

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/06/2020	Time of Crash 09:13 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 0	Speed Limit 30 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:					
<div><div>EAST</div><div>FLORAL ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>NORTH</div><div>WALNUT ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>			<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000019			
License # --- St MA DOB/Age ---			Reg # K74747		Reg Type CON		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2012		Veh Make INTERNATIONAL		Veh Config. 13 20			
Operator PREVLON PATRICK			Owner (Same as operator)							
Address 851 BROADWAY (apt. 26)			Address							
City EVERETT State MA Zip 02149			City		State		Zip			
Insurance Company CHARTER OAK FIRE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 22 23		1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			Age/DOB Sex		26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code		Medical Facility			
Operator			See Above		99 4 4 0 0 10 1		NONE			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 # 850TGM		Reg Type PAN		Reg State WI			
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2012		Veh Make NISSAN		Veh Config. 1 20			
Operator _____			Owner GRIGLAK MICHAEL W							
Address _____			Address 4811 SUTTON LN							
City _____ State _____ Zip _____			City GREENDALE State WI Zip 53129							
Insurance Company _____			Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 51 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 51 23		1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			Age/DOB Sex		26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code		Medical Facility			
Operator/Non-Motorist			See Above		-----					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

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:

The operator of MV#1 stated he was travelling northbound on Walnut St when the top portion of his vehicle caught some low hanging wires and took down 2 utility poles and damaged a third utility pole. There were no reported injuries to the operator of MV#1 and no visible damages to MV#1. The operator of MV#1 is a delivery driver that is familiar with the area and frequents the same route. There were several live primary wires down on Floral St and Walnut St. Unit N-498 Officer Raymond blocked off Walnut St at Centre St, Unit N-502 Officer Nardelli blocked off eastbound Floral St and I blocked off Walnut St at Lincoln St. The surrounding pedestrian sidewalks were all taped off with Police caution tape.

MV#1 struck the low hanging wires on Walnut St at the intersection of Floral St. Utility pole #A (47/12) located on Walnut St directly in front of the parking of the "Orchid Dry Cleaners" at 1175 Walnut St was

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Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
JACQUET, EDNA,	23 (apt 2) BEACON ST HYDE PARK, MA 02136	-----	Y
OHARA, PATRICK,	75 PIGEON LN WALTHAM, MA 02452	-----	Y

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
NEWTON, CITY, OF	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0	617 796-1000	97	CITY TREE
NEWTON, CITY, OF	1000 COMMONWELATH AVE NEWTON, MASSACHUSETTS 0	617 796-1000	97	CITY STREET SIGN

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

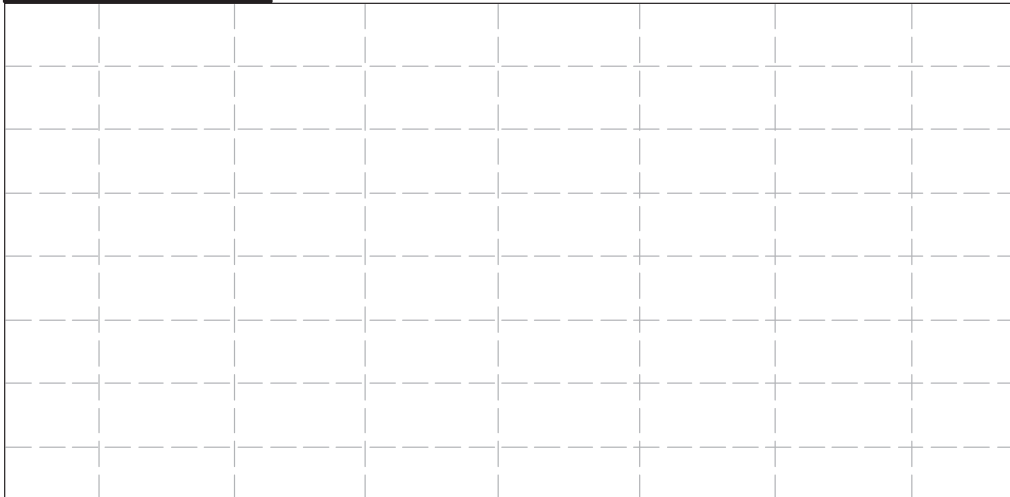
Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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Crash Narrative:

cracked at the base. Utility pole #B was located on the westbound side of Floral St was split at the base and was dangling over the parking lot at 1175 Walnut St. Utility pole #C was located on the eastbound side of Floral St and was completely removed from its foundation and was now leaning on the building at 1182 Walnut St. The street/ stop sign of Floral St was damaged with the "Stop" sign and the "Floral St" sign completely removed from the pole (Located on the eastbound side of Floral St). A city tree limb that was damaged and landed on top of parked Vehicle #2 (Parked on the eastbound side of Floral St across from 49 Floral St. Wisconsin registration 850TGM). The owner of vehicle #2 was informed of the damage. Traffic Officer Gaudet took digital photographs of the damaged street/ stop sign and the damaged city tree. The witness Pat O'Hara of 1185 Walnut St stated MV#1 did not cause the accident but a previous bigger truck

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Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, VERIZON,	,		4	3 VERIZON UTILITY POLES

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

GITA K SETIABUDI

25111

NEWTON POLICE DEPART

01/06/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

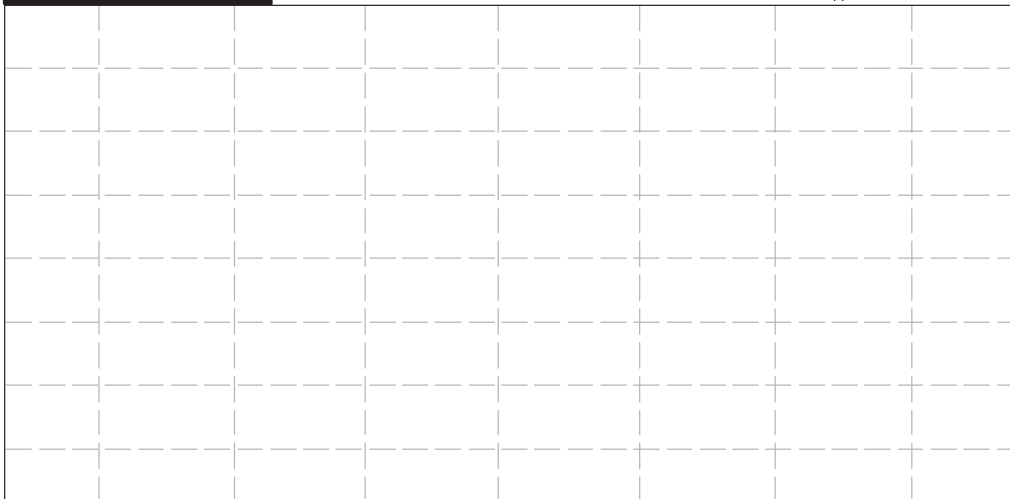
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



If Crash Did Not Occur
on a Public Way:

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Indicate North by Arrow



Crash Narrative:

did. All he could provide was that the vehicle was a big truck travelling northbound on Walnut St. The witness Edna Jacquet stated she was parked on Walnut St (Parked between 09:00 to 09:15) at the MBTA bridge facing southbound when she observed the accident. Edna stated she observed the operator make eye contact with her and she proceeded to honk her horn in attempts to stop him. Edna stated the vehicle that caused the accident was a white colored 18 wheeler type of truck with the markings of "3 letters" all in different colors. Edna have a company video camera that faces forward attached to her vehicle that may have captured the accident. I spoke to her company manager Lisa Sanella at "TransAction Corporate Shuttles" located at 5 Wheeling Ave in Woburn MA and she will notify me if she is able to view video footages. The building owner of 1170- 1176 Walnut St Stas Gavronsky have a surveillance camera that faces Walnut St

(Continued on next page)

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 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

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Police Officer Name (Please Print)

Signature

ID/Badge #

Department

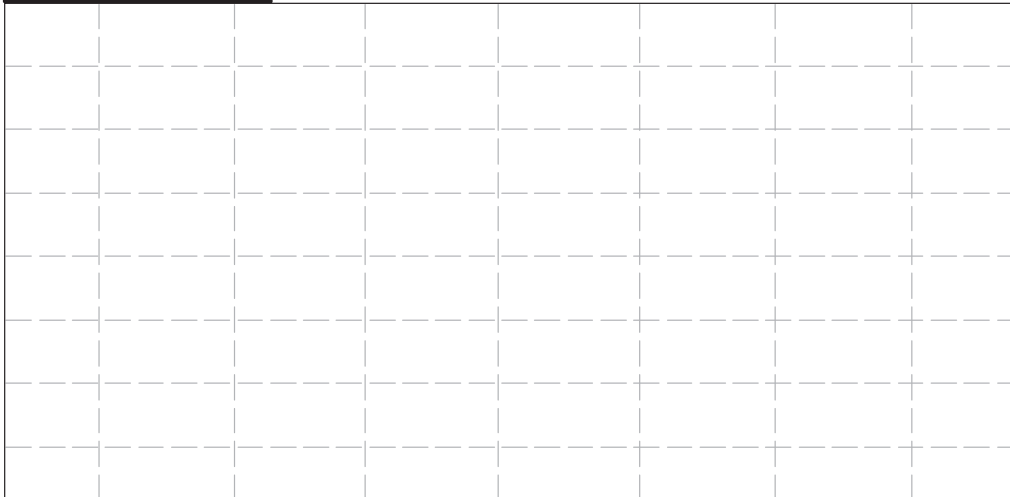
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



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Crash Narrative:

trucks are equipped with "Rydsmart" GPS tracking devices enabling them to know their locations at all times.

I spoke to Joanna Gerwig who is the store support team leader of the "Wholefoods" located at 916 Walnut St inquiring about a possible sushi delivery and she confirmed that GHG Logistics does regular deliveries and did deliver items yesterday morning between 08:00 -09:00. She stated that the truck displayed trailer #250634-481801 and that the driver was described as a big sized white male by the name of "Will" with a contact number of (570) 350-3453. She also have video footages of the truck making the delivery and provided me with their contact number of (800) 668-7700 and their corporate number of (484) 223-4502 (Confirmed to be the same company as my internet search).

I viewed the video footage from Transaction Corporate Shuttles and it showed the 18 wheeler truck was

(Continued on next page)

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

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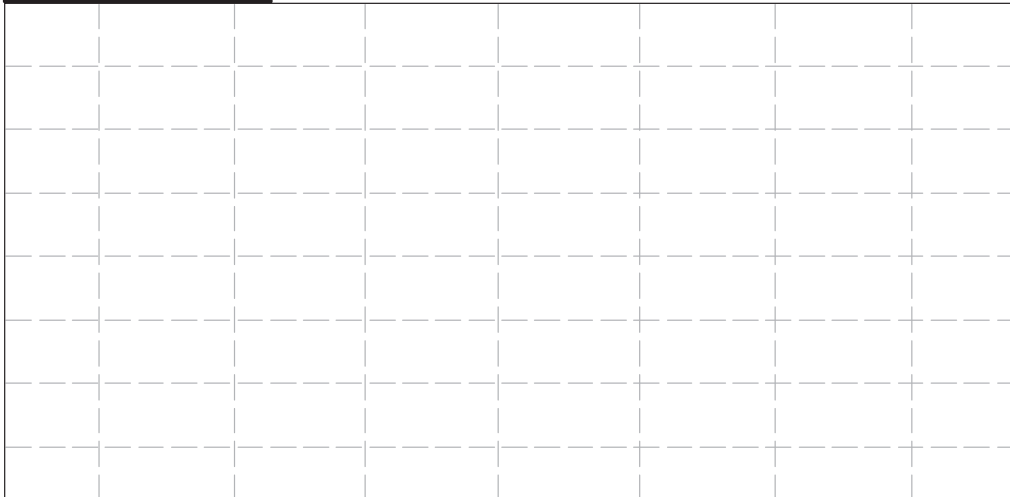
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

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Crash Diagram:



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- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

travelling northbound on Walnut, catching the utility wires above and causing an electrical spark on the eastbound side of Floral St. It showed the truck slowed down and then continued to travel northbound. I spoke to Will at (570) 350-3453 and he confirmed he was making deliveries to the Wholefoods and was on Walnut St at approximately 09:00. Will stated the top corner portion of his truck did catch the above wires and heard a "twang". Will stated he briefly stopped and did not observed any damages so he continued to make his deliveries. Will stated he have been making the same delivery route for 2 years and never had an issue with low hanging wires. Will's full name is William L. Gray and have a Pennsylvania driver's license # 24551299. The truck's registration is apportioned Indiana 2917618. I have forwarded the video footage to the I.T bureau and it was attached to this report.

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

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

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Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

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01/06/2020

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Signature

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Date