

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/30/2020	Time of Crash 19:32 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 3	Number Injured 1	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
<b>SOUTH EDDY ST</b> Route# _____ Direction _____ Name of Roadway/Street _____ At _____ <b>EAST WASHINGTON ST</b> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			<b>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</b> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000570			
License # _____ St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>BUTLER</u> <u>KYLE</u> Address <u>84 AUBURNDALE AVE</u> City <u>NEWTON</u> State <u>MA</u> Zip <u>02465</u> Insurance Company <u>ARBELLA MUTUAL INSURANCE</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u> Citation # (If Issued) <u>T2015883</u> Violation 1: Ch <u>90/13A</u> Sec _____ Violation 2: Ch <u>89/4B/3</u> Sec _____ Violation 3: Ch <u>90/20/E</u> Sec _____ Violation 4: Ch <u>90/24/C</u> Sec _____			Reg # <u>5DT664</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2003</u> Veh Make <u>FORD</u> Veh Config. <u>2</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>41</u> <u>22</u> <u>20</u> <u>22</u> <u>23</u> <u>22</u> <u>2</u> <u>22</u> Most Harmful Event <u>2</u> <u>23</u> Driver Contributing Code <u>10</u> <u>24</u> <u>9</u> <u>24</u> Underride/Override <u>25</u> Towed <u>Y</u>							
Please fill out for operator and all occupants involved			13 20							
Name (Last First Middle) _____ Address _____ Age/DOB _____ Sex _____ Operator _____ See Above			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 _____							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>0</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company <u>COMMERCE INSURANCE</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u> Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # <u>45D610</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2007</u> Veh Make <u>SUBARU</u> Veh Config. <u>2</u> <u>20</u> Owner <u>MALDONADO</u> <u>AMY</u> Address <u>74 EDDY ST</u> City <u>NEWTON</u> State <u>MA</u> Zip <u>02460</u> Vehicle Action Prior to Crash <u>11</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>2</u> <u>22</u> <u>22</u> <u>22</u> Most Harmful Event <u>1</u> <u>23</u> Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>Y</u>							
Please fill out for operator and all occupants involved			13 20							
Name (Last First Middle) _____ Address _____ Age/DOB _____ Sex _____ Operator/Non-Motorist _____ See Above			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 _____							



→ 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:**

On 09/30/2020 at approximately 19:32hrs members of the Newton Police Patrol Bureau responded to a motor vehicle crash near the intersection of Washington St and Eddy St. After an initial investigation of the crash the Patrol Bureau secured the crash scene and called in the Newton Police Traffic Bureau to investigate. At approximately 19:45hrs Sgt. Devine, Ofc Wilson and I (Ofc Schlegel) from the NPD Traffic Bureau responded to the scene to investigate. Upon arrival to the scene I was met by Ofc Kane of the NPD Patrol Bureau. Ofc Kane stated that the crash was located in the driveway of 74 Eddy St and that it involved a Ford F350 pickup striking two parked cars. Ofc Kane stated that the operator identified as Kyle Butler had already been taken to Newton Wellesley Hospital by Cataldo EMS for injuries. .

Upon approaching the crash scene I observed the following:

(Continued on next page)

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
KERR , ROBERT, W	74 EDDY ST NEWTON,MA 02460	-----	Y
MAHONEY , CHRISTIN,	1019 WASHINGTON ST NEWTON,MA 02460	-----	Y

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
HENRY, NGUYEN,	45 HARRINGTON ST NEWTON,MASSACHUSETTS 02460	617-755-2053	97	FENCE
LEIBER, SUSAN,	06 LAKE SHORE DR N FALMOUTH,MASSACHUSETTS 02541	617-877-7070	97	HOUSE

**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    →

	If Crash <u>Did Not</u> Occur on a Public Way:	
	<input type="checkbox"/> Off-Street Parking Lot	
	<input type="checkbox"/> Garage	
	<input type="checkbox"/> Mall/Shopping Center	
	<input type="checkbox"/> Other Private Way	
	Indicate North by Arrow	
		

Crash Narrative:

to the light poles and the traffic barrels were temporary no parking signs for the ongoing road construction.

At the time of the crash no road construction activities were taking place. No major debris or other obstructions were observed in the roadway. Washington St is a major roadway in the City of Newton and travels west to East across the entire City of Newton. This area of Washington St where the crash occurred is in between West Newton Square and Newtonville Square, this area has a posted 35 MPH speed limit. Both West Newton Square and Newtonville Square are densely populated with several businesses and residential areas. The section of Washington St where the crash occurred is also traveled frequently by pedestrian, bicycle and motor vehicle traffic. At the time the crash occurred 19:32hrs This area of Washington St is still a heavily travelled roadway.

(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

→ 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:**

I observed Vehicle 1 described as a 2003 Ford F350 color white (MA Reg 5DT664) located in the driveway of 74 Eddy St. 74 Eddy St is a multi-family dwelling house located on the corner of Washington St and Eddy St. The driveway of 74 Eddy St is on the Washington St side. Vehicle was faced easterly across the driveway. I observed Vehicle 1 to have extensive damage to the entire vehicle including but not limited to the enclosed cab area, cab roof and all windows, front end, rear end, along with both driver and passenger side. I also observed city of Newton owned concrete traffic light resting on top of the cab area of Vehicle 1. Upon further observation of Vehicle 1 it appears that both front tires and rims were flat, heavily damaged and had little to no tread left. Both front tires were worn down to the interior steel belt. I also observed that Vehicle 1 did not have a valid inspection sticker. Located to the immediate front of Vehicle 1 and

(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

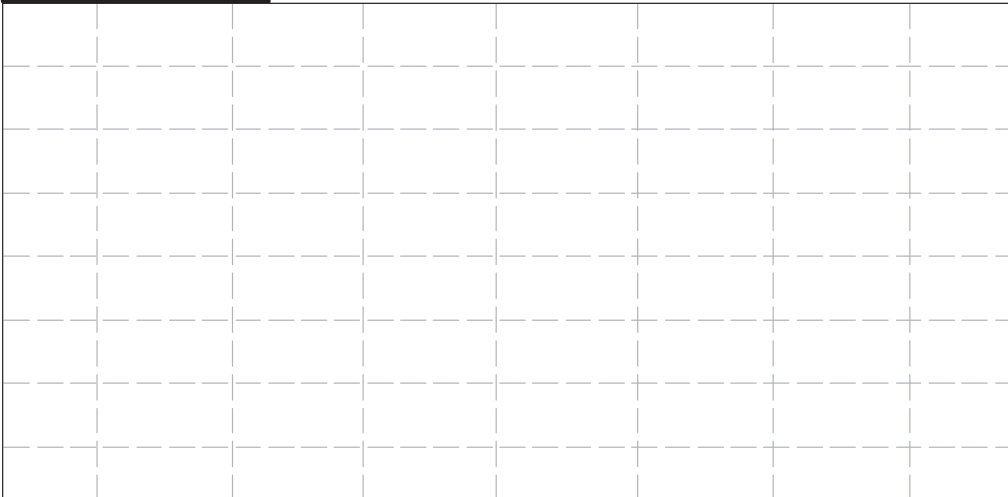
**Hazmat Information:**

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42

→ 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:

resting on the front end was a white fence which had damage consistent with the impact of a motor vehicle. Immediately to the driver's side of Vehicle 1 was Vehicle 2 described as a 2007 gray Subaru Forester (MA Reg 45D610. Vehicle 2 was facing westerly across the driveway. Vehicle 2 had extensive damage to the driver's side front end, rear end, in addition to the entire driver and passenger sides. At this time Vehicle 2's drivers door was in contact with Vehicle 1's drivers door. Both drivers doors could not be opened. The damage to Vehicle 2 appeared to be consistent with impact from another motor vehicle. To immediate passenger side of the Vehicle 2 I observed Vehicle 3 described as a 2011 Toyota Rav4 color black (MA Reg 47XB99). Vehicle was facing in an easterly direction across the driveway. I observed the Vehicle 3 to have extensive damage to driver's side rear quarter panel, passenger side front quarter panel and front end. Also observed

(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

JASON M. SCHLEGEL

NEWTON POLICE DEPT.

10/01/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

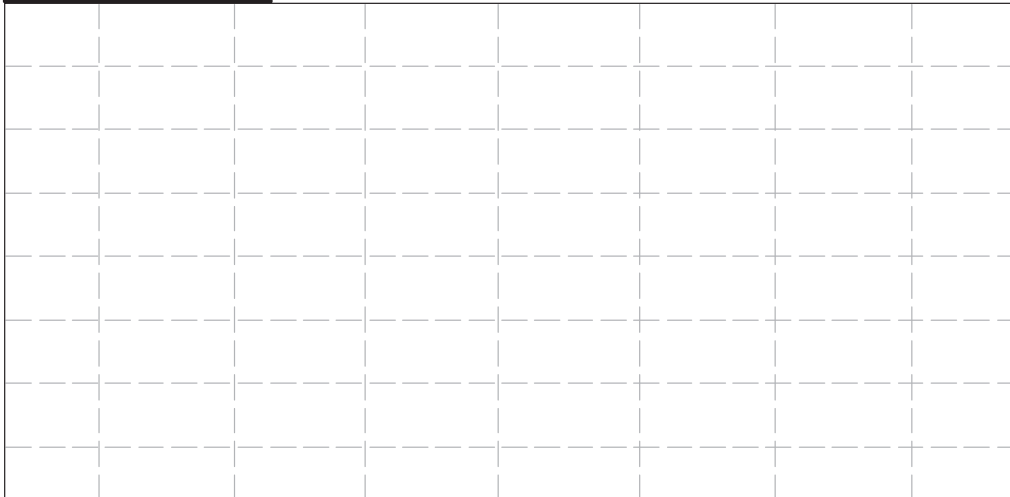




→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

#### Crash Diagram:



If Crash Did Not Occur  
on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



#### Crash Narrative:

curb there was a hole in the ground with wires sticking out of it. This hole appears to be the location the concrete light pole was located prior to impact. Tire marks were located on Washington St traveling from the east bound lane easterly across the westbound lane and ending at the tire marks on the curb. The total length of the tire marks was approximately 190 feet.

After conducting an on scene investigation it appears that Vehicle 1 from the start of the tire mark in eastbound travel lane of Washington St traveled 190 feet in the easterly direct across the westbound lane of Washington St and impacted the curb in front of 74 Eddy St. The tire marks had lateral striations almost the entire length indicating that the front tires were rolling and sliding with little to no braking prior to impact with the curb. After impact with the curb Vehicle 1 exited the roadway, struck a concrete light pole.

(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

JASON M. SCHLEGEL

NEWTON POLICE DEPART

10/01/2020

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:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

All involved vehicles were towed from the scene by Tody's Towing.

After the investigation the operator of Vehicle 1 Kyle Butler was issued Citations T2015882 and T2015883 for:

Mgl 90/24/O Reckless Operation of a Motor Vehicle

Mgl 89/4B/A Failure to Operate in the Right Lane

Mgl 90/20 Failure to Submit a Motor Vehicle for Inspection

Mgl 90/7 Defective Equipment (worn front tire treads)

Mgl 90/13A Failure to wear a seatbelt

An immediate threat form was also filed with the MA RMV.

(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

JASON M. SCHLEGEL

NEWTON POLICE DEPT.

10/01/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Crash Narrative:

Please see incident report #200440 regarding charges.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

JASON M. SCHLEGEL			NEWTON POLICE DEPT#3		10/01/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					