

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/21/2020		Time of Crash 03:41 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	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:						9	
Route# Direction Name of Roadway/Street At				SOUTH 524 PARKER ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				100 Feet X S E W of BOYLSTON Route# Intersecting Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								11	
3				<input checked="" type="checkbox"/> Vehicle 1 # Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000606			
4				License # --- St MA DOB/Age ---		Reg # VT36122		Reg Type PAS		Reg State MA		12	
1				Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____		Veh Year 2016		Veh Make DODGE		Veh Config. 1 20			
5				Operator STOMBERG JOSHUA		Owner (Same as operator)							
6				Address 1156 BOYLSTON STREET		Address _____							
				City NEWTON State MA Zip 02458		City _____ State _____ Zip _____							
				Insurance Company PLYMOUTH ROCK		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
				Vehicle Travel Direction: N X E W Responding to Emergency? N		Event Sequence 22 22 22 22 22		3 4		10 Undercarriage			
				Citation # (If Issued) T2013041		Most Harmful Event 22 23		0 1 9		5 11 Totaled			
6				Violation 1: Ch 89/4A Sec _____ Violation 2: Ch _____ Sec _____		Driver Contributing Code 9 24 24		7 6					
1				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Underride/Override 25 Towed Y							
				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		22	
				Operator See Above		-----		1 3 1 0 2 8 2		VA HOSPITAL			
7				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	
1				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped							
8				License # --- St DOB/Age _____		Reg # _____		Reg Type _____		Reg State _____		20	
1				Sex _____ Lic. Class 18 18 Lic. Restrictions 1 19 CDL _____		Veh Year _____		Veh Make _____		Veh Config. _____			
				Operator _____		Owner _____							
				Address _____		Address _____							
				City _____ State _____ Zip _____		City _____ State _____ Zip _____							
				Insurance Company _____		Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)					
				Vehicle Travel Direction: N S E W Responding to Emergency? _____		Event Sequence 22 22 22 22 22		2 3 4		10 Undercarriage			
				Citation # (If Issued) _____		Most Harmful Event 23		1 9		5 11 Totaled			
				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Driver Contributing Code 24 24		8 7 6					
				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Underride/Override 25 Towed _____							
				Please fill out for operator and all occupants involved									
				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		-----		-----					

→ 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 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

(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
	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0		3	VERIZON UTILITY POLE

**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:

be noted that on my way to the accident scene, I observed a very heavy fog on Parker St that made it difficult to see the road in front of me. Stomberg suffered an injury to his back and was transported to the VA Hospital by Cataldo Ambulance. Tody's towed the vehicle. Stomberg was mailed MA Uniform Citation # T2013041 for the amount of \$ 105 for M.G.L Ch 89/S4A Marked Lanes Violation. Pictures were taken of the accident and submitted to Newton IT Bureau.

#### 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

10/21/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date