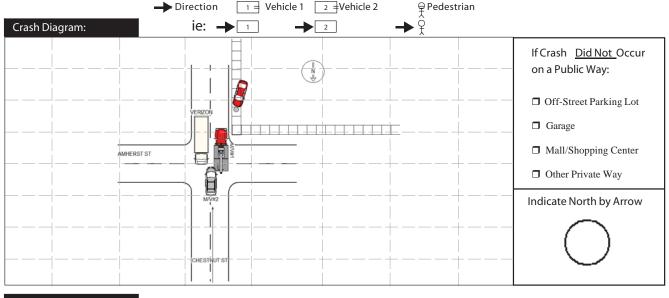
	Poli	ce Use Only		Commonwea	alth d	of Massa	achu	setts	\$		RM	V Docu	ıment	Number	
	Date of Crash 12/08/2019	Time of Crash 03:06	City/To NEWTON	1/10101		icle Cra	sh [Number Vehicles	Injur	ed Lat	ed Limi		Star Loc ME	te Police cal Police BTA Police	N XI
		24HR	SECTION:		LOCA'	Report	>	2	0 N(C	Loi T AT	ngitude_		Oth		
		ATINIER	SECTION:		LUCA	HON			NC)1 A1	INT	LKSE	CIN	UN:	— 2
1	Route# EAST			Roadway/Street		Route# Direction		dress #		N	ame of F	2 oadway	v/Stree	t	
4	Koute# Direc			At At								•	-		2 ¹
	Route# Direct		NUT ST	a Da a daviari/Stanat	[Feet [N S E	W of	Mile	– – Marker	• —	or	Exi	t Number	-
	Route# Direc	tion in		ng Roadway/Street rection with		Feet [N S E	W of	- D		* .	· · · · · · ·	1	/G.	.
2 2						Feet []	N S E	W of	Rout	е#	Intersec	cting Ko	adway/	Street	2 ¹
	Route# Direc	tion	Name of Interse	cting Roadway/Street							La	ndmark			⇉
3	XVehicle1	#Occupants	Hit/Run	Moped Case	Number		19	00001259)						1
	License#		St_M	A DOB/Age	Reg#	5050 F			Reg	Γype_RI	'n	Reg	g State	MA	
	Sex_M Lic.	18 1	8 Lic. Restriction	19	_	ear_2016								20	
4	Operator DO		DAVID	Endorsment		(Same as ope						Midd			- 1 ¹
1	Address 40 RU		rirst	wiiddle		SS						Midd	ic		. 💾
	City NEWTO	N	St	ate MA Zip 02465	City_						State	;	Zip_		.
	Insurance Com	pany ARBELLA			Vehicl	e Action Prior to	Crash	11	21	Damag	ed Area	Code:	(Circle	Up to Thre	ee)
5	Vehicle Travel	Direction: N	K E W Res	oonding to Emergency?_N	Event	Sequence 1	22 22		22	2	3		④		
	Citation # (If I	ssued)			Most l	Harmful Event	1 23		241	4	9	1	- 1	0 Undercarri 1 Totaled	age
6	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing Co	ode 1		24	8	7		6		
⁶ 1				4: ChSec	Under	ride/Override		Towe	ed N		0 21	T 22 T			1
	Name (Last Fir		ator and all occu	pants involved Address		Age/DOB	Sex S	26 27 Seat Safety Pos. System	28 Airbag A Status Sv	29 3 irbag Eje vitch Coo	0 31 Trap le Code	32 Injury T Status C	ransp.	Medical Facilit	1 2
	Operator			See Above				0	4 4	1 0	0	10	1		_
⁷ 3	Please Select C of the Followi	I A Venicle	2 <u>1</u> #Occupan	ts Non-Motorist A Ty	rpe 1	Action 1	Loca	ation	16 Cor	ndition	17	□⊦	lit/Run	Мор	ed
	License#		St_M		Reg#	9AY686			Reg	Гуре_РА	N	Reg	g State	MA	_]
	Sex_M_ Lic.		Lic. Restriction	ns 19 CDL Endorsment	Veh Y	ear_2016	Veh	Make_N	IAZD			_Veh C	onfig.	20	
8 1	·	JBE-PERROTTA Last	First	BRUCE Middle	Owner	(Same as ope	rator)		First			Midd	le		-
	Address 30 RC	DLAND STREET	Γ		Addre	SS									
		N HIGHLAND		ate_MA Zip_02461	City _						State		Zip_		-
	Insurance Com	pany COMMER	CE INS		Vehicl	e Action Prior to		1	21 (_		Code:	(Circle 4	Up to Thre	ee)
	Vehicle Travel	L-1-	74	sponding to Emergency? N		Sequence 2	22 22 23		22		3			0 Undercarri	age
	· ·	ssued) T2013108		90/24/F		Harmful Event	2	24	24	—	9			1 Totaled	
				on 2: ChSec		Contributing Co	ode 9	97		В	7		6		
				on 4: ChSec	Under	ride/Override		Tower		29 3	0 31 Trap	32	33		\dashv
	Name (Last Fi	rst Middle)		Address See Above		Age/DOB	Sex	Pos. Syster	m Status S	witch Co	de Code	Status		Medical Facil	ity
	Operator/	Non-Motorist		See Above			-	1	4 4	1 0	0	10	3		
													\dashv		
												1			



Crash Narrative:

Based on observations and statements made, the following occurred. M/V#1 was parked facing south on Chestnut St. awaiting to pull a M/V from an unrelated accident scene, with his yellow hazard light bar activated. A Verizon truck was parked facing north in the northbound lane of Chestnut St. and through traffic was being routed up the westbound side of Amherst St. M/V#2 approached traveling south on Chestnut St., and stopped approx. 100 feet away from M/V#1. It then began to slowly drive up to M/V#1 and attempt to pass between the two parked trucks, at a slow speed, when the right fender of M/V#2 struck the towing rig of M/V#1. The right fender of M/V#2 had damage along the right front wheel well. I was unable to see the extent of the damage to the tow rig.

I went to speak to the operator of the M+#2 (who was standing outside to the right of his car) and as

(Continued on next page)

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

STEVEN C EMMANUEL		:	NEWTON POLICE DEPARTM		12/08/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	irection 1∃ Vehicl	le 1 2 Vehicle 2	⊖ Pedestrian	
Crash Diagram:	ie: → ¹	2	→ \	
	 	 		If Crash <u>Did Not</u> Occur on a Public Way:
				☐ Off-Street Parking Lot
	.		<u> </u>	☐ Garage
				☐ Mall/Shopping Center
	-			☐ Other Private Way
				Indicate North by Arrow
Crash Narrative:		·		
I approached him, I observed	that he was swayin	g while standin	g.	
I asked the operator (later i	dentified as David	Taube-Perrotta)	if he was ok, and he	e only said yeah. I
then asked him what had happe	ned, and he just m	otioned to his	car with his right ha	and. As I stood next to
him, I observed his eyes to	be glassy and bloo	dshot. I asked h	im for his license ar	nd registration, and he
kept staring towards the car	without saying any	thing. I had to	request his license a	and registration three
times before he produced his	license from a hip	pocket. I then	asked again for his	registration, and he took

approx. five unsteady steps to his passenger side door, opened the door, and almost fell into his car as he bent from the waist. He then stood up, closed the door, and started to return to me, until I told him I needed his registration again. He returned to his door, and again, almost fell into the car as he bent over

(Continued o	on next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	:	Statement
Property Damage:	,							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desci	ription of Dama	ged Property	
Truck and Bus Information: Carrier Name	_		(From Vehic			Carrier Issu	ing Authority Cod	35 le
	-							le
Carrier Name	State Number		City			St	Zip	le
Carrier Name Address US DOT #:	State Number		City			St	Zip	le
Carrier Name Address US DOT #:	State Numbersss Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	le
Carrier Name Address US DOT #: Cargo Body Type Code37 Gro	State Numbersss Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	le
Carrier NameAddressUS DOT #: Groot Groot Grailer Reg #:	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC #:_ Tr	railer Le	St	Zip _ Interstate	le

STEVEN C EMMANUEL			NEWTON POLICE DEPARTM		12/08/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

→	Direction	1	∃ Vehi	cle I	2 #Vehicle 2	!	Pedestr	ian		
Crash Diagram:	ie: 🗕	1		→[2	→	Ŷ			
									If Crash <u>Did Not</u> on a Public Way:	Occur
									- 000 5 D	
						Ī			Off-Street Parkin	g Lot
						_			Garage	
					 				☐ Mall/Shopping C	enter
									☐ Other Private Wa	у
						-+-	+		Indicate North by A	Arrow
	· — — —	- —			 	_				
									()	
							+			
Crash Narrative:										
to open the glove box.										
As he returned to me he a										
and I asked him to remove i										
I asked him where he was										
Cambridge, and he did not i										
his head in an exaggerated										
observed that his speech wa									_	
Instead of answering he tri										
focus on it, he stated yes,			nis fi	nger ı	n an atte	mpt to	touch h	is no:	se, but instead, touc	hed
(Continued or	next page	•)								
W itnesses: Name (Last, First, Middle)			Addre	cc					Phone #	Statement
Name (Last, First, Mildule)			Addre						Friorie #	Statement
Property Damage:	Т									
Owner (Last, First, Middle)	Address				Phone #		34-Type	Descrip	otion of Damaged Property	
Truck and Bus Information:	Registration	#			(I	rom Vehi	cle Section)			
Carrier Name	Ü								Carrier Issuing Authority Cod	35 de
Address					_ City				_ St Zip	
US DOT #:	State Number				Issuing St	ate	ICC#:		Interstate	36
37	s Vehicle Weight		38							
	Ü			- 54 '	ъ	. W.	TT.	.n. т	39	
Trailer Reg #: Hazmat Information:	Reg Type		Reg	g State _	Reg	Year	Tr	ailer Len	igth	
40	41	. 137					36	1	n	42
Placard Material 1 digit #	Mater	riai Na	ame				Material 4	11g1t # _	Release code	
STEVEN C EMMANUEL						NEWTO	N POLICE DEPART		12/08/2	2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

	Direction 1 =	Vehicle 1 2	₹Vehicle 2	Pedestrian		
Crash Diagram:	ie: 🕕 1	2		• <u> </u>		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					☐ Off-Street Parking	g Lot
					☐ Garage	
					☐ Mall/Shopping C	enter
				+-	☐ Other Private Way	
			+-		Indicate North by A	rrow
		-		+-		
Crash Narrative:						
between his upper lip an						
and without moving his h						
head to follow the pen.			_		_	
eyes. I asked him if he			_		declined. I had also o	bserved
a small scratch on his f						
					ack of a Cataldo Ambula	
while Sgt. Devine observ						
that he was at "The Lizz		_				
drinks. In my presence T		ed that he ha	ad two drinks,	much earlie	er in the evening. Whi	le in
	d on next page)					
Witnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Name (Last, 1 iist, iiias.c,		Addiess			1 Hone #	Statement
						+
Property Damage:			1			
Owner (Last, First, Middle)	Address		Phone #	34-Type Desc	cription of Damaged Property	
Truck and Bus Information:	Paristration #		(From Vehi	. 1 . 6		
Carrier Name	_				Carrier Issuing Authority Coc	35 de
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
37	Gross Vehicle Weight	38	-			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer I	Length 39	
Hazmat Information:			-			
Placard 40 Material 1 dig	git # 41 Material Na	ıme		_ Material 4 digit ‡	# Release code	42

•	→ Direction	1 = Vehicle 1	2 = Vehicle 2	₽Pedestri	ian	
Crash Diagram:	ie: →[1 -	2	→ ĝ		
					If Crash <u>Did N</u> on a Public Wa	
					☐ Off-Street Pa	rking Lot
					☐ Garage	
			++		☐ Mall/Shoppii	ng Contor
			<u> </u>			
		_			Other Private	
					Indicate North	by Arrow
		_	++)
			++			/
Crash Narrative:						
the ambulance, Taube-Perr	rotta had troub	ole answering	common questi	ons by the	medics, such as what h	is middle
name was and where he liv	red. The opera	ator of M/V#2	was placed un	der arrest	for OUI. (See NPD Inc	ident
Report # 19053361)						
Witnesses:		1				
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:	D :		Æ V	71:1.6 (:)		
Carrier Name	Registration # _		(From V	ehicle Section)	Carrier Issuing Authority	Code 35
Address			City			
US DOT #:			•		_	36
37		38	Issuing State	ICC #:	Interstate	
The state of the s	ross Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	iler Length	
Hazmat Information:	41					42
Placard Material 1 digi	t # Material	I Name		Material 4 d	ligit # Release coo	de
STEVEN C EMMANUEL			NE	WTON POLICE DEPARTM	12,	/08/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)