

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/21/2019	Time of Crash 23:02 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 25 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:			
Route# Direction Name of Roadway/Street At			SOUTH 219 LAKE AVE Route# Direction Address # Name of Roadway/Street				2 9			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____				2 10			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street _____				1 11			
Route# Direction Name of Intersecting Roadway/Street			Landmark _____				1 1			
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000965	
License # --- St MA DOB/Age ---			Reg # 1TJC64 Reg Type PAN Reg State MA			20				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2016 Veh Make TOYT Veh Config. 1			1 12				
Operator GALLIVAN CHASE Last First Middle			Owner RAMANDYOUS HAIDY Last First Middle			1				
Address 2027 COMMONWEATH AVE			Address 211 GATEHOUSE DR			1				
City NEWTON State MA Zip 02466			City MEDFIELD State MA Zip 02052			1				
Insurance Company PREFERRED MUTUAL			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 35 22 22 22 22			10 Undercarriage				
Citation # (If Issued) T1445308			Most Harmful Event 35 23			5 11 Totaled				
Violation 1: Ch 89/4A Sec _____ Violation 2: Ch 90/8 Sec _____			Driver Contributing Code 12 24 19 24			6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			6				
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex			13 30				
Operator			See Above			1				
GORGE, CARLOS			211 GATEHOUSE DR MEDFIELD, MA 02052			1				
Please Select One of the Following:			<input type="checkbox"/> Vehicle #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 DOB/Age ---			Reg # Reg Type Reg State			20				
Sex Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year Veh Make Veh Config. 1			1				
Operator _____ Last First Middle			Owner _____ Last First Middle			1				
Address _____			Address _____			1				
City _____ State _____ Zip _____			City _____ State _____ Zip _____			1				
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S E W Responding to Emergency? _____			Event Sequence 22 22 22 22 22			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24			6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____			6				
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex			13 30				
Operator/Non-Motorist			See Above			1				

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

NOT TO SCALE

Lake Ave

Lakewood Ave

219 Lake Ave

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:**

Operator of MV1 stated he was driving southbound on Lake Ave and looked down for a brief moment and did not see the bend in the road and struck the stone wall in front of 219 Lake Ave. The passenger of MV1 stated the operator was traveling southbound and did not see the turn and went up on the side walk and collided with the stone wall. The operator of MV1 was evaluated by Medic 1, the passenger reports no injuries. Cataldo received two parental refusals for both parties. A witness (Baptiste, Franck Jean) stated he witnessed the accident and believed the vehicle was travelling at approximately 40mph and lost control around the bend and struck the wall. David Donahue from Tody's Towing towed the vehicle. The homeowner at 219 Lake Ave was home and notified about the damage to their property. Six digital photos of the accident scene were taken and submitted to IT.

(Continued on next page)

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
BAPTISTE, FRANCK, JEAN	,	----	N

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
HEYWOOD, JAMES,	219 LAKE AVE NEWTON, MASSACHUSETTS 0	617-834-2328	97	STONE WALL

**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

LAUREN MARIE KEEFE

NEWTON POLICE DEPART

09/22/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

➔ Direction    1 = Vehicle 1    2 = Vehicle 2    ♀ Pedestrian

### Crash Diagram:

ie:

1

Vehicle

2 = Vehicle 2

♀ Pedestrian

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:

Update 9/28/19: Upon further review and discussion with Sgt. Dempsey, Operator of MV1- Gallivan, Chase was issued citation T1445308- 89/4A- Marked Lane Violation and 90/8-JOL Passenger Restriction. Citation was issued in hand.

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

Gross Vehicle Weight

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length \_\_\_\_\_

Hazmat Information:

Placar

Material 1 digit #

Material Name\_\_\_\_\_

Material 4 digit #

Release code

42

LAUREN MARIE KEEFE

NEWTON POLICE DEPARTMENT

09/22/2019

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Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date \_\_\_\_\_