

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/29/2020	Time of Crash 06:46 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	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:					
NORTH DEDHAM ST								2 9		
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street					2 10		
At			Feet N S E W of _____ or _____							
EAST NAHANTON ST										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____					11		
Also at Intersection with			Route# Intersecting Roadway/Street					4		
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000353			
License # --- St MA DOB/Age ---			Reg # 3914YA		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015		Veh Make GMC		Veh Config. 1 20			
Operator STOLMEIER JEREMY A			Owner (Same as operator)				1 12			
Address 1014 TOBEY ST			Address _____							
City NEW BEDFORD State MA Zip 02745			City _____ State _____ Zip _____							
Insurance Company METROPOLITAN			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2		3 4			
Citation # (If Issued) _____			Most Harmful Event 1 23		1		10 Undercarriage			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		8		5 11 Totaled			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N		6					
Please fill out for operator and all occupants involved							13			
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 checked="" type="checkbox"/> Vehicle 2 1 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14		Action 15 Location 16 Condition 17		<input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # --- St MA DOB/Age ---			Reg # S37782		Reg Type CON		Reg State MA			
Sex _____ Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015		Veh Make GMC		Veh Config. 13 20			
Operator FENNEGAN MARK			Owner CONSIGLIA CONSTRUCTION							
Address 5 STONE END ROAD			Address 72 SUMNER ST							
City MEDWAY State MA Zip 02053			City MILFORD State MA Zip 01757							
Insurance Company FEDERAL INSURANCE			Vehicle Action Prior to Crash 5 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2		3 4			
Citation # (If Issued) 1			Most Harmful Event 1 23		1		10 Undercarriage			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 9 24 24		8		5 11 Totaled			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N		6					
Please fill out for operator and all occupants involved							13			
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			-----		99 4 99 0 0 10 1		N/A			

→ 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:

On Monday, July 29th 2020 at approximately 0646 hours, I responded to Dedham @ Nahanton St for a Hit & Run Accident. Upon arrival, I spoke with the operator of vehicle # 1, Jeremy Stolmeier. His vehicle (Mass Reg # 3914YA 2015 GMC COLOR BLACK) was traveling East on Nahanton St toward the intersection of Dedham St in the straight lane. Vehicle # 2 (Mass Commercial #S37782 RED GMC SIERRA) was being operated in the right turn only lane on Nahanton St toward the intersection of Dedham St. Jeremy stated as both vehicles approached the intersection of Dedham @ Nahanton St, vehicle number 2 merged into his lane and collided with the front ride side of his vehicle. Upon collision, Jeremy pulled over on Dedham St to inspect his damage and exchange information for the insurance companies. Jeremy stated Vehicle # 2 did not attempt to pull over and continued driving down Dedham St until Jeremy lost sight of him. Newton PD Units were informed of the license

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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

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

ie: → 1 → 2 →

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:

plate of vehicle # 2 and searched the area with negative results. Jeremy was unable to make out the operator of vehicle # 2. Vehicle # 2 came back registered to Consiglia Construction. I was able to make contact with Andrea Adams, the Massachusetts HR Generalist for Consiglia Construction. She plans on investigating within the company who the operator of the vehicle was, and tracking down the vehicle so it can be inspected for damage. This investigation is ongoing. There were no injuries and no tows required.

Traffic Bureau update (Officer Gaudet): On Tuesday, June 30, 2020, I was contacted by the operator of MV2, Mark Finnegan (S90305291). Finnegan stated he was traveling from Needham into Newton while MV1 was in the lane to his left. Finnegan stated as they approached an upcoming intersection, MV1 merged into

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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

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

NICHOLAS JAMES GAMBLE

NEWTON POLICE DEPART

06/29/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

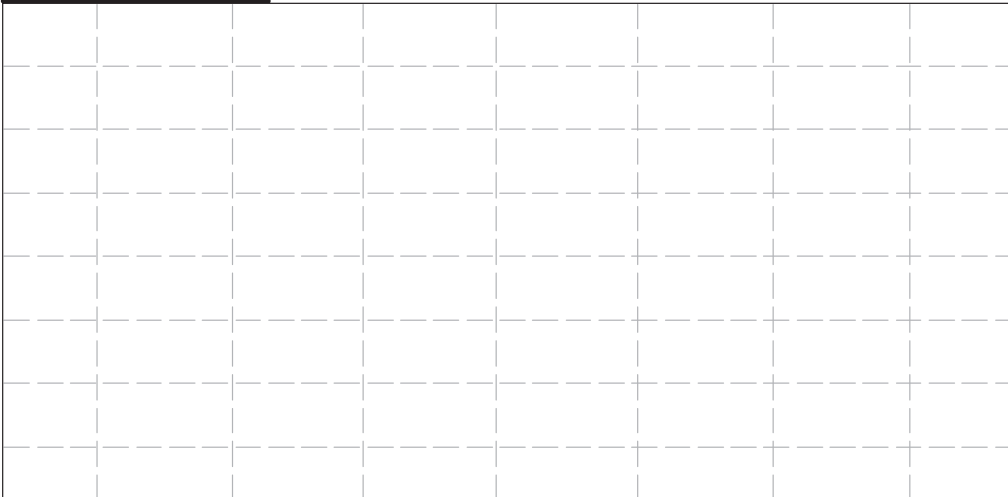
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



If Crash Did Not Occur
on a Public Way:

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- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

his travel lane. Finnegan stated as MV1 entered his lane it's front passenger side made contact with his rear driver side. Finnegan stated he felt something, but wasn't sure he was involved in a crash. Finnegan stated he later observed light scrapes to his rear driver side. I asked Finnegan why he did not stop if he believed he may have been involved in an crash. Finnegan stated he did not want to pull over because the other driver was being aggressive. Finnegan stated he reported the incident to his employer Consiglia Construction (owner of MV2). Finnegan stated he was not injured. Finnegan was advised and his information was added to this report to reflect him as the operator of MV2.

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

NICHOLAS JAMES GAMBLE

NEWTON POLICE DEPT

06/29/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date