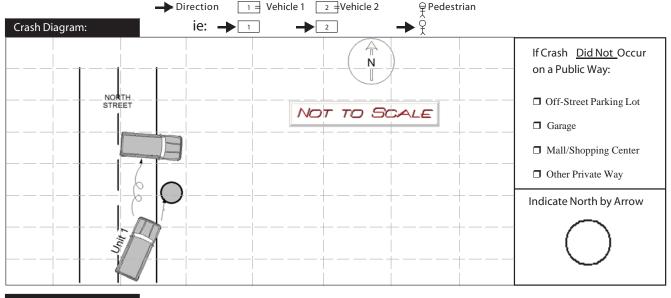
	Pol	ice Use Only		Commonweal	lth o	f Massa	achu	isetts	5		RMV	/ Docum	nent Number	
	Date of Crash 06/11/2020	Time of Crash 20:59 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		ed Lat	ed Limi itude ngitude_		State Police Local Police MBTA Police Other:	N Xi
			RSECTION:		OCAT	_	>		NO				CTION:	
1						NORTH	92		NORT					
4	Route# Direction Name of Roadway/Street  At				I	Route# Direction Address# Name of Roadway/Street						2		
	Pauliff Direction Name (Leaves 2 2 2 2 2				[	Feet NSEW of or Exit Number							-	
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with				—- [-	Feet NSEW of Route# Intersecting Roadway/Street							_	
<sup>2</sup> <b>3</b>					Feet NSEW of								1	
3	Route# Direction Name of Intersecting Roadway/Street				Landmark							-		
	XVehicle1	#Occupants	Hit/Run	Moped Case N	lumber		20	000000325	5					
	License # St MA DOB/Age  18 18 19				Reg # 1HRN55         Reg Type PAN         Reg State MA           20								-	
	Sex_M_ Lic.	Class	Lic. Restrictions	CDL		ear_2017		n Make_D	ODGE			Veh Cor	nfig. 2	
4 <b>1</b>	Operator DEC		JACSON First B8)	Middle		(Same as oper			First			Middle		- з
	Address 199 GROVE ST (apt. B8)  City WALTHAM State MA Zip 02453				Address  City State Zip								-	
			MENT EMPLOYEES	•		Action Prior to							Circle Up to Thre	·
5	1			ding to Emergency? N	Event S	Sequence 22 2	22 43 22	_	22 2	!	3		4	
	Citation # (If I	(ssued)				Iarmful Event	22 23			-	9	$\{ \  $	10 Undercarri 5 (1) Totaled	iage
6	Violation	1: ChSe	c Violation 2:	ChSec	Driver	Contributing Co			10 24				6	
<sup>6</sup> 2	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved				Underride/Override Towed Y									
	Name (Last Fir	est Middle)	ator and all occupar	Address		Age/DOB	Sex I	Pos. System	Status Sw	itch Cod	e Code	Julius Co.	de Medical Facili	$\neg$ $\vdash$
	Operator			See Above				1	3 9	9 0	0	9 2	NEWTON WELLES	SLEY
														_
7											1=1			
1	Please Select ( of the Followi	I Vehicle	e# Occupants	Non-Motorist A Type	1	Action 1	Loca	ation	Con	dition	17	Hit	:/Run	ed
	License#	License #StDOB/Age				eg#Reg TypeReg State							_	
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment					eh Year Veh Make Veh Config.								
<sup>8</sup> <b>2</b>	Operator	Last	First	Middle	Owner	Las	t		First			Middle		-
	Address				Address								-	
	CityStateZip				CityStateZip								- ee)	
	Insurance Company					venicie Action Prior to Crash								
	Citation # (If Issued)				Most Harmful Event 23 10 Undercarriage							iage		
	Violation 1: ChSec Violation 2: ChSec				Driver Contributing Code  24  24  5 11 Totaled									
	Violation 3: ChSec Violation 4: ChSec				Underride/Override 25 Towed 8 7 6									
	Pl Name (Last Fi		operator and all oc	cupants involved		Age/DOB		26 27 Seat Safety Pos. Syste	28 Airbag Air m Status S	29 Signature 29 Ejector 29 Ejector 29 Ejector 20 Ejecto	0 31 Trap de Code	Injury [Fra:	33 nsp. ode   Medical Facil	lity
		Non-Motorist		See Above							2340			



## Crash Narrative:

On Thursday, June 11th 2020, at approximately 9pm, I, Officer Brooks, responded to 92 North street for a report of a car into a utility pole. Upon my arrival I observed MV1(MA REG 1HRN55) on the side of the road with heavy damage to the majority of the vehicle. I spoke with the operator who stated that he was traveling northbound on North street when his steering wheel stopped functioning as he approached a bend in the road. The operator stated he left the roadway striking a utility pole, and rolling his car at least 3 times. The operator was complaining of leg pain and dizziness and was transported to NWH by Cataldo for further evaluation. MV1 was towed by Tody's and an inventory form was filed. Eversource was notified for significant damage to the utility pole. Pictures were taken and submitted to the IT bureau.

Witnesses:										
Name (Last, First, Middle)	Address			Phone #		Statement				
Property Damage:		•								
Owner (Last, First, Middle)	Address 92 NORTH ST		Phone #	34-Type	Descr	iption of Damag	ged Property			
, EVERSOURCE,	ACHUSETTS 02		4	UTILI	TY POLE					
Truck and Bus Information:  Registration #(From Vehicle Section)  Carrier NameCarrier Issuing Authority Code										
Address		(	City			St	Zip			
US DOT#:	State Number		Issuing State	ICC #:_			_ Interstate	36		
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38				39				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Le					
Hazmat Information:										
Placard 40 Material 1 digit #	Material Na	me		Material 4	digit#		Release code	42		