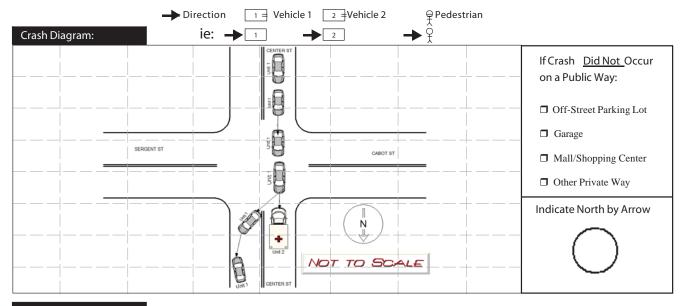
	Poli	ice Use Only		Common	nwealth	of Mass	achu	setts	5		RN	IV Do	cumer	nt Number	
	Date of Crash		1	Town M	lotor Ve	hicle Cra	ash [Number Vehicles			Speed Lin		S	tate Police ocal Police /IBTA Police	□ Xì
	06/08/2019	01:35 24HR	NEWTON		Police	Report		2	3		Longitud			ABTA Police Other:	
		AT INTER	RSECTION:	<	LOCA	ATION	>		N	OT A	T IN	ERS	ECT	ION:	
	SOU	TH CENTE	R ST												2
1	Route# Direc			of Roadway/Street		Route# Directi	on Ado	ress #			Name of	Roadv	/ay/Str	eet	$ \frac{1}{2}$
4		CAROT	r cr	At		Foot [N S E	X 7]c			•				_ 2
	Route# Direc	CABOT		ing Roadway/Street		reet [N S E	oi oi		le Mark		or		Exit Number	
	- Routen Birec	outon 1		ersection with		Feet [N S E	V of	- D		T.,,,,,,	T	1	ny/Street	. L
2		SERGE.	ANT ST			Feet [N S E	V of	KO	ше#	inters	ecung r	coauwa	iy/Sireet	6
1	Route# Direc	tion	Name of Inters	secting Roadway/Stree	t						I	andmai	·k		
3	XVehicle1	#Occupants	Hit/Ru	n Moped	Case Numbe	er	190	00000597	7						
	License#		St_	MA DOB/Age	Pag	#_6KJ783			Par	Type	PAN	D	on Sta	to MA	
	Sex_F_ Lic.	18 1	Lic. Restriction	19		Year 2001			_				-	20	-
4	Operator PO		JESSICA	Endorsr	ment			wiake				v cii	Comi	3	1
3	II .	Last CENTER ST (apt.	First	Middle		er (Same as ope			Firs			Mi	ddle		1
	City NEWTO			State_MA Zip_02458		ress						to	7:		
	Insurance Com			StateZip_02450	-	cle Action Prior t			21				_ ^	ele Up to Thre	
5	1	. ,					22 22	22	22	2		3	4	- P	
1		Direction: X		sponding to Emergend	• —	nt Sequence 1	23							10 Undercarri	age
	1	rssued) T1269994		on 2: Ch 90/24/E ec		t Harmful Event		24	24	1	-	9	5	1 Totaled	
⁶ 1	1			on 4: ChSec		er Contributing C	ode 1		14 24	8		7	\mathcal{I}_{6}		
1				cupants involved	Und	erride/Override		Towe		29	30 3	1 32	33	1	_
	Name (Last Fir		ator and an occ	Addre		Age/DOB	Sex Se	26 27 eat Safety os. Systen	28 Airbag Status	Airbag I Switch C	30 3 Eject Trap Code Cod	1 32 Injury Status	Transp Code	Medical Facilit	1 1
	Operator			See Abo	ove			1	3	99	0 1	7	2	BWH	
⁷ 2	Please Select C of the Followi		2 <u>2</u> #Occupa	nnts Non-Motor	rist A Type	14 Action	15 Locat	ion	16 C	ondition	1 1'		Hit/Ru	un Mope	ed
	License#		St_ ^I	MA DOB/Age	Reg	#_ABM370			Reg	Type_	AMN	R	eg Sta	te_MA	_
	Sex_M_ Lic.	Class D 18 1	Lic. Restricti			Year_2017	Veh	Make_F	ORD			Veh	Config	g. 20	
8 1	Operator BOI	HAN	COREY	Endorsr	Own	er CATALDO	AMBULA								_
1	Address 445 V	Last VATERTOWN S	First ST	Middle		ress BX345	st		Firs	t 		Mi	ddle		
	City NEWTO	N		State MA Zip 02458	8 City	SOMERVILLE					Sta	te_MA	Zip	02143	
	Insurance Com	npany OLD REPU	UBLIC	-	Vehi	cle Action Prior t	o Crash	1	21	Dam	aged Are	a Code	: (Circ	ele Up to Thre	e)
	Vehicle Travel	_		esponding to Emergen		nt Sequence 1	22 22	22	22	2		3	4		
	Citation # (If I		• ——	t Harmful Event	1 23				\wedge	L/I		() Undercarri	age		
	,	n 1: Ch Se		er Contributing C		24	24	4	-	9	5	11 Totaled			
				ion 4: ChSec_		erride/Override	25	Towe	ΙΥ	8		7	6		
				ill occupants involve				26 27 at Safety		29 Airbag I	30 3 Eject Trap	1 32 Injury	33 Transp		\dashv
	Name (Last Fi	Non-Motorist	1	Addr See Abo		Age/DOB		os. Syste	m Status	Switch	Code Co	ie Statu	Code		ity
	•		4	55 WATERTOWN ST) Y C			1	3		0 0	9	2		\dashv
	WHITE, TOM			IEWTON, MA 02459			M 3	1	3	99 (0 0	9	2	NWH	



Crash Narrative:

On 06/08/2019 at 0150 hours I received a call from Sgt Lee in regard to a head on motor vehicle crash with entrapment that had occurred on Center St at the four way intersection with Cabot St and Sergeant St. Upon my arrival at the crash scene I was advised by Sgt Lee that all occupants of the involved vehicles had been transported to hospitals for treatment.

I made the following observations of the crash scene, Center St is a two lane public way in the city of
Newton that runs north to south. I observed a city of Newton contracted Cataldo ambulance stopped in the
south bound lane of Center St at Cabot St. The ambulance was MA AMN registration AMB 370 a 2017 Ford Econo
Line that had heavy damage to the front end and driver's side fender. I observed that the front tire of the
ambulance was snapped off and was pushed back towards the driver's side door. I further observed that both

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
	455 WATERTOWN ST		
CANNING , ROBERT,	NEWTON,MA 02459		N
	455 WATERTOWN ST		
HEIRHOLCER, STEPHEN,	NEWTON,MA 02459		N
Property Damage:			

HEIRHOLCER, STEPHEN,	N	NEWTON,MA 02459						
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ged Property		
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			35	
Carrier Name					Carrier Issu	ing Authority Code		
Address			City		St	Zip		
US DOT #:	State Number		_ Issuing State	ICC #:_		_ Interstate	36	
Cargo Body Type Code 37 G	ross Vehicle Weight	5			39			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr				
Hazmat Information:								
Placard 40 Material 1 digi	it # 41 Material Name	:		Material 4	digit #	Release code	42	

-	▶ Direction 1	Vehicle 1 2	yehicle 2	Pedestria	an	
Crash Diagram:	ie: → 1		□ →	Ŷ		
	 	 <u> </u>			If Crash <u>Did No</u> on a Public Way	
					Off-Street Par	king Lot
					Garage	
					☐ Mall/Shoppin	g Center
					☐ Other Private	Way
	 	+ 		+	Indicate North b	by Arrow
				+)
Crash Narrative:						
of the front and side air rest was 8'8" from a fixed						
ambulance's front passenge						
passenger side tire was 2						
the double yellow line on						
yellow line. The width of	Center St from	the double y	ellow line to	the Cente	r St curb is 15'' and 1	6'" to the
Sergeant St side.						
I observed a 2011 Mazda 3	with MA PAN rec	gistration 6K	J783 facing so	uth bound	in the north bound lar	ne. The
Mazda had heavy damage to	it's front end	d, and I obse	rved that it's	front ti	res had snapped off. Th	ne Mazda's
(Continued o	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 Vehi	cle Section)		35
Carrier Name					Carrier Issuing Authority	
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	Trai	ler Length 39	
Hazmat Information: Placard 40 Material 1 digit	# 41 Material N	ſame		Material 4 di	git # Release code	e 42
MICHAEL A MCSWEENEY			NEWIO	N POLICE DEPARTM	06/	09/2019

Department

Precinct/Barracks

Date

Signature

	→ Direction 1 =	Vehicle 1 2	yehicle 2	₽Pedestria	an	
Crash Diagram:	ie: → 1	2	 →	₽ Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					☐ Off-Street Parkin	ng Lot
					Garage	
					☐ Mall/Shopping C	enter
				+	☐ Other Private Wa	
			+-	+	Indicate North by A	Arrow
Crash Narrative:						
roof had been removed by	Newton Fire to ex	tract the or	ccupant. The f	ront of t	the Mazda's final point of	rest
was 40'3" from a fixed or	verhead light pole	on the nort	theast corner	of Center	r St and Sergeant St. The	Mazda's
		_			Mazda's rear passenger si	
					side tire was 1'2" from t	
					he curb on the Sergeant St	side of
Center St. There were no					_	
					edic Corey Bohan and Para	
	_				ing his vehicle southbound	
		; a medical o	call. There we	re no pat	tients in the ambulance at	the
	l on next page)					
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Name (Last, First, Mildule)		Address			FIIOHE#	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	icle Section)		25
Carrier Name					Carrier Issuing Authority Co	ode 35
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
37		38	-			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iller Length 39	
Hazmat Information:						
Placard 40 Material 1 digi	git # 41 Material Nam	ne		_ Material 4 d	ligit # Release code	42

	→ Direction	1 =	Vehicle 1	2 =Ve	hicle 2	₽ Pedestr	ian		
Crash Diagram:	ie: →	1	→	2	_	▶ ĝ			
								If Crash <u>Dic</u> on a Public V	
		_						☐ Off-Street	Parking Lot
								☐ Garage	
								☐ Mall/Shop	ning Center
		_ -							
				<u> </u>				Other Priva	ate way
								Indicate Nort	h by Arrow
	 	 -		· - 	+ +				
Crash Narrative:									
time of the crash, and	Bohan estimate	d he	e was trav	velling	25 MPH	. Bohan st	ated with	nin less than	two seconds
he observed a vehicle to	raveling towar	ds l	him north	oound o	on Center	St in the	southbou	ind lane and e	estimated
it's speed to be approx	imately 80 to 1	00 1	MPH.Bohan	stated	l he was	able to sl	ow to a r	near stop and	had moved
his vehicle towards the	right shoulder	on	Center St	t befor	e the Ma	zda struck	his vehi	icle head on.	Bohan stated
that after forcing his	way out of the	driv	ver's seat	t of hi	s vehicle	e, he rend	ered medi	ical aid to th	ne operator
and only occupant of the	e Mazda, Jessic	a Po	ondish. Bo	ohan st	ated tha	t Pondish	speech wa	as slurred and	i he detected
an odor of an alcoholic	beverage emana	ting	g from her	r breat	th and pe	rson. Boha	n was lat	er transporte	ed to Newton
Wellesley Hospital for o	evaluation.								
The passenger in the amb	oulance, Tom Wh	ite	stated to	offic	ers that	he was wo	rking on	the ambulance	e's laptop
(Continue	d on next page)								
Witnesses:			1.11					21	Ct-t-magnt
Name (Last, First, Middle)			Address					Phone #	Statement
Property Damage:									
Owner (Last, First, Middle)	Address			Ph	one #	34-Type	Description	of Damaged Prope	rty
Truck and Bus Information:	Registration #				Grom V	-Liala Castion)			
Carrier Name	-						C	arrier Issuing Author	rity Code 35
Address				City_				St Z	ip
US DOT #:	State Number			Iss	uing State	ICC #:_		Intersta	ate 36
Cargo Body Type Code 37	Gross Vehicle Weight		38				r		
Trailer Reg #:	Reg Type		Reg State		Reg Year_	Tr	ailer Length	39	
Hazmat Information:							·		
Placard 40 Material 1 di	git # 41 Materia	al Naı	me			Material 4	digit #	Release of	code 42

→	► Direction 1	Vehicle 1 2	₹Vehicle 2	Pedestrian	
Crash Diagram:	ie: 🕕 🛚		□ →	· ĝ	
					If Crash <u>Did Not</u> Occur on a Public Way:
					☐ Off-Street Parking Lot
					☐ Garage
					☐ Mall/Shopping Center
			 -	+-	Other Private Way
					Indicate North by Arrow
Crash Narrative:					
computer and did not see an	ything leading	g up to the i	mpact from the	crash. Wh	ite stated that he was able to
force himself free of the p	assenger side	of the ambul	ance, and rend	ered medica	l aid to Pondish. White stated
that Pondish was " in and o	out of it " and	d did not app	ear coherent.W	hite stated	that he asked Pondish if she
had consumed any alcoholic	beverage and s	she nodded in	the affirmati	ve. White S	tated that he was unsure if
Pondish understood his ques	tions. White	stated that h	e did not dete	ct any odor	of an alcohol beverage
emanating from Pondish's br	eath or person	n. White was	transported to	Newton Wel	lesley Hospital for evaluation.
Pondish was freed from her	vehicle after	approximatel	y 22 minutes b	y Newton Fi	re Department units by
utilizing special extraction	on tools. Pond	ish was trans	ported by Newt	on Medic Un	it Two to the Brigham and
(Continued or	next page)				
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:		_			
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	cription of Damaged Property
Truck and Bus Information:	Registration #		(From Vehi	cle Section)	35
Carrier Name					Carrier Issuing Authority Code
Address			•		36
US DOT #:	State Number		•		St Zip
US DOT #:S Cargo Body Type Code37 Gross	State Numbers Vehicle Weight	38	Issuing State	ICC #:	Interstate 36
US DOT #: S Cargo Body Type Code 37 Trailer Reg #:	State Numbers Vehicle Weight	38	Issuing State	ICC #:	Interstate 36
US DOT #:S Cargo Body Type Code37 Gross	State Number s Vehicle Weight Reg Type	38 Reg State	Issuing State Reg Year	ICC #: Trailer	Interstate 36

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

06/09/2019

Date

Precinct/Barracks

MICHAEL A MCSWEENEY

⊣	Direction 1	■ Vehicle 1 2	∑ =Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: → 🛚	→ [2	→	Ŷ			
				<u> </u> 		Crash <u>Did Not</u> Occur a Public Way:	
						Off-Street Parking Lot	
						Garage	
		į į	į	į		Mall/Shopping Center	
						Other Private Way	
	- — — — — —	+	+-		Ind	icate North by Arrow	
						\bigcirc	
Crash Narrative:							
Women's Hospital in Boston	for treatment	. From 06/08/	2019 to 06/10/	2019 Pon	dish had two s	surgeries and was	
unable to speak due to her	condition.						
On 06/10/2019 myself and 0	fficer Gaudet	were able to	speak with Por	dish in	her hospital	ICU room at the	
Brigham and Women's Hospita	al. Pondish's p	parents Loren	a and John Pon	dish were	e present whil	Le we spoke with he	er.
Officer Gaudet asked Pondi	sh about the e	vents that le	ed up to the cr	ash.			
Pondish stated that on 06/	07/2019 she wa	s at a friend	l's residence i	n Norton	, MA. Pondish	stated that while	at —
her friend's residence she	consumed a bo	ttle and a ha	lf of Riesling	wine. A	fter Pondish's	admission myself	
(Continued or	n next page)						
Witnesses:		1					
Name (Last, First, Middle)		Address			Phone	# Staten	nent
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property	
Truck and Bus Information:	Registration #		(From Vehi	icle Section)			25
Carrier Name					Carrier Iss	suing Authority Code	35
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate 36	
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38			30	1	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length 39		
Hazmat Information:						I	
Placard Material 1 digit #	41 Material N	Jame		Material 4 c	ligit#	Release code42	

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Crash Diagram:	→ Direction 1 = Ve	ehicle 1 2 = Vehicle 2	₽ Pedestrian → ♀	
				If Crash <u>Did Not</u> Occur on a Public Way:
				☐ Off-Street Parking Lot ☐ Garage ☐ Mall/Shopping Center ☐ Other Private Way
				Indicate North by Arrow
Crash Narrative:	opped our conversation	with her. I read Por	ndish her rights dir	rectly from a Miranda card

and Officer Gaudet stopped our conversation with her. I read Pondish her rights directly from a Miranda card and explained them in full before allowing her to continue speaking with myself and Officer Gaudet about the events of that led to the crash. Pondish stated that she understood her rights. Officer Gaudet asked Pondish if she had consumed any alcoholic beverages prior to driving home to her residence in Newton. Pondish stated that she drank a bottle and a half of Riesling wine by herself between the hours of 1700 and 0000 hours on 06/08/2019. Officer Gaudet asked Pondish how large the bottles of wine was that she drank, and she stated that they were average size. Officer Gaudet asked Pondish how she perceived her state of being was after consuming a bottle and a half of wine. Pondish stated that she felt "buzzed ". Pondish stated that she left her friend's residence in Norton at approximately 0100 hours on 06/08/2019 to return to her residence in

(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) 35 Carrier Name ___ _____ Carrier Issuing Authority Code _____ City____ Address____ US DOT #: _____ Issuing State _____ ICC #:____ State Number 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 #

MICHAEL A MCSWEENEY		NEWTON POLICE DEPARTM	06/09/2019		
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			
					I .	If Crash <u>Did Not</u> (on a Public Way:	Occur
		_			- — —	☐ Off-Street Parking	g Lot
						☐ Garage	
	į	į	į			☐ Mall/Shopping Ce	enter
		_			- — —	☐ Other Private Way	7
		-				ndicate North by A	rrow
	 	 -		 			
Crash Narrative:							
Newton. Pondish stated tha	at she does red	call the even	ts leading up 1	to the cr	ash, except	that she tried	to make
a phone call but the person	on did not pick	k up. Pondish	stated that he	er seat b	elt was on a	nd that she was	s not
texting while operating he	er vehicle. Por	ndish stated	that her inju	ries cons	isted of a b	roken left elbo	ow and
internal injures to her i	.ntestines.						
On 06/09/2019 I spoke to 0							
transported Pondish to the	_						
Pondish for approximately		lle Fire unit:	s worked to ire	e ner. C	anning state	d that Pondish	's legs
	on next page)						
W itnesses: Name (Last, First, Middle)		Address			Pho	ne #	Statement
, , , , ,							
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of D	amaged Property	
Owner (Last, First, Middle)	Address		Priorie #	34-1ype	Description of De	amaged Property	
Truck and Bus Information: Carrier Name	_		(From Veh	,	Carrier	Issuing Authority Cod	e 35
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	39	
Hazmat Information:	0 7F				0		
Placard 40 Material 1 digit	# 41 Material	Name		_ Material 4 o	ligit #	Release code	42
MICHAEL A MCSWEENEY			NEWT	ON POLICE DEPARTM	ı	06/09/20)19

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

-	Direction 1	Vehicle 1	₂ =Vehicle 2	Pedestri	an	
Crash Diagram:	ie: → 1	→	2	Ŷ		
						h <u>Did Not</u> Occur Jublic Way:
	_				Off	-Street Parking Lot
					☐ Gai	rage
	- — — — — —	<u> </u>				ll/Shopping Center
					Oth	er Private Way
					Indicat	e North by Arrow
		<u> </u>			- — —	\cap
		+		+		
Crash Narrative:						
were pinned under her vehi						
was in close proximity to					_	
from her breath and person						
during the transport to th						
had consumed any alcoholic	-					t he did not
detect any odor of an alco	holic beverage	emanating fr	rom Pondish's b	reath or	person.	
Based upon the physical ev	idence at the	crash scene,	and statements	made to	officers by all	of the above
(Continued o	on next page)					
Witnesses:		A deluces			Phone #	Ctatamant
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Туре	Description of Damageo	d Property
Truck and Bus Information:	Registration #		(From Vehi	icle Section)		
Carrier Name					Carrier Issuing	g Authority 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	Tra	iler Length 39	
Hazmat Information:	41					42
Placard Material 1 digit #	# Material N	Jame		Material 4 d	ligit # F	elease code
MICHAFI A MCSWEFNEY				ON POLICE DEPARTA		06/09/2019

Signature

Department

Precinct/Barracks

Date

→	Direction	1 = Vehicle 1	2 =Vehicle 2	Pedestr	rian	
Crash Diagram:	ie: → 🗌	1	2	> ♀ ♀		
				 	If Crash <u>Did Not</u> on a Public Way:	_Occur
					☐ Off-Street Parki	ng Lot
					☐ Mall/Shopping (Center
		_	 		Other Private W	ay
	·	_			Indicate North by	Arrow
Crash Narrative: mentioned persons, Pondish operation of a motor vehic						nt
On 06/12/2019 at the conclu	usion of the	crash investi	gation I issue	d MA Crim	inal Application T 12699	96 in
hand to Pondish at her hosp	pital room and	d explained t	o her what ac	tion she	needed to take with court	•
On 06/11/2019 a letter of p	oreservation v	was sent to B	righam and Wome	en's Hosp	ital requesting that a s	ample of
(Continued or						
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 Vel	nicle Section)		35
Carrier Name					Carrier Issuing Authority Co	
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:_	Interstate	36
Cargo Body Type Code 37 Gros	s Vehicle Weight	38			L	
Trailer Reg #:		Dea State	Pag Vac-	т	ailer Length	
Hazmat Information:	reg rype	Reg State _	Keg rear_	1r	and Length	
Placard 40 Material 1 digit #	41 Material	Name		_ Material 4	digit # Release code	42
MICHAEL A MCSWEENEY			NIETATT	ON POLICE DEPARTI	06/09/	/2019

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

→	Direction 1	Vehicle 1 2	Vehicle 2	Pedestr	ian			
Crash Diagram:	ie: 🕕 🛚		■ →	9				
					I .	Crash <u>Did Not</u> On a Public Way:	Occur	
						Off-Street Parking	g Lot	
						Garage		
						Mall/Shopping Co	enter	
	· — — — — — 					Other Private Way	,	
	· — — — — —	 			In	dicate North by A	rrow	
		 	_ — — — 🕂 —					
		į į	į			()		
	. — — — —							
Crash Narrative:								
Pondish's blood, urine and	medical recor	ds be saved.	On 06/12/2019	Brigham	and Women's H	ospital confi	rmed	
that a sample of Pondish's								
sample was pending.								
Photos of the involved vehi	icles and of the	he crash scen	e were taken a	nd downl	oaded by the	NPD's IT Bure	au. Both	
involved vehicles were towe	ed from the cra	ash scene and	towed motor v	ehicle f	orms were fil	led out. An I	phone	
and backpack belonging to I	Pondish were to	aken from her	vehicle for s	afekeepi	ng and return	ed to her on		
06/11/2019.								
(Continued or	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address			Phon	e #	Statement	
Property Damage:								
Owner (Last, First, Middle)	Owner (Last, First, Middle) Address		Phone #	34-Type	Description of Dar	Description of Damaged Property		
Truck and Bus Information:	Pagistration #		(From Vehic	ele Section)				
Carrier Name	Registration #		(110111 VCIII	ĺ	Carrier I	ssuing Authority Cod	e 35	
Address			City		St	Zip		
US DOT #:			-				36	
37	ss Vehicle Weight	38		100 "				
				_	. 3	9		
Trailer Reg #: Hazmat Information:	Reg Type	Reg State	Reg Year	Tra	ailer Length			
Placard 40 Material 1 digit #	41 Material N	Jame		Material 4	digit #	Release code	42	
MICHAEL A MCSWEENEY			NEWTO	N POLICE DEPART?	N	06/09/20	019	

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

-	→ Direction 1	yehicle 1 2	_ Vehicle 2	Pedestria	n	
Crash Diagram:	ie: → 🛚	2	□ →	Ŷ		
					If Crash <u>Did Not (</u> on a Public Way:	Occur
					Off-Street Parking	g Lot
					☐ Garage	
					☐ Mall/Shopping Co	enter
			_ — — — — —	+	— — ☐ Other Private Way	
		 			Indicate North by A	
				+		
Cord Newstine						
Crash Narrative:						
A community which were the community was a second s	found to the W	A DMI Decision	Control Hoit t			
A copy of this report was	raxed to the M	A RMV Driver	Control Unit t	o request	an immediate threat sus	pension.
What						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Owner (East, 1113t, Middle)	Nauress		THORE #	эт турс	ocacinpuon oi buniagea i roperty	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		35
Carrier Name					Carrier Issuing Authority Cod	le
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_	Trail	ler Length 39	
Hazmat Information:		-		_		
Placard 40 Material 1 digit	# 41 Material N	Jame		Material 4 di	git # Release code	42
MICHAEL A MCSWEENEY			NEWTO	N POLICE DEPARTM	06/09/2	019

CDP1 11 ·24·00

Police Officer Name (Please Print)

ID/Badge #