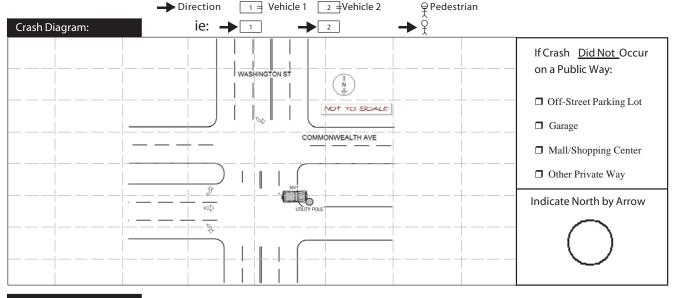
	Poli	ce Use Only		Commonwea	lth o	of Massa	achus	setts			RMV	Docume	ent Number	
	Date of Crash 10/12/2019	Time of Crash 23:47	City/Tow NEWTON	m Motor	Veh	icle Cra	sh [Number /ehicles	Number Injured		l Limit <u>.</u> ıde	35	State Police [Local Police] MBTA Police [Ž
	-9-9-0	24HR				Report		1	0		itude		Other:	_
		AT INTER	RSECTION:	< I	LOCAT	TION	>		NOT	AT l	INTE	RSEC	ΓΙΟN:	2
	WES	г сомм	ONWEALTH AVI	3										
1 4	Route# Direc	tion	Name of R	oadway/Street	I	Route# Direction	on Add	ress #		Nan	ne of Ro	adway/St	treet	2 10
	NOR	TH WASHI	INGTON ST	·	Feet NSEW of or Exit Number							E 221 1		
	Route# Direc	tion N	Name of Intersecting		<u> </u>	Feet N	N S E V	/ of	Mille M	arker			Exit Number	-
			Also at Interse	ction with	-			_	Route#	In	ntersecti	ng Roadw	vay/Street	11
1	Route# Direct	tion	Name of Intersect	ing Roadway/Street		Feet	N S E V	of			y 1			_ 1
3											Land	lmark		7
	Vehicle1	_1_#Occupants	Hit/Run	Moped Case N	Number		190	0001040						_
	License#	18 1	St MA	DOB/Age	Reg#	7KK957			_Reg Ty	e PAN	[_ Reg St	ate MA	
	Sex_M_ Lic. 0	Class D 10 1	Lic. Restrictions		Veh Ye	ear_2007					\	Veh Conf	ig. 2	
⁴ 3	Operator PIK	E Last	SEBASTIAN First	Middle		PIKE	t	JEFFRE	Y First		A	Middle		3 12
	Address 347 C	ENTRAL ST			Addres	s 347 CENTRA	L ST							
	City NEWTO	N	State	e MA Zip 02466	City N	y NEWTON State MA Zip 0								
	Insurance Company COMMERCE INS					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to The								:)
5 1	Vehicle Travel	Direction: N	S E X Respo	nding to Emergency? N	Event S	Sequence 22 2		22	22 0		3	7		
		ssued) T2079375			Most E	Iarmful Event	22 23		0	←	9	5	Undercarria 11 Totaled	ge
6	Violation	1: Ch90/24/Fec	Violation 2	:: Ch89/4A_Sec	Driver	Contributing Co		24	24 8		\Box			
⁶ 1				: ChSec	Underr	ide/Override	25	Towe	<u> Y</u>					
	Please f		ator and all occup	ants involved Address		Age/DOB	Sex Po		28 29 Airbag Airba Status Switc	g Eject Code	31 Trap In Code St	32 3: jury Trans tatus Code	p. Medical Facility	13
	Operator			See Above				99	1 99	0	0 1	10 1	NONE	
7_	Please Select C)ne —		<u> </u>	1.	4 1	5		16		17		<u> </u>	
2	of the Followi	Vahicla	e# Occupants	Non-Motorist A Type	е	Action	Locati		Condi	tion		Hit/F	Run Mope	d
	License#		St	DOB/Age	Reg#_			Reg Type						
	Sex Lic. 0	Class 18 1	Lic. Restrictions	19 CDL	Veh Ye	ear	Veh !	Make			\	Veh Conf	ig. 20	
8 1	Operator	Last	First	Endorsment	Owner	Las			First			Middle		
1	Address	Last	Filst	Middle		S			riist			Wildle		
	City		State	eZip	City						State_	Zi _]	p	
	Insurance Com	pany			Vehicle	Action Prior to	Crash	2	I D	amaged	Area C	Code: (Ci	rcle Up to Three	:)
	Vehicle Travel	Direction: N	S E W Resp	onding to Emergency?	Event S	Sequence 2	22 22	22	22 2		3	4		
	Citation # (If Is	ssued)			Most H	Iarmful Event	23				9	/	10 Undercarria 11 Totaled	ge
	Violation	n 1: ChSe	ec Violation	2: ChSec	Driver	Contributing Co	ode	24	24					
	Violation	n 3: ChSe	ec Violation	4: ChSec	Underr	ide/Override	25	Towed	8		7	6		
			operator and all o	occupants involved			Sex Po	6 27 safety	28 29 Airbag Airba	g 30 Eject	llrap In	32 33 jury Trans	p.	\neg
		ect Middle)	_	A A.A		A co/DOD							a Medical PIII	57
		rst Middle) Non-Motorist		Address See Above		Age/DOB			Status Swit	ch Code	Code S	Status Cod	e Medical Facility	<u>y</u>
									Status Swit	ch Code	Code S	Status Cod	e Medical Facility	<u>y</u>
									Status Swit	ch Code	Code S	Status Cod	e Medical Facility	y



Crash Narrative:

On October 12, 2019 at approximately 2347 hours, I responded along with multiple NPD units to a report of a MV into a pole at the intersection of Washington St and Commonwealth Ave.

Upon arrival, I met with Officer Boyle who directed me to a 2007 Jeep Wrangler (MA Reg:7KK957) that was popped up onto the curb and through a traffic light pole in the intersection on the Westbound side of commonwealth Ave. I was then directed over to the vehicles operator, Sebastian Pike. Sebastian was outside of the vehicle walking around when I had arrived. Sebastian was directed to sit down for now due to airbag deployment from the accident. Sebastian was not complaining of any pain and did not need any medical attention. I then asked Sebastian what happened tonight. Sebastian stated he had just left a friends house and was driving the Jeep Westbound on Commonwealth Ave. He was driving through the intersection with

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	ription of Damag	ged Property	
, DAEGLE ELECTRIC,	,			4	POLE	I		
Truck and Bus Information: Carrier Name			(From Vehic			Carrier Issui	ing Authority Cod	e 35
Address		(City			St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_			_ Interstate	36
Cargo Body Type Code 37 Gros	s Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer L			
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#		Release code	42

	→ Direction	1 = Vehicle 1	2 = Vehicle 2	₽ Pedestr	ian		
Crash Diagram:	ie: →□	1	2	₽Ŷ			
						Crash <u>Did Not</u> C a Public Way:)ccur
						Off-Street Parking	Lot
						Garage	
						Mall/Shopping Ce	nter
		_				Other Private Way	
	- — — — — — —	 -	 			icate North by Aı	
					Ind	reace North by Ai	low
				-	- — —		
Crash Narrative:	4:		6 th-			h-1	
Washington St when he be curb and crashed into the			way from the n	road. At t	nis point, his	s Jeep nad jum	mped the
The traffic light pole			the road Westl	oound on C	ommonwealth Av	ve. Cruisers w	ere
used to block the road t							
towed by Tody's and a	towed motor vehi	cle form was	filed.				
Due to Sebastian's fails	re to pay atten	tion, Sebasti	an Pike was is	ssued Mass	achusetts Unif	form Citation	
#T2079375 for 90/24 Neg	ligent Operation	and 89/4a Ma	rked Lanes Vio	olation. A	copy of the r	report was att	ached
to the citation and sub	omitted to the p	olice prosecu	tors box as a	Criminal 2	Application.		
Sebastian's Father, Jefs	frey Pike, had a	rrived on sce	ne and drove l	his son ho	me for the nig	jht.	
(Continued	d on 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:	Registration #		(From Ve	ehicle Section)			
Carrier Name			(2.1011)	*	Carrier Iss	suing 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_	Tra	ailer Length 39		
Hazmat Information:	- /-	-	-			I	
Placard 40 Material 1 di	git # 41 Material	Name		Material 4 c	ligit #	_ Release code	42
JAMES M CROWE			NEV	VTON POLICE DEPARTM		10/13/20	19

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

-	Direction 1		_≠Vehicle 2	₽Pedestria	an	
Crash Diagram:	ie: → 1		□ →	₽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	rrow
				+		
Crash Narrative:	s and Avenue's a	re public wa	ys in the Com	monwealth	of Massachusetts.	
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	hicle Section)		35
Carrier Name					Carrier Issuing Authority Cod	le
Address			City		St Zip	36
US DOT #:	_ State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gr	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 Na	nme		Material 4 di	git # Release code	42
JAMES M CROWE			NEW	TON POLICE DEPARTA	10/13/2	019
Police Officer Name (Please Print)	Signature			epartment	Precinct/Barracks Date	

CDP1 11 ·24·00