

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/13/2021		Time of Crash 21:54 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 25 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	
16 NORTH WASHINGTON ST										2			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						10			
At				Feet N S E W of _____ or _____									
NORTH PUTNAM ST				Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____						11			
Also at Intersection with				Route# Intersecting Roadway/Street						3			
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000825							
License # --- St MA DOB/Age ---				Reg # 6LXX40 Reg Type PAN Reg State MA									
Sex M Lic. Class B 18 M 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2005 Veh Make VOLVO Veh Config. 2 20									
Operator HELMS THEODORE GERALD				Owner (Same as operator)								12	
Address 253 RIVER STREET				Address _____									
City NEWTON State MA Zip 02465				City _____ State _____ Zip _____									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 97 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22				10 Undercarriage					
Citation # (If Issued) T2080935				Most Harmful Event 1 23				5 11 Totaled					
Violation 1: Ch 907/15 Sec Violation 2: Ch 265/151 Sec				Driver Contributing Code 10 24 24									
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		Medical Facility			
Operator				See Above		-----		---					
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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # --- St MA DOB/Age ---				Reg # 2BME26 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2007 Veh Make AUDI Veh Config. 1 20									
Operator DAVIS JIM				Owner (Same as operator)									
Address 42-B CRESCENT ST (apt. B)				Address _____									
City NEWTON State MA Zip 02465				City _____ State _____ Zip _____									
Insurance Company PROGRESSIVE				Vehicle Action Prior to Crash 7 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 1 23				5 11 Totaled					
Violation 1: Ch _____ Sec Violation 2: Ch _____ Sec				Driver Contributing Code 1 24 24									
Violation 3: Ch _____ Sec Violation 4: Ch _____ Sec				Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address		Age/DOB		Sex		Medical Facility			
Operator/Non-Motorist				See Above		-----		---					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Washington St

Putnam St

NOT TO SCALE

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:**

MV1 and MV2 were involved in a road rage incident in the area of City Hall on Commonwealth Ave. Commonwealth Ave is a public way that is owned and maintained by the City of Newton. Stated by MV2 operator, James DAVIS: MV1 was operating his vehicle erratically behind and tailgating closely behind MV2. MV1 turned on his flashing white lights that were mounted in front of his driver and passenger side visors. MV2 believed that he was being pulled over by law enforcement so he turned right onto Chestnut St in order to pull over safely. MV2 operator, DAVIS observed the flashing light vehicle continue straight on Commonwealth Ave. MV2 continued his drive from Chestnut St to Temple St to Putnam St where he observed that same vehicle, MV1, driving around the rotary on Washington St over the Mass Pike heading in his direction. DAVIS stated that MV1 pinned MV2 by the driver's side door (B pillar). DAVIS was exiting his vehicle when MV1 closed in on his leg,

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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

ALEX N KANE

38800

NEWTON POLICE DEPART

10/13/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

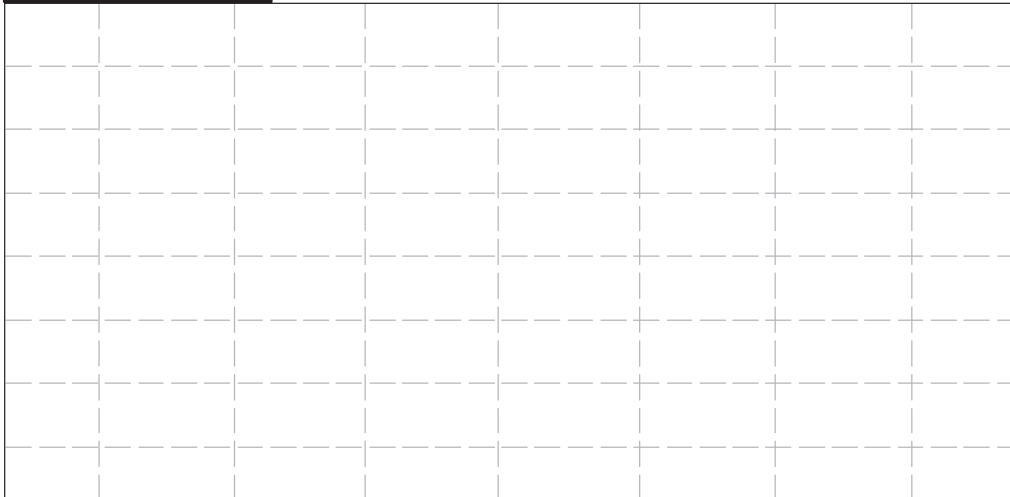
Date



→ 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:

smoked anything and he said he smoked a little marijuana earlier this afternoon but nothing since. HELMS is physically unable to complete field sobriety due to his past injuries including a TBI from a motorcycle accident, a rollover car accident and a bicycle accident where he was not wearing a helmet. He stated that he has multiple pins and plates in various parts of his body and does not feel safe doing field sobriety. I did not observe any odor of alcohol and HELMS stated that he has been sober for 10 years now. A MV search was conducted as well as pat frisk of DAVIS for officer safety. No knife was found on his person or in his vehicle. A MV search was conducted of HELMS vehicle due to arrest. Today's towed HELMS' vehicle. Theodore Helms is being charged with the following:  
90/7E - Improper Display of Flashing Lights (HELMS' mounted white light bar that flashes oscillating

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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

ALEX N KANE

38800

NEWTON POLICE DEPART

10/13/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

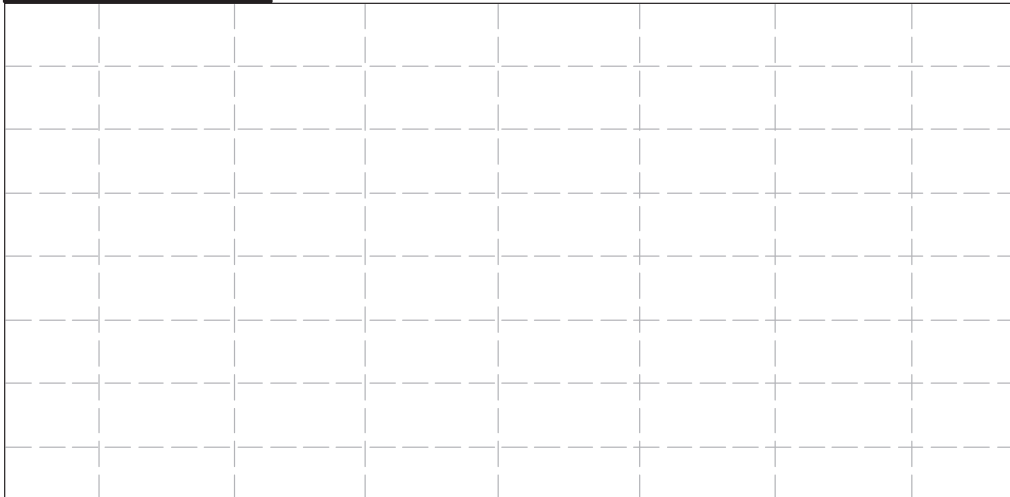
Precinct/Barracks

Date

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

**Crash Diagram:**

ie: → 1    → 2    →



If Crash Did Not Occur  
on a Public Way:

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- ☐ Other Private Way

Indicate North by Arrow



**Crash Narrative:**

lights when turned on).

265/15A - Assault & Battery with a Dangerous Weapon (HELMS' vehicle pinning DAVIS' leg between his driver's side car door).

UPDATE: 0030hrs DAVIS returned to the front desk of headquarters to claim that his leg was throbbing (the leg that was pinned between his car door by HELMS' vehicle). Pictures were taken of his knee and the SD card was sent to IT.

**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

ALEX N KANE

38800

NEWTON POLICE DEPART

10/13/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date