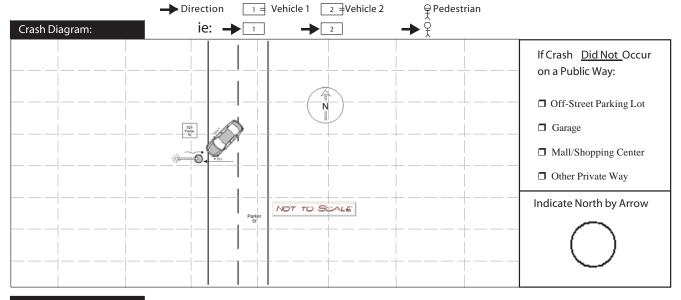
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Operator/Non-Motorist See Above	Name			r operator and a	iii occupants inv			Age/DOB		Seat Safet Pos. Sys	y Airbag A	irbag Eje Switch C	ect Trap	Injury Tra	ansp.	cility
	Op	perator/N	Non-Motorist		See	Above										



Crash Narrative:

(Continued on next page)

On Wednesday, October 21st 2020 at 0341 hours, Myself N-499 and Ofc Crowe N498 responded to 524 Parker St for a single vehicle accident into a city tree. Upon arrival, I identified Mass Vet #VT36122, 2016 Dodge Sedan, Color Black had crashed into Verizon Pole number 340/50A. The airbags had been deployed. The operator was no longer in the vehicle. The operator was sitting down on the ground nearby. He was identified as Joshua Stomberg. Stomberg admitted he had operated the vehicle. Stomberg stated he was driving south on Parker St toward the VA Hospital for his work shift. Stomberg stated he was tired and did not feel alert. Stomberg also stated there was a heavy fog that made the road difficult to see. Stomberg's vehicle veered off the side of the road and collided with the pole causing heavy front end damage. Stomberg did not show any signs of being impaired by alcohol. An inventory of Stomberg's vehicle showed no discovery of any alcohol. It should

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property 1000 COMMONWEALTH AVE NEWTON,MASSACHUSETTS 0. VERIZON, 3 VERIZON UTILITY POLE

Truck and Bus Information:	Registration #	(From Vehic	cle Section)		35
Carrier Name				Carrier Issu	ing Authority Code
Address		City		St	Zip
	State Number	Issuing State	ICC #:		Interstate 36
Cargo Body Type Code Gross	s Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Ler	ngth	
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #_		Release code 42

NICHOLAS JAMES GAMBLE

Police Officer Name (Please Print)

Signature

ID/Badge # Department Precinct/Barracks Date

	→ Direction	_1 <u>=</u> Ve	hicle 1	2 = Vehicle 2	₽ Pedestr	ian		
Crash Diagram:	ie: → [1	→[2	→ ♀			
				<u> </u>			If Crash <u>Did Not</u> on a Public Way:	Occur
		_		<u></u>			☐ Off-Street Parkir	ıg Lot
				<u> </u>			□ Garage	
	į	į					☐ Mall/Shopping C	Center
	_ — — — — — -	_		<u>+ </u>	 		☐ Other Private Wa	ıy
		_		<u></u>			Indicate North by	Arrow
	-			 				
Crash Narrative:								
be noted that on my way difficult to see the r								ed to the
VA Hospital by Cataldo								
T2013041 for the amount	of \$ 105 for M	1.G.L (Ch 89/S4	4A Marked La	nes Violatio	n. Pictur	es were taken of	the
accident and submitted	to Newton IT Bur	eau.						
Witnesses:								
Name (Last, First, Middle)		Ado	dress			P	Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of	Damaged Property	
					71			
Truck and Bus Information:								
Carrier Name	Registration #			(Fron	Vehicle Section)	Carr	rier Issuing Authority Co	35 de
Address				City		St_	Zip	
US DOT #:	State Number			Issuing State	ICC #:		Interstate	36
37	Gross Vehicle Weight	38						
Trailer Reg #:	Reg Type	I	Reg State _	Reg Ye	ar Tra	ailer Length	39	
Hazmat Information:								
Placard 40 Material 1 d	igit # 41 Material	l Name			Material 4 o	ligit #	Release code	42
NICHOLAS JAMES GAMBLE					NEWTON POLICE DEPARTM		10/21/2	2020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)