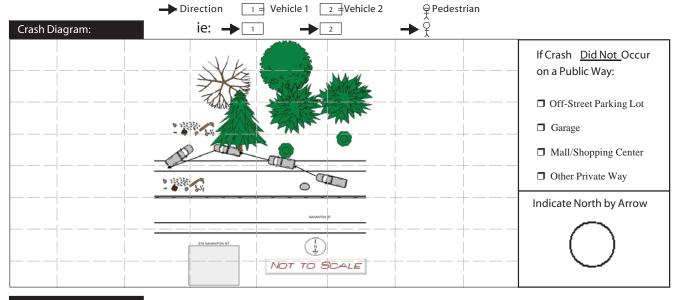
License # — St MA DOB/Age — Reg # 3XG627 Reg Type PAN Reg State MA  Sex_M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2013 Veh Make CHERVOLET Veh Config. 2 20  Operator SCHNEIDER JAMES RICHARD Owner SCHNEIDER RICHARD JAMES		Poli	ce Use Only		Comm	onweal	lth o	f Mass	ach	use	tts						t Number	
AT INTERSECTION:    Comparison				1	own	Motor	Vehi	icle Cra	ısh							— Si	tate Police	X
Routed Direction Name of Intersecting Roadway/Street All of Intersecting Roadway/Street All of Intersecting Roadway/Street All of Intersecting Roadway/Street All of Intersecting Roadway/Street    Proc.   N.		1400/2020								1						O	ther:	
Route® Direction Name of Intersecting Roadway/Street Abo at Intersecting Roadway/Street    Feet   N S E   N of   N one   Route®   Intersecting Roadway/Street			AT INTER	RSECTION:		< L	OCAT	TION	>			NO	ГАТ	INTI	ERSI	ECT.	ION:	
Routed Direction  Name of Intersection Roadway/Street  Also of Entersection With  Name of Intersection Roadway/Street    Pear   N   E   W   of								EAST	2	91		NAHA	NTON	ST				
Feet   N   S   E   W   of   Mile Marker   PEst Namber		Route# Direc	tion	Name o	-		F	Route# Direction	on A	Address	#		N	ame of F	Roadwa	ay/Stre	eet	
Routed Direction    Also at listersection with   Feet   N   E   W   of   Routed   Intersecting Roadway/Street	ᅥ				At			Feet	N S I	E W o	f –			•	or			
Route# Direction   Name of Intersecting Roadway/Street   Landmark   Intersecting Roadway/Street   Intersect		Route# Direc	tion N	Name of Intersect	ing Roadway/Stree	et	─⊦					Mile I	Marker			E	xit Number	_
Note   Direction   Name of Intersecting Roadway/Street   Landmark				Also at Into	ersection with		-	Feet	N S I	E W o	f	Route	<del>-</del>	Intersec	ting R	oadwa	y/Street	-
License #			<del></del> ———	N. C.	D 1 /G		-	Feet	N S I	E W o	f							
License	-1	Route# Direc	tion	Name of Inters	secting Roadway/S	treet								La	ndmarl	k		4
Sex M   Lic. Class   D   B   B   Lic. Restrictions   1   9   D1   Veh Year 2013   Veh Make CHRVOLET   Veh Config.   2   2   Owner SCHNEIDER   NAMES		XVehicle1	2_#Occupants	Hit/Ru	n Mope	d Case N	lumber			200000	0710							
Sex_M_Lic. Class D B Lic. Restrictions 1 D CDL Veh Year 2013 Veh Make CHERVOLET Veh Config. 2 20 Operator SCHNEIDER JAMES RCHARD Address S ADAMS ST  City DEDIHAM State MA Zip 02026  City DEDIHAM State MA Zip 02026  City DEDIHAM State MA Zip 02026  Vehicle Action Prior to Crash Vehicle Cation Prior to Crash Vehicle Action Prior to Cras		License#		St N	MA DOB/Age -		Reg#3	3XG627				Reg T	<sub>/pe</sub> PA	N	Re	eg Stat	е МА	
Operator SCHNEIDER JAMES  RICHARD  Owner SCHNEIDER RICHARD  Address 87 ADAMS ST  Address 87 ADAMS ST  City DEDHAM  State MA Zip 02026  Vehicle Travel Direction: N S N W Responding to Emergency? N Event Sequence Zi 2 2 2 2 2 2 2 2 2 2 2 2 2 2 3 4 4 10 Undercarriage  Please fill out for operator and all occupants involved  Name Clase First Middle)  Please Select One of the Following  Please Select Cone of the Following  Please Select Cone of the Following  Operator  Sex Above  Please Select Cone of the Following  Please Select Cone of the Following  Operator  Sex Lic. Class Is Is Lic. Restrictions I ODL  Location # (If Issued)  Non-Motorist A Type Is Action Is Location Is Condition Is Insurance Company  Vehicle Travel Direction: N S Is W Responding to Emergency?  Vehicle Travel Direction: N S Is W Responding to Emergency?  Sex Lic. Class Is Is Lic. Restrictions I ODL  Address Address  Address Address  Address Assert Advance Savery Advanced Savery Advanced Savery Advanced		Sex M Lic. 0	Class D 18 1		19		Veh Ye	ar 2013	V	eh Mak	ке СН		-			-	20	
Address 87 ADAMS ST  City DEDHAM  State MA Zip 02026  Insurance Company COMMERCE  Vehicle Travel Direction: \( \begin{array}{c c c c c c c c c c c c c c c c c c c	$\dashv$				RICH	lorsment ARD		SCHNEIDER	Ł			RD			MES			-
City DEDHAM  Insurance Company COMMERCE  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Travel Direction:  N S NW  Responding to Emergency? N  Citation # (If Issued) 201595-  Violation 1: Ch 90/24/Sec Violation 2: Ch 90/24/Sec Underride/Override  Please fill out for operator and all occupants involved  Nome (Last 18 18 Lic. Restrictions)  Please Select One of the Following:  Operator  Sex Lic. Class 18 18 Lic. Restrictions  DOB/Age Responding to Emergency?  Non-Motorist A Type  Pease Select One of the Following:  Operator  Sex Lic. Class 18 18 Lic. Restrictions  DOB/Age Responding to Emergency?  Operator  Dobly Age Responding to Emergency?  Note Harmful Event  Driver Contributing Code  10 24 7 24 10 Undervarriage  Toward Y  Non-Motorist A Type  Pease Select One of the Following:  Operator  Sex Above  Non-Motorist A Type  Pease Select One Lic. Class 18 18 Lic. Restrictions  Operator  Dobly Age Responding to Emergency?  Operator  Dobly Age Responding to Emergency?  Veh Year Veh Make Veh Config.  Operator  Last Prior Modelle  Address  Address  City State Zip  Ovener  City State Zip  Ovener  City State Zip  Ovener  City State Zip  Ovener  Citation # (If Issued)  Vehicle Action Prior to Crash  Please Fill out for operator and all occupants involved  Address  Veh Sex Lic. Class State Size No. Size Size State Size State Size State Size State Size State Size State St		Address 87 AI	DAMS ST	First	N	Middle		Las	St			First			Mid	idle		_
Insurance Company COMMERCE  Vehicle Travel Direction: NSXW Responding to Emergency? N  Citation # (If Issued) T201595-  Violation 1: Ch 90/24/Gec Violation 2: Ch 90/24/Gec Underride Override  Please fill out for operator and all occupants involved Name (Law First Middle)  Address  Please Select One of the Following: Sex Lic. Class Sex					state_MA Zip 0	2026								State	MA	Zip	02026	_
Vehicle Travel Direction: NSNW Responding to Emergency? Notation # (If Issued) T201595- Violation # (If Issued) T201595- Violation 2: Ch 90/24/sec Violation 2: Ch 90/24/sec Violation 2: Ch 90/24/sec Violation 3: Ch 89/4 Nec Violation 4: Ch Sec Underride/Override Driver Contributing Code To 24 7 24 8 7 6  Please fill out for operator and all occupants involved Name (Last First Middle)  Please Select One of the Following: Operator		Insurance Com			,		-		o Crasl	h [	21					_ ^		ee)
Citation # (If Issued) T201595- Violation 1: Ch 90/24/Ge Violation 2: Ch 90/24/Ge Violation 2: Ch 90/24/Ge Violation 2: Ch 90/24/Ge Violation 2: Ch 90/24/Ge Violation 3: Ch 89/4A/Sec Violation 2: Ch 90/24/Ge Violation 2: Ch 90/24/Ge Violation 2: Ch 90/24/Ge Violation 2: Ch 90/24/Ge Violation 3: Ch 89/4A/Sec Violation 2: Ch 90/24/Ge Violation 3: Ch 90/24/Ge Violation 4: Ch 90/24/Ge Violation 3: Ch 90/24/Ge Violation 4: Ch 90/24/Ge Violation 3: Ch 90/24/Ge Violation 4:					sponding to Emer	gency? N						<b>22</b> 2		3		4		
Violation 1: Ch 90/24stec Violation 2: Ch 90/24stec Violation 2: Ch 90/24stec Violation 3: Ch 89/4 Sec Violation 4: Ch Sec Underride/Override	_					· · ·			2	23			,					iage
Violation 3: Ch. 99/4/Sec. Violation 4: Ch. Sec. Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address Age/DOB Sex. First Middle Age/DOB Sex. First Seven Nations Switch Code Wedleaf Facility Middle Age/DOB Sex. First Middle Age/DOB Sex. First Seven Nations Switch Code Wedleaf Facility Middle Age/DOB Sex. First Seven Nations Switch Code Wedleaf Facility Middle Age/DOB Sex. First Seven Nations Switch Code Wedleaf Facility Middle Age/DOB Sex. First Switch Nations Switch Code Wedleaf Facility Middle Address City State Zip City State Zip Owner Last First Middle Address City State Zip Owner Citation # (If Issued) Vehicle Travel Direction: N S E W Responding to Emergency? Vehicle Action Prior to Crash Violation 3: Ch. Sec. Violation 4: Ch. Sec. Underride/Override  Vehase First Middle Age/DOB Sex. First Sequence Ziz					on 2: Ch 90/24/Se	c		l	Г	10 24	4 7	24	<b>—</b>	9		5	① Totaled	
Please fill out for operator and all occupants involved   AgeDOB   Sex								١	L	)E		8		7		6		
Operator  See Above  FLYNN, JOHN, THOMAS IV  262 MOUNT VERNON ST DEDHAM, MA 02026  Please Select One of the Following:  Operator  Vehicle #Occupants   Non-Motorist A Type   14							Cildeiii	lac, o verriae	Ī				29 3	0 31	32 Injury	33 Transp		
FLYNN, JOHN, THOMAS IV  262 MOUNT VERNON ST DEDHAM, MA 02026  Please Select One of the Following:  Operator  Last  First  Middle  Address  City  State  Zip  City  State  Zip  Insurance Company  Vehicle Travel Direction:  N S E W  Responding to Emergency?  Citation # (If Issued)  Violation 1: Ch. Sec  Violation 2: Ch. Sec  Violation 2: Ch. Sec  Violation 4: Ch. Sec  Violation 4: Ch. Sec  Violation 5: Ch. Sec  Violation 4: Ch. Sec  Violation 1: Ch. Sec  Violation 5: Ch. Sec  Violation 4: Ch. Sec  Violation 5: Ch. Sec  Violation 6: Condition  Vehicle Condition  IT  Hit/Run Moped  None  Reg # Reg Type  Reg State  Veh Year  Veh Make  Veh Config.  Veh Year  Veh Make  Veh Config.  Damaged Area Code: (Circle Up to Three)  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Violation 1: Ch. Sec  Violation 2: Ch. Sec  Violation 4: Ch. Sec  Underride/Override  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  AgerDob  Sex  Reg # Reg Type  Reg State  Veh Config.  20  Veh Config.  21  Damaged Area Code: (Circle Up to Three)  Towed  8  7  6  Woldiel Facility  Vehicle Contributing Code  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  AgerDob  Sex  Reg # Reg Type  Reg State  Veh Config.  17  Damaged Area Code: (Circle Up to Three)  Towed  8  7  6  Woldiel Facility  Vehicle Code  Violation 3: Ch. Sec  Violation 4: Ch. Sec  Violation 4: Ch. Sec  Wolciel Address  AgerDob  Sex  Reg # Reg Type  Reg Type  Reg State  Veh Config.			st Middle)							Pos. \$					Status	Code		ity
Please Select One of the Following:			THOMAS IV	2								-	-		7			
of the Following:    Vehicle		FLINN, JOHN	, THOMAS IV	I	DEDHAM, MA 020	026			141	3	99	95	0	2	/	2	DI	
of the Following:    Vehicle																		
of the Following:    Vehicle																		
License # St DOB/Age Reg # Reg Type Reg State  Sex Lic. Class 18 18 Lic. Restrictions CDL Veh Year Veh Make Veh Config.  Operator  Last First Middle  Address  City State Zip City State Zip City State Zip Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 22 22 22 22 22 22 22 22 22 22 22 22 22	Ì		Vehicle	e# Occupa	nts Non-Mo	otorist A Type	14		15 Lo	cation	1	6 Cond	lition	17		Hit/Ru	ın Mop	ed
Sex Lic. Class		or the Followii	ng: —										L					4
Operator		License#					Reg#_					Reg T	/pe		Re	eg Stat		-
Address				Lic. Restriction						eh Mak	ке				_Veh(	Config		
City State Zip City State Zip City State Zip Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 22 22 22 23 4  Violation # (If Issued) Most Harmful Event 23 10 Undercarriage		Operator	Last	First	N.	Middle	Owner	La	st			First			Mid	idle		-
Insurance Company																		-
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 22 21 1 10 Undercarriage  Citation # (If Issued)		City		S	tateZip		City											_
Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence  Most Harmful Event  Violation 4: Ch Sec Violation 2: Ch Sec Driver Contributing Code  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility		Insurance Com					Vehicle								Code:	•	le Up to Thre	ee)
Citation # (If Issued)		Vehicle Travel	Direction: N	S E W R	esponding to Emer	rgency?	Event S	Sequence			22	22 2			$\overline{A}$		10 Undercarr	iage
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code  Violation 3: ChSec Violation 4: ChSec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Name (Last First Middle)  Address  Driver Contributing Code  Violation 2: ChSec 8 7 6  Violation 3: ChSec Violation 4: ChSec Underride/Override  25 Towed 8 7 6  Violation 3: ChSec Violation 4: ChSec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Age/DOB  Sex Pos. System Status Switch Code Code Status Code Medical Facility		Citation # (If Issued)					Most Harmful Event 1 5 11 Tot							-ugc				
Violation 3: ChSec Violation 4: ChSec Underride/Override		Violation	n 1: ChSe	ec Violat	ion 2: ChS	ec	Driver	Contributing C	L					1	$\mathcal{L}$	)		
Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System  Status Switch  Code Code Status Code Medical Facility	ļ						Underri	ide/Override	1	To			10 1 2	0   21	1 22		ı	
Operator/Non-Motorist See Above				operator and a				Age/DOB	Sex	Seat S Pos.	2 / Safety A System	irbag Airl Status Sw	pag Ejec	t Trap de Code	njury	Transp.	Medical Facil	lity
		Operator/	Non-Motorist		See A	Above												
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	-								+			+			-			



## Crash Narrative:

On 12/05/2020 at approximately 22:00 hours I was called in to respond to a single vehicle crash with serious injuries in the area of 291 Nahanton St. Nahanton St is a pubic way in the City of Newton. Upon my arrival at the crash scene with Sgt Devine I was briefed by Officers Daly and Anderson, ( see Ofc Daly's report for further information CAD # 20054728 in regard to changes take out against the operator of the truck )

I made the following observations of the crash scene, Nahanton St is a public way in the City of Newton that is a two way roadway divided by an unprotected merdium ( double yellow line ) that runs east to west.

The roadway surface was wet due snow and ice. The roadway was plowed and the snow was pushed to the shoulder, althought wet the roadway was icy. There was approximately 2 inches of snow on the shoulders of the roadway. The road was light with overhead head street lights. The posted speed limit is 25 MPH. I observed a (Continued on next page)

Witnesses:  Name (Last, First, Middle)  Address  Phone # Statem  Property Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type  Description of Damaged Property	ment
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	
Hazmat Information:	
Placard Material 1 digit # 41 Material Name Material 4 digit # Release code 42	

	Direction 1 =	Vehicle 1	2 =Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: → 1	] <u></u>	2	₽Ŷ			
					I	If Crash <u>Did Not</u> on a Public Way:	Occur
						☐ Off-Street Parkin	g Lot
						☐ Garage	
						☐ Mall/Shopping C	enter
						☐ Other Private Wa	
						ndicate North by A	Arrow
			+-    +-			$\bigcirc$	
Crash Narrative: 2013 Chevrolet Silverado	nick up truck th	had ma		demagne. I	ha Chavrolet	at an a	
with it's front end facing							
rear was sticking out in							
rear doors of the Chevrol	let had been remo	ved by the f	fire departmen	nt to extr	icate the dr	river and passe	nger.
The driver and passenger	side air bags we	re deployed	d . The front	passenge	r side winds	shield of the C	hevrolet
was completely missing	and the driver's	side had cor	npletely shatt	tered. The	front tires	, hood, and en	gine had
been compacted on it's se	elf. The front and	d rear drive	er's side doo	ors had b	een mechanic	ally open by t	he fire
department. The speedomet							
The Chevrolet left the re	padway and left to	ire marks in	n the snow in	the eastb	ound bike l	ane of Nahant	on St.
	on next page)						
Witnesses:		A didunant			Pho	one #	Ct-temant
Name (Last, First, Middle)		Address			The	one #	Statement
Property Damage:							_
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Da	amaged Property	
Truck and Bus Information:	Registration #		(From Ve	ehicle Section)			35
Carrier Name					Carrier	Issuing Authority Coo	
Address			City		St	Zip	
US DOT #:		38	Issuing State	ICC #:_		Interstate	26
Cargo Body Type Code G		301					36
	Gross Vehicle Weight					39	36
Trailer Reg #:	Gross Vehicle Weight		Reg Year_	Tra	ailer Length	39	50
Trailer Reg #:Hazmat Information:  Placard 40 Material 1 digi	Gross Vehicle Weight Reg Type		Reg Year_	Tr	ailer Length	39	42

rash Diagram:	→ Direction 1 = Vehicle 1 2 = Vehicle 2 ie: → 1	<b>→</b> ₹
		If Crash <u>Did Not</u> Occu on a Public Way:
		☐ Off-Street Parking Lot
		☐ Garage
		☐ Mall/Shopping Center
		☐ Other Private Way
		Indicate North by Arrow
_		
rash Narrative:		
	he beginning of the tire marks the firs	st point of impact was with two tree stumps

At a 106.4 feet from the beginning of the tire marks the first point of impact was with two tree stumps that were 3.5 feet from the roadway, four feet tall and 3.5 feet in diameter. The tire marks continue in the east bound bike lane and exit the roadway and onto a dirt shoulder at 136.1 feet from the beginning of the tire marks. The truck continued to the right of a utility pole and then it's passenger side made contact with a tree at 170.8 feet from the begin of the tire marks. The tree was 12 feet from the bike lane approximately 5 feet in diameter. The impact with the tree caused the truck to turn so that the rear was facing north east on the dirt shoulder and bike lane. The final point of rest of the rear passenger side tire was 200 feet from the beginning of the tire marks. The truck's rear diver side tire final point of rest was 209 feet from the beginning of the tire marks. The front driver's side tire was compacted into the trucks

(Continued o	n next page)							
Witnesses:								
Name (Last, First, Middle)	Addr	ress				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	ription of Damag	ged Property	
_								
Truck and Bus Information:	Registration #		(From Vehic	le Section)				
Truck and Bus Information:  Carrier Name			(From Vehic	le Section)		Carrier Issu	ing Authority Co	de 35
							,	de
Carrier Name		(	City			St	Zip	de
Carrier NameAddressUS DOT #:		(	City			St	Zip	de
Carrier NameAddressUS DOT #:	State Number	(	City Issuing State	ICC #:_		St	Zip	de
Carrier Name  Address US DOT #:  Cargo Body Type Code37 Gros	State Number	(	City Issuing State	ICC #:_		St	Zip	de
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Growth Grailer Reg #:	State Number	eg State	City Issuing State	ICC #:_ Tr	railer L	St	Zip Interstate	de

MICHAEL A MCSWEENEY			NEWTON POLICE DEPARTM		12/06/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	→ Direction	1 = Vehicle 1	≥ =Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →□	1 -	□ →	<b>₽</b>			
						If Crash <u>Did Not</u> Oon a Public Way:	Occur
						☐ Off-Street Parking	Lot
						☐ Garage	
						☐ Mall/Shopping Ce	enter
		-				☐ Other Private Way	
		 -				Indicate North by A	
						indicate North by A	iiow
		<del> </del>					
Crash Narrative:							
engine and the passenger	side front tire	was located	behind the tre	ee appro	ximately	20 feet from the 1	coadway.
Sgt Devine took photos of	the crash area	a and of the t	cruck and the d	disk was	download	by the NPD's IT Bu	ıreau.
The truck was towed from	the crash scene	by Todys's T	owing to their	r lot for	storage,	I fill out a towe	ed motor
vehicle form.							
There were no reported wi	tness who obser	rved the crash	. The crash wa	as report	ed by an	unknown passerby.	On
12/07/2020 Ofc Gaudet fax	ed a request fo	or preservation	on of medical n	records,	blood and	urine samples of	
Schneider to Beth Israel	Deconess Medica	al Center.					
Witnesses:							
Name (Last, First, Middle)		Address				Phone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	of Damaged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)			35
Carrier Name					Ca	rrier Issuing Authority Cod	e
Address			City		S	t Zip	26
US DOT #:	_ State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38			_		<del></del>
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	39	
Hazmat Information:					L		
Placard 40 Material 1 digit	# 41 Material N	Name		_ Material 4	digit #	Release code	42
MICHAEL A MCSWEENEY			NEWTO	ON POLICE DEPART?		12/06/20	120

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)