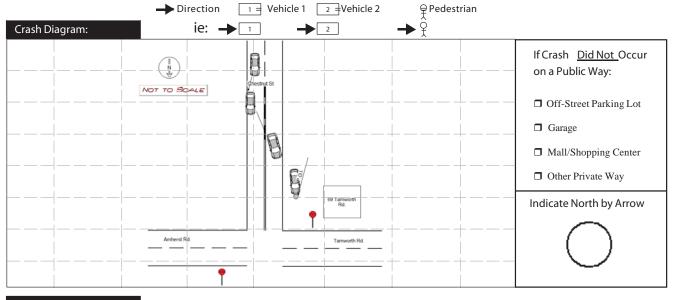
	Poli	ce Use Only		Commo	nwealtl	h of	Massa	ach	uset	ts		RM	IV Doc	cumen	ıt Number	
	Date of Crash 12/07/2019	Time of Crash 20:32	City/To	own M	lotor V			sh	Numb Vehicl			Speed Lin			tate Police ocal Police IBTA Police	X
	14072013	24HR					eport		1	0		Longitude		O	other:	
		AT INTER	RSECTION:	<	LO	CATI	ON	>		N	OT A	T INT	ERS	ECT	ION:	_
							NORTH	I		CHI	ESTNU	T ST				ŀ
	Route# Direct	tion	Name o	f Roadway/Street		Ro	oute# Direction	on A	ddress #			Name of	Roadw	ay/Stre	eet	_
4	At						Feet NSEW of or									
	Route# Direction Name of Intersecting Roadway/Street						Mile Marker Exit Number									
			Also at Inte	rsection with		_ -	Feet 1	N S E	W of	Ro	ute#	AMHERS Interse			y/Street	-
			N CT .	P. 1. /G.		_ -	Feet [N S E	W of							
	Route# Direction Name of Intersecting Roadway/Street						Landmark									_
	XVehicle1	_1_#Occupants	Hit/Run	Moped	Case Nun	nber		1	9000012	58						
	License#		St M	A DOB/Age	R	eg#JF	9207			Res	Type l	PAS	R	eg Stat	te MA	
	Sex_M Lic. 0	Class D 18 1	Lic. Restrictio	19		eh Year	. 09	Ve	h Make						20	
\neg	Operator AVI		JOSE	Endorsr DAROSA	ment O		(Same as ope	rator)								ŀ
	Address 21 GC	DDFREY ST	First	Middle	e	Last First Middle Address										_
	City TAUNTO		St	ate_MA Zip_02780		CityStateZip										
	Insurance Company COMMERCE						Action Prior to			21				-	le Up to Thr	
				ponding to Emergen	cv? N E	vent Se	quence 20 2	22 20 2	_	22	0_	3	3	4		
		ssued) T2079135				Most Harmful Event 22 23									riage	
				n 2: Ch 90/24/F ec			ontributing Co		10 24	9 24	U	-	9	5	11 Totaled	
				1 4: ChSec			e/Override	25		wed Y	0		7	6		
	Please fill out for operator and all occupants involved										29 Airbag I	30 3: Eject Trap Code Code	1 32 Injury	33 Transp.		\dashv
ŀ	Name (Last First Operator	st Middle)		Addre See Abo			Age/DOB	Sex	Pos. \$yst	em Status		Code Code 0 0	\$tatus	Code 1	Medical Facili	ity
-	1										- '		10	-		
	Please Select C of the Followin	Vehicle	e# Occupar	ts Non-Motor	ist A Type	14	Action 1	Loc	cation	16 C	onditior	n 17		Hit/Ru	un Mop	oed
						Des Trus							-			
	License # St DOB/Age					leg # Reg Type Reg State Veh Year Veh Make Veh Config.							20	-		
4	Sex Lic. (Lic. Restrictio	Endorsr	ment				en Make_				_ ven	Config	ţ.	
	Operator	Last	First	Middle			Las	st		Firs	t		Mic	ddle		-
	Address			. 7		_								7:		-
City State Zip						-				21				_ ^	le Un to Thr	
	Insurance Company Vahicle Travel Direction: NSFW Responding to Emergency?						venicie Action Prior to Crasn									
	. 0 0					Event Sequence 22 22 22 22 22 22 22 22 22 22 22 22 22										
				2 Cl 3			L	Г	24	24	1 4	- 厂	9	5	11 Totaled	
				on 2: ChSec_			ontributing Co	ode 25	5]		8	<u> </u>	<u> </u>) 6		
				on 4: ChSec_ l occupants involve		nderrid	e/Override		Tow		29	30 31	.32	33		\dashv
-	Name (Last Fi	rst Middle)	operator and at	Addr	ress		Age/DOB	Sex	Seat Safe Pos. Sy:	7 28 sty Airbag stem Status	Airbag I Switch	30 31 Eject Trap Code Cod		Transp.	Medical Faci	ility
-	Operator/	Non-Motorist		See Abo	ove											\Box
										+						



Crash Narrative:

Vehicle #1 was traveling north on Chestnut St. In the area of Chestnut St. and Oliver Rd. Vehicle #1 struck the curb on its passenger side. Vehicle #1 then crossed the double yellow lines crossing into the south bound travel lanes. Vehicle #1 then crashed into and over the curb and snow bank traveling completely off the road and into a utility pole on the sidewalk.

Vehicle #1 was sustained heavy front end damage and was elevated off the roadway on top of a snowbank with a utility pole indented into its front end.

The crash into the utility pole caused the pole to split in half.

The operator of vehicle #1 was uninjured and refused medical attention.

The operator of vehicle #1 was cited with MGL 90-24/K operating under the influence, MGL 90-24/E negligent

(Continued on next page)

Witnesses: Name (Last, First, Middle) Address Phone # Statement 94 PARKER RD FRAMINGHAM,MA 01702 Y

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property CHESTNUT ST , EVERSOURCE, NEWTON, MASSACHUSETTS 4 UTILITY POLE

Truck and Bus Information:	Registration #	(From Vehic	cle Section)		25
Carrier Name				_ Carrier Issui	ing Authority Code
Address		City		St	Zip
US DOT #:S	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 Leng		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

•	Direction	1 =	Vehicle 1	2	≠Vehicle 2	₽ Pedest	rian				
Crash Diagram:	ie: →	1	_	2		→ $\hat{\beta}$					
	 							If Crash <u>Did Not</u> on a Public Way:	Occur		
		_		_ <u> </u>				☐ Off-Street Parkin	g Lot		
								☐ Garage			
					į			☐ Mall/Shopping C	enter		
		_		— 	+			Other Private Wa	у		
<u> </u>		_		- <u> </u>				Indicate North by A	Arrow		
		- - -									
Crash Narrative:											
violation (citation #T207											
Citation #'s in the personal Vehicle #1 was towed from					ould be ent	ered. (see	incider	report #19055521)			
Venicle #1 was cowed from	t the scene by	100	1y 5 10#	<u> </u>							
W itnesses:											
Name (Last, First, Middle)			Address					Phone # St			
Property Damage:											
Owner (Last, First, Middle)	Address				Phone #	34-Туре	Descripti	on of Damaged Property			
Truck and Bus Information:				(From Vehicle Section)(From Vehicle Section) Carrier Issuing Authority Code							
Address					Citv			St Zip			
US DOT #:		-			36						
37	oss Vehicle Weight		38								
Trailer Reg #:	, and the second		Reg Sta	te	Reg Yea	r Tı	ailer Lengt	h 39			
Hazmat Information:	_ 3 71		_ 0				0				
Placard 40 Material 1 digi	t # 41 Materia	al Nar	ne			Material 4	digit#	Release code	42		
KEVIN DONOVAN					2	NEWTON POLICE DEPART	N	12/08/2	2019		

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)