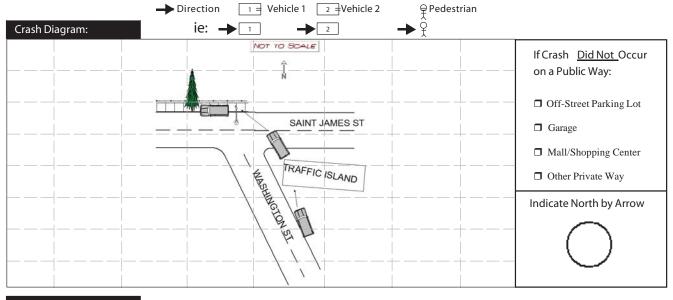
	Poli	ice Use Only		Common	wealth	of Mas	sach	usett	S		RMV	/ Docur	nent Number	
	Date of Crash 12/15/2019	Time of Crash 05:19	City/Town	n Mo		hicle Cr	ash	Numbe Vehicle			ed Limi itude		State Police Local Police MBTA Police	NA N
	,,	24HR				Report		1	0		ngitude_		Other:	
		AT INTER	RSECTION:	<	LOC	ATION	>		NO	T AT	INTI	ERSE	CTION:	
	WES	T WASH	INGTON ST											F
1 4	Route# Direc	Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street					Street			
	NORTH ST JAMES ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of or						or		_
						Mile Marker Exit Number Feet N S E W of							EXIT Number	-
						Route# Intersecting Roadway/Street								- H
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of								$- ^1$
3	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	1 110		Landmark										
Ш	Vehicle1	1_#Occupants	_ ′	Moped	Case Numb	er		190000128	9					
	License#	10 1	St MA	DOB/Age	- Reg	# 1GHG66			Reg T	ype_PA	.N	Reg	State MA	_
	Sex_M_ Lic. 0	Class D 1	Lic. Restrictions			Year_2015	V	eh Make_J	EEP			Veh Co	nfig. 2	
4 1	Operator XIN	G Last	DONG First	Middle	Owr	Owner (Same as operator) Last First Middle Address								_ 1
		OPE AVE (apt. 2												-
	City WALTH			MA Zip 02453	-									- 1
	Insurance Com	pany GOVT EM	IPLOYEES INSUR	ANCE CO										ree)
5				nding to Emergency	? <u>N</u> Eve	nt Sequence 2			22		3	$\overline{}$	4	.
		ssued) T2080183		00/44		t Harmful Event	23	24	24	+	9		10 Undercar 5 ① Totaled	mage
6	1			: Ch89/4A_Sec		er Contributing	L	97 24			<u> </u>		6	
⁶ 1				: ChSec	Und	erride/Override		Tow	ed <u>Y</u>		0 21	22	33	
	Name (Last Fir		ator and all occupa	ants involved Address		Age/DOB Sex Sex Safety Airbag Airbag Eject Trap Injury Transp. Sex System Status Switch Code Code Status Code Medical Fac						lity 2		
	Operator			See Abov	re		-	1	3 9	9 0	0	10 1		
4	Please Select C of the Followi	I Vahicle	e# Occupants	Non-Motoris	t A Type	14 Action	15 Lo	cation	16 Con	dition	17	Пні	t/Run Mo	ped
	License#		St	DOB/Age	Reg	#	Reg TypeReg							
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL					h YearVeh MakeVeh Config.								
8 3	Operator					Owner Last First Middle								_
0	Address			Address								_		
	City	City	CityStateZip								_			
	Insurance Com	pany	Veh	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ree)		
	Vehicle Travel	nicle Travel Direction: NSEW Responding to Emergency? Eve				Event Sequence 22 22 22 22 3 4								
	Citation # (If I	Mos	Most Harmful Event 23 10 Undercarriage 5 11 Totaled							riage				
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 24 24													
	Violatio	n 3: ChSe	ec Violation	Und	Underride/Override 25 Towed 8 7 6									
	Pl Name (Last Fi		operator and all o	ccupants involved		Age/DOB	Sex	26 Seat Safety Pos. Syste	28 Airbag Air m Status Sv	bag Ejec	0 31 Trap de Code		33 ansp. code Medical Fac	ility
		Non-Motorist		See Abov										



Crash Narrative:

On Sunday, December 15th 2019, at approximately 3:35am, Officer Donovan and I, Officer Brooks, responded to Washington street at Saint James street, for a report of a single car MVA. Upon our arrival we observed MV1 (MA REG 1GHG66) facing westbound on the sidewalk of Saint James street. The vehicle had heavy damage to the front drivers side door, broken axles, and all of the vehicles airbags had deployed. The operator of the vehicle was sitting outside of the vehicle speaking with MA State Trooper Newman who was on scene prior to my arrival, and had witnessed the accident.

Trooper Newman stated MV1 was traveling westbound on Washington street, drove over a traffic island on Saint James street, hit a light post on the sidewalk, and spun sideways off the fence that separates Saint James street from the MA Turnpike. The vehicle then struck a tree and came to rest facing westbound on Saint James

(Continued on next page)

Williesses.										
Name (Last, First, Middle)	Address				Phone #		Statement			
Property Damage:	,									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descr	iption of Damag	ged Property			
, CITY OF NEWTON,	1000 COMMONWI NEWTON,MASSA			3	LIGH	T POST				
Truck and Bus Information: Carrier Name	Registration #			,		Carrier Issui	ing Authority Cod	35 le		
Address		(City			St	Zip			
US DOT#:			Issuing State	ICC #:_			Interstate	36		
Cargo Body Type Code Gross Vehicle Weight 38										
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length										
Hazmat Information:										
Placard 40 Material 1 digit #	Material Nan	ne		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 Not</u> on a Public Way:						
					☐ Off-Street Parki	ng Lot					
		į į		į	☐ Mall/Shopping	Center					
		-			Other Private W	ay					
					Indicate North by	Arrow					
		 -		+							
				ĺ	()						
Crash Narrative:											
street. The vehicle was on	ly occupied by	the operator	r.								
Medics were called to eval	uate the opera	ator and a pat	tient refusal w	as signe	d. After being cleared fr	om the					
medics, Officer Donovan in	itiated an inv	restigation i	into the circum	stances o	of the accident, and subs	equently					
placed the operator under	arrest for ope	erating a MV u	under the influ	ence of a	alcohol.						
Tody's towing was notified	l to remove the	vehicle due	to its inoperal	bility o	n the sidewalk. Officer H	elms took					
photos of the accident sce	ene which were	submitted to	the IT bureau.	Officer	Howes completed a motor	vehicle					
inventory form which has been filed.											
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:	Designation #		(From Vehic	ala Castion)							
Carrier Name	Registration #		(110III VCIII	ĺ	Carrier Issuing Authority C	ode 35					
Address			City		St Zip						
US DOT #: State Number Issuing State ICC #: Interstate 36											
37	ss Vehicle Weight	38									
		Dag State	Dog Voor	Tuo	ilan Langth						
Trailer Reg #: Hazmat Information:	reg Type	keg state	Keg Year	1ra	mer rengin						
Placard 40 Material 1 digit #	# 41 Material I	Name		Material 4 d	ligit # Release code	42					
JOSEPH J BROOKS		3833	9 NEWTO	N POLICE DEPARTN	12/15	/2019					

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)