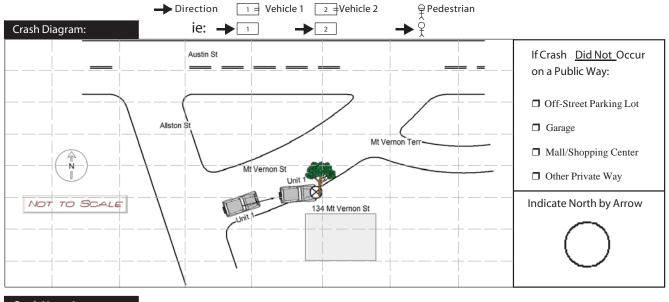
	Pol	ice Use Only		Commonwea	lth o	f Massa	achu	setts	}		RMV	/ Docum	ent Number	
	Date of Crash 05/19/2019	Time of Crash 00:04 24HR	NEWTON	MIOIOI		icle Cra Report	sh	Number Vehicles		d Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	XI O
			RSECTION:		LOCAT		>						CTION:	2
						NORTH	134		MT VI	RNON	ST			2
1 4	Route# Direc	tion	Name of Ro	padway/Street		Route# Direction	on Ado	dress #		Na	me of R	loadway/S	Street	
			Al		- -	Feet	SE	W of		• Marker	· — ·	or	Exit Number	-
	Route# Direc	ction N	Name of Intersecting I Also at Intersec		<u> </u>	50FT Feet	N S X	W of	THIC.		LSTON	ST	LAR IVAIIDE	_
² 1			Tilgo de Intersec			Feet N	N S E	w of	Route	#	Intersec	ting Road	way/Street	
1	Route# Direc	tion	Name of Intersection	ng Roadway/Street							Lar	ndmark		
3	XVehicle1	_1_#Occupants	Hit/Run	Moped Case N	Number		19	00000506						
	License#		St MA	DOB/Age	Reg#	7ZT136			Reg T	vne PA	N	Reg	State MA	-
	Sex_M Lic.	18 1		19 CDL	_	ear 1999	Veh	Make_F0					20	_
4	Operator STC		JARROD First	S Endorsment Middle		STOMBERG		JENNI				Middle		- 7
1	Address 49 SA	ALISBURY RD	First	Middle	Addres	s 49 SALISBUI	RY RD		First			Middle		_
	City NEWTO	N	State	MA Zip 02458	City N	IEWTON					_State	MA Z	Zip	_
	Insurance Com	npany_USAA			Vehicle	Action Prior to		1			d Area		Circle Up to Three	ee)
5		Direction:		ding to Emergency?	Event	Sequence 21 2	22 22 23	22	22 €)	3	$\overline{\mathcal{I}}$	4 10 Undercarr	
	· ·	ssued) T1441780				Iarmful Event	21	24		—	9	$(\mid \mid \mid$	5 11 Totaled	lage
⁶ 1	1			ChSec		Contributing Co	ode 25	:0			7		6	
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed Y 26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Seat Safety Airbag Airbag Eject Trap Injury Transp. Medical Encility								
	Name (Last Fir	est Middle)		Address See Above		Age/DOB	Sex P	os. System	Status Swi	tch Code	Code	Status Coo	le Medical Facili	ity 2
	Operator			566 716676				1	1 4	0	U	10 1		_
														_
7		_							10		15			
1	Please Select (of the Followi	Vehicle	e# Occupants	Non-Motorist A Typ	e 1	Action	5 Loca	tion	Cone	dition	17	Hit	/Run Mop	ed
	License#		St	DOB/Age	Reg#_				Reg T	ype		Reg S		_
	Sex Lic.	Class 18 1	Lic. Restrictions	19 CDL	Veh Ye	ear	Veh	Make				Veh Cor	afig.	
8 1	Operator	Last	First	Endorsment	Owner	Lasi	t		First			Middle		_
	Address					s								-
	City	StateZip					City State Zip							-
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)							ee)	
	Vehicle Travel Direction: NSEW Responding to Emergency? E					Event Sequence 22 22 22 22 3 4 10 Undercarriage						riage		
	· · · · · · · · · · · · · · · · · · ·					fost Harmful Event 9 5 11 Totaled								
	Violation 1: ChSec Violation 2: ChSec				Driver Contributing Code 8 7 6									
			ec Violation 4	l: ChSec	Underr	ide/Override		Towed	28 Z Airbag Air	2930	31	32	33	_
	Name (Last Fi	irst Middle)		Address		Age/DOB	Sex	Pos. Syster	Airbag Air Status Sv	oag Eject	Trap le Code	Injury [Frai	nsp. ode Medical Faci	lity
	Operator/	Non-Motorist		See Above						-				\dashv
														_



Crash Narrative:

MV1, a 1999 Ford Explorer, MA Reg: 7ZT136, collided with a tree on city property just outside of 134 Mt
Vernon St. Operator, Jarrod Stomberg, immediately told me that he looked down at his phone to make a phone
call and in that moment, ran off the road and hit the tree. There was airbag deployment. Jarrod signed a
refusal with the medics and was driven home by a family member. He was issued in hand MA Citation T1441780
for 90/13B - Texting While Driving. The vehicle was towed by Tody's Towing. Pictures were taken of the scene
and placed into ITs box.

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

ALEX N KANE		38800	NEWTON POLICE DEPARTM		05/19/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date