	Name	of Roadway/Street			Route# Direction	on A	Address	s #		N	ame of F	Roadwa	y/Stre	et	_
				At			Feet	N S I	E W	of –			•	or			
	Route# Direc	etion	Name of Intersect	ing Roadway/Stre	et				_			Marker				kit Number	_
			Also at Int	ersection with			Feet	N S I	E W o	of	Route	#	Intersec	ting Ro	nadway	v/Street	-
2						Route# Intersecting Roadway/Street  Feet N S E W of											
	Route# Direc	tion	Name of Inters	secting Roadway/S	Street								Laı	ndmark			
	XVehicle1	_1_#Occupants	s Hit/Ru	n Mope	ed Case N	Number			190000	00496							1
	License#		St N	MA DOB/Age_		Reg#	3EN489				Reg T	vne PA	N	Re	g State	e MA	
	Sex_M Lic.	18		19	DL	_	ear_2004							Veh C		20	
	Operator GIL		SCOTT	Enc	dorsment		(Same as ope	rator)							Ü		
1	Address 237 P	Last EARL ST	First	Ŋ	Middle		Las	t			First			Midd	ile		
	City NEWTO			tate_MA Zip_0	02458										Zin		-
	'	<sub>pany</sub> PROGRE				Valida Astica Drive to Corola 21 Damaged Area Code: (Circle Up to Three)										_	
_		Direction: X		sponding to Emer	rgency?		Sequence 22		22	22	<u>22</u> <b>e</b>	)	3		4		
1		ssued) T144486		sponding to Zine.	.geney		Harmful Event	_	23					Λ		10 Undercari	riage
	· ` `			on 2: ChSe	ec		Contributing C		8 2	4	(I	<b>—</b>	9		5	11 Totaled	
1				on 4: ChSe			ride/Override	L	75	_ Towed			7		6		
_				upants involved		Cildeii	Table 5 verride	l			28 Airbag Air Status Sw	29 3 bag Eje	0 31 ct Trap le Code	32 Injury I	33 Transp.		$\dashv$
	Name (Last Fir	st Middle)			Above		Age/DOB	Sex	Pos.		Status Sw		le Code	Status	Code 1	Medical Facil	ity
	Operator				1100 / 0					1	1 7			10	1		
1	Please Select C of the Followi		le2 <u>1</u> #Occupa	nts Non-Mo	otorist A Type	e 1	4 Action	15 Lo	cation	1	6 Con	dition	17	Ů	Hit/Ru	n Mop	oed
	License#		St_ <sup>1</sup>			Reg #					Reg Type PAN Reg S			g State	State_MA		
	Sex_M_ Lic.	Class D 18	Lic. Restriction		DL	Veh Ye	ear_2003	v	eh Ma	ke_NI	SSAN			Veh C	Config.	20	
1	Operator DA	VIS	ROBERT First		dorsment Middle	Owner (Same as operator)  Last First Middle									_		
	Address 18 FA	RNSWORTH	AVE		wildle	Addres	SS				riist			Witte			_
	City WALTH	AM		state_MA_Zip_0	02451	City_							State		_Zip_		_
	Insurance Company SAFETY INSURANCE  Vehicle Travel Direction: X S E W Responding to Emergency?  Citation # (If Issued)						e Action Prior to	Crasl	h	11 21		Damag	ed Area	Code:	(Circl	e Up to Thr	ee)
							Sequence 2	22 2	22	22	22 6		<b>0</b>		<b>(4)</b>		
							Most Harmful Event 2 23								riage		
Violation 1: ChSec Violation 2: ChSec						24 24 5 11 Totaled											
	Violatio	n 3: ChS	Sec Violat	ion 4: ChS	Sec	Underr	ride/Override	2	25 T	owed_	N 8		7		6		
			r operator and a	ll occupants inv					26 Seat	27 Safety	28 Airbag Air	29 3 bag Eje	0 31 Ct Trap		33 Transp.		
	Name (Last Fi Operator/	rst Middle) Non-Motorist			Above Above		Age/DOB	Sex	Pos.	System	Status Sy	vitch Co	ode Code 0		Code 1	Medical Faci	ility
	- F				-					-	·   *				-		
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Date of Carab   Time of Canal   Only (Name)   1839   1819		ice Use Only	T	Commonwe							ument Num	
AT INTERSECTION:   Size			,	MIOTOI			<b>sh</b> Nu Vel		1 ^		State Po	lice D
Route# Direction  Name of Readway/Street  Alto an Intersecting Roadway/Street  Alto an Intersecting Roadway/Street  Alto an Intersecting Roadway/Street  Feet NSEW of Mile Marker of Exik Number  Feet NSEW of Mile Marker of Exik Number  Intersecting Roadway/Street  Feet NSEW of Mile Marker of Exik Number  Intersecting Roadway/Street  I	,	24HR					3	-			Other:	
Rouse  Direction   Name of Intersecting Roadways/Street		AT INTER	RSECTION:	<	LOCA	FION :	>	NO	T AT 1	INTERS	ECTION:	
Route# Direction   Name of Intersecting Roadways/Street   Abo at Intersecting Roadways/Street   S E W of   Mile Marker   Or   Fixth Number												
Four   N   E   W   o   Mile Marker   Ox   Pixte Number	Route# Direc	ction				Route# Directio	n Addres	s #	Nan	ne of Roadwa	ay/Street	
Name of Intersecting Roadway/Street	1		A									
Rouse# Direction  Name of Intersecting Roadway/Street    Sec	Route# Dire	ction N				Foot N	JSFW		Marker		Exit Nun	nber
Rouse# Direction   Name of Intersecting Roadway Sirect   Landmark			Also at Interse	ction with				Route	# In	ntersecting R	oadway/Stree	t
Note	Route# Direc	ction	Name of Intersecti	ng Roadway/Street		Feet N	SEW	of				
License \$ Si DOB/Age   Reg \$91622   Reg Type CON   Reg State MA   Sex_ Lic. Class   18   18   Lic. Restrictions   19   CDL   Operator   Lion   Feature State   Si DOB/Age   Veh Year 2016   Veh Make   FORD   Veh Config.   2   20   Owner   PAOLINI CORP.   Address   So ADAMS S T   City   NEWTON   State MA   Zip 02458-1116   Insurance Company UNION INS   Vehicle Travel Direction:   NIX E W   Responding to Emergency?   Violation 1: Ch   Sec   Violation 2: Ch   Sec   Underride Override   Derest Midfel   Sec Above   Sec Above   Sec Above    Feature Select One   Vehicle   Food State   Sec Above   Sec Address   Normal Class   Si DOB/Age   Sec Above   Sec Address   Sec Address	[V]	. 0 . 110								Landmari	X	
Sec_Lic_Class IS IS Lic_Restrictions	Vehicle	3 <u>U</u> #Occupants	Hıt/Run	Moped	e Number		19000	00496				
Departor   Lic. Class   Lic. Class   Lic. Restrictions   CDL   Veh Year 2016   Veh Make   FORD   Veh Config.   2	License#				_ Reg#	S91622		Reg T	ype_CON	Re	eg State MA	20
Owner PAOLINI Operator  License # See Michigan See Above  Please Select One of the Followings:  License # See Michigan See	Sex Lic.			CDL	Veh Y	ear_2016	Veh Ma	ke_FORD		Veh 0	Config. 2	
City State Zip City NEWTON State Zip 2458-1116   Insurance Company_UNION INS	Operator	Last	First					First		Mid	ldle	
Insurance Company UNION INS  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Travel Direction:  NXEW  Responding to Emergency?  Event Sequence  2 22 22 22 22 22 22 23 3 4  10 Undercarriage  11 Totaled  Driver Contributing Code  Please fill out for operator and all occupants involved  Name Clast First Middle)  Neme Clast First Middle)  Please Select One of the Following:  Operator  See Above  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  11 2 Damaged Area Code: (Circle Up to Three)  Solution 3: Ch. Sec Violation 4: Ch. Sec Underride/Override  Vehicle Action Prior to Crash  11 2 Damaged Area Code: (Circle Up to Three)  Vehicle Action Prior to Crash  11 2 Damaged Area Code: (Circle Up to Three)  Vehicle Action Prior to Crash  11 2 Damaged Area Code: (Circle Up to Three)  Vehicle Action Prior to Crash  11 2 Damaged Area Code: (Circle Up to Three)  Vehicle Action Prior to Crash  Vehic							T					
Vehicle Travel Direction: NXEW Responding to Emergency?  Event Sequence 2 22 2 22 22 20 3 4  Most Hammful Event 2 23  Wost Hammful Event 2 23  First Middle 1 Totaled Driver Contributing Code 1 24 24  Underride Override 2 2 Towed N 7  First Middle 1 See Above	City		State	Zip	City N	IEWTON						
Vehicle   Tavel Direction:   No.   Medical Facility   State MA   Zip   Delta   State MA   Zip   Delta   State MA   Zip   Delta   State MA   Zip   Delta   Zip   Damaged Area Code: (Circle Up to Three)   Vehicle Travel Direction:   N.   S.   N.   Sec   Violation   State MA   Zip   Delta   Zip	Insurance Con	npany UNION IN	NS .		Vehicl			11			•	o Three)
Violation 1: Ch Sec Violation 2: Ch Sec Violation 4: Ch Sec Underride/Override Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Violation 5: Ch Sec Violation 4: Ch Sec Violation 5: Ch Sec Violation 6: Ch Sec Violation 7: Ch Sec Violation 6: Ch Sec Violation 7: Ch Sec Violation 6: Ch Sec Violation 7: Ch Sec Underride/Override Violation 7: Ch Sec Violation 7: Ch Sec Violation 6: Ch Sec Violation 7: Ch Sec Violation 8:	Vehicle Trave	l Direction: N	X E W Respon	nding to Emergency?	Event	Sequence 2 2		22 22	ار	3		laraci
Violation 1: ChSee Violation 2: ChSee Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Please SelectOne of the Following:  See Above  Please SelectOne of the Following:  Please Select	,				Most I	Harmful Event	2	24 (	<b>←</b>	9		_
Please fill out for operator and all occupants involved Name (Last First Middle)  Please Select One of the Following:  Ple	7				Driver	Contributing Co	ode 1			/   \	$\mathcal{I}_{6}$	
Operator  See Above  Please Select One of the Following:  Vehicle#Occupants					Under	ride/Override		Towed N		21 22		
Please Select One of the Following:  Vehicle #Occupants Non-Motorist A Type			ator and all occupa			Age/DOB	Seat Pos.	Safety Airbag Ai System Status Sw	bag Eject itch Code	Trap Injury Code Status	Transp. Code Medica	ıl Facility
Condition   Condit	Operator	•		See Above								
Condition   Condit												
Condition   Condit												
Condition												
Sex M Lic. Class      18		I Vehicle	e# Occupants	Non-Motorist A Ty	ype 1				dition	17	Hit/Run	Moped
Sex M Lic. Class Lic. Restrictions CDL Veh Year Veh Make Veh Config.  Operator PAOLINI DAN Owner Last First Middle Address  City NEWTON State MA Zip 02465 City State Zip Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 22 22 22 22 22 22 22 20 10 Undercarriage  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Travel Direction: Name (Last First Middle)  Please fill out for operator and all occupants involved Name (Last First Middle)  Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Medical Facility	License#				Reg#			Reg T	ype	R	eg State	-
Operator PAOLINI DAN  Address 50 SMITH AVE  City NEWTON  Insurance Company  Vehicle Travel Direction:  N S E W  Responding to Emergency?  Vehicle Action Prior to Crash  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Owner  Last First Middle  Last First Middle  Last First Middle  Address  Address  Owner  Last First Middle  Address  Address  Owner  Last First Middle  Address  Address  Owner  Last First Middle  Address  Middle  Address  Address  Owner  Last First Middle  Address  Namidle  Address  Namidle  Address  Owner  Last First Middle  Address  Namidle  Address  Namidle  Address  Address  Owner  Last First Middle  Address  Namidle  Address  Namidle  Address  Namidle  Address  Address  Owner  Last First Middle  Address  Namidle  Address  Namidle  Address  Namidle  Address  Address  Owner  Last First Middle  Address  Namidle  Namidle  Namidle  Namid	Sex_M_ Lic.			CDL	Veh Y	ear	Veh Ma	ike		Veh 0	Config.	20
City NEWTON State MA Zip 02465 City State Zip Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 22 22 22 22 21 10 Undercarriage  Citation # (If Issued) Most Harmful Event 23	1	Last			Owner	Last		First		Mid	ldle	
Insurance Company	Address 50 S	MITH AVE			Addre	SS						
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Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence    Citation # (If Issued)	Insurance Con	npany			Vehicl						•	o Three)
Citation # (If Issued) Most Harmful Event	Vehicle Travel	Direction: N	S E W Respo	onding to Emergency?	Event	Sequence 2		22 22		3		laraci
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code  Violation 3: ChSec Violation 4: ChSec Underride/Override  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Age/DOB  Sex  Driver Contributing Code  Underride/Override  25  Towed  25  Towed  25  Towed  25  Towed  26  27  28  29  30  31  32  33  Injury Transp. Code  Medical Facility	Citation # (If	Issued)		Most Harmful Event  Driver Contributing Code  24  Driver Contributing Code  5 11 Totaled								
Violation 3: ChSec Violation 4: ChSec Underride/Override	Violatio	on 1: ChSe	ec Violation									
Name (Last First Middle)  Address  Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility  Output  Description:  Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility  Output  Description:  Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility					Under	ride/Override	1	Towed		/		
Operator/Non-Motorist         See Above			operator and all o	*		Age/DOB	Sex Pos.	Safety Airbag Ai System Status S	bag Eject vitch Code	Trap Injury Code Status	Transp.	al Facility
	Operator	/Non-Motorist		See Above						10	1	



## 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 1 NSTAR WAY		Phone #	34-Type	Desci	ription of Damage	ed Property	
, EVERSOURCE,	SACHUSETTS	800592200	4	TELEPHONE POLE 4/14-1X				
Truck and Bus Information:  Carrier Name	-		(From Vehic			Carrier Issuir	ng Authority Cod	e 35
Address			City			St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_			Interstate	36
	ss Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tı	railer L	ength		
Hazmat Information:								
Placard 40 Material 1 digit #	# 41 Material Nar	me		Material 4	digit#		Release code	42

KRISTINA CONARY		1	NEWTON POLICE DEPARTM		05/15/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction	1 = Vehicle 1	2 =Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →□	1 -	2	Ŷ			
	  -		<u> </u> 	<u> </u> 	I	Crash <u>Did Not</u> C a Public Way:	Occur
		<u> </u>				Off-Street Parking	Lot
						Garage	
	į		j	į		Mall/Shopping Ce	enter
		-  + 				Other Private Way	,
		_		+	Ind	icate North by A	rrow
						$\bigcirc$	
Crash Narrative:							
Street after the accident.	There was sig	gnificant dama	age to the from	t of MV1	with airbag o	leployment. Op	perator
of MV1 was checked out by	the medics for	r a head inju	ry and signed	a refusa	1.		
Operator of MV1 was asked	if he had cons	sumed any alco	ohol or taken a	ny medic	ation today ar	d he declined	1.
Officer Spinney (N491) ask	ed if he was w	willing to do	a Field Sobrie	ty Test,	and he stated	l yes. Operato	or
of MV1 did not show any s	igns of intox	ication.					
Operator of MV2 stated tha	t he had parke	ed his car out	tside of 109 Ac	lam Stree	t and was sitt	ing in the dr	river
seat when he was hit by MV	1 and also the	e utility pole	e. Operator of	MV2 was	able to exit h	is car. He wa	ns
evaluated by the medics an	d signed a re	fusal. MV2 has	s significant o	lamage to	the right sid	le and windshi	eld.
MV3 was parked in the lot	of 109 Adam S	treet facing S	Southbound. MV1	hit MV3	head on. Ther	e was signifi	cant
(Continued o	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property	
Truck and Bus Information:	Di-++i#		(From Veh	i-l- Cti)			
Carrier Name	_			,	Carrier Iss	suing Authority Code	35 e
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	Tra	ailer Length		
Hazmat Information:	41						42
Placard Material 1 digit #	# Material	Name		_ Material 4 o	ligit #	_ Release code	
KRISTINA CONARY			NEWTO	ON POLICE DEPARTM		05/15/20	119

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)

→	Direction 1	Vehicle 1 2	≢Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: 🕕 🛚	2	→	7			
					I	ash <u>Did Not</u> C Public Way:	)ccur
						Off-Street Parking	Lot
						Garage	
	i i		į	į		Mall/Shopping Ce	nter
				+		Other Private Way	
	· —   — — —	 				ate North by Aı	
	_						
						( )	
	. —   — — —			+			
Crash Narrative:							
damage to MV3 front end.							
The electric meter attached	d to 109 Adam S	Street was ri	pped off the h	ouse. Th	ere are no sig	ns of damage	to the
house to report at this tir	ne.						
MV1 was towed by Tody's. Ev	versource arriv	red on scene.	Operator of	MV1 was	issued a citati	on for marke	d lanes
violation. Pictures were ta	aken of the sce	ene and will	be submitted to	o IT.			
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			
Carrier Name	Registration #		(rom vene	,	Carrier Issu	ing Authority Code	35
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		_ Interstate	36
Cargo Body Type Code Gros	s Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length 39		
Hazmat Information:	J .1	- 5 <del></del>	&				
Placard 40 Material 1 digit #	41 Material Na	ame		Material 4 o	ligit #	Release code	42
KRISTINA CONARY			NEWTO!	N POLICE DEPARTM		05/15/20	19

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)