

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/27/2020	Time of Crash 07:00 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 1	Number Injured 0	Speed Limit 5 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
Route# Direction Name of Roadway/Street At			WEST 188 FLORENCE STREET Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Feet N S E W of _____ Landmark _____							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street										
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000349	
License # --- St MA DOB/Age ---			Reg # 3ADN61			Reg Type PAN			Reg State MA	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2016			Veh Make TOYOTA			Veh Config. 1 20	
Operator SANFORD TROY DONYE Last First Middle			Owner (Same as operator)			First Middle				
Address 42 HAMMOND STREET (apt. 2)			Address			City _____ State _____ Zip _____				
City BOSTON State MA Zip 02120			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)	
Insurance Company GEICO			Event Sequence 97 22 97 22 22 22			2 3 4			10 Undercarriage	
Vehicle Travel Direction: N S E W Responding to Emergency? N			Most Harmful Event 97 23			1 9			11 Totaled	
Citation # (If Issued) _____			Driver Contributing Code 21 24 24			8 7 6				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed N							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
Please fill out for operator and all occupants involved									13 97	
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			-----			1 4 4 0 0 10 1				
Please Select One of the Following: <input type="checkbox"/> Vehicle # 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 # ---			Reg Type ---			Reg State ---	
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year ---			Veh Make ---			Veh Config. 20	
Operator --- Last First Middle			Owner --- Last First Middle			City --- State --- Zip ---				
Address ---			Address ---			City --- State --- Zip ---				
City --- State --- Zip ---			City --- State --- Zip ---			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)	
Insurance Company ---			Event Sequence 22 22 22 22			2 3 4			10 Undercarriage	
Vehicle Travel Direction: N S E W Responding to Emergency? ---			Most Harmful Event 23			1 9			11 Totaled	
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Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed ---							
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Please fill out for operator and all occupants involved									13 97	
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			-----			1 4 4 0 0 10 1				

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

NOT TO SCALE

Florence Street

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:**

On Saturday 6/27/20 at approximately 0700 hours while assigned to marked unit n499 I was dispatched to the parking lot of 188 Florence Street (Heathwood Rehab) for a report of a motor vehicle that backed into a pipe coming from the building.

Upon arrival I observed the vehicle had backed from a parking spot at 188 Florence Street into the rear building of 160 Boylston Street striking the gas meter. I could hear and smell gas coming from the meter and immediately cleared the reporting party from the area and requested the assistance of Sgt. McNeil, Fire Dept, National Grid and Maintenance from the Avalon (160 Boylston Street). Fire arrived on scene and was able to slow the leak of the gas and I was able to speak with the reporting party identified as SANFORD Troy.

(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

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

ALAN JR RICHARD SOLOMAN.

NEWTON POLICE DEPT.

06/27/2020

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:**

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

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Indicate North by Arrow

**Crash Narrative:**

Troy states that he is an employee at 188 Florence Street and got to work a little early this morning. He states that he stayed in his car awaiting the start of his shift and must have fallen asleep with his foot on the brakle and the transmission still in reverse. When he fell asleep he states his foot must have come off the brake causing him to back into the gas meter of 160 Boylston Street. The impact not only damaged the gas meter, but also did damage to the rear center of Troy's vehicle. Through my observations of Troy's demeanor and actions he did not appear to be impaired in any way. Troy stated that he did not get much sleep last night and was tired. He also stated that he did not need any medical attention

Fire remained on location awaiting the arrival of National Grid. After interviewing Troy and confirming the area was secured I cleared the location without further incident

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**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