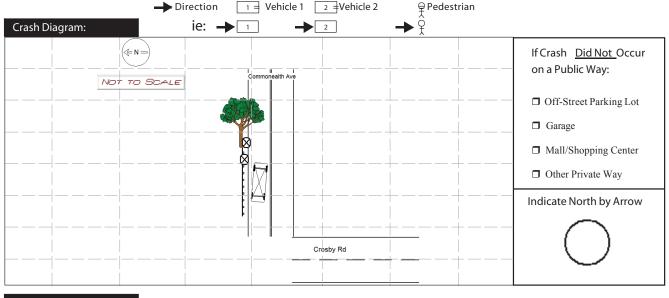
	Poli	ice Use Only		Commonweal	lth o	of Massa	achı	isetts	,		RMV	Docur Docur	nent Number	
	Date of Crash 11/03/2021	Time of Crash 02:34 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		Latit	ed Limit tude gitude_		State Police Local Police MBTA Police Other:	Xi D
			RSECTION:		OCAT		>		NOT	AT	INTE	ERSE	CTION:	
	WES	т сомм	IONWEALTH AVE											2
<b>4</b>	Route# Direc	tion		padway/Street		Route# Direction	on Ad	ldress #		Na	me of R	oadway	/Street	2
		CROSB	At SY RD			Feet 1	N S E	w of		•	(	or		_   4
	Route# Direc	etion N	Name of Intersecting			Feet [	VI C E		Mile N	Iarker			Exit Number	-
			Also at Intersec	ction with	- 1				Route#	I	ntersect	ting Roa	dway/Street	-   1
<b>1</b>	Route# Direc	tion	Name of Intersecti	ng Roadway/Street		Feet [	N S E	W of			T	11-		_ 1
3	[V]x7.1.1.1.1	1 #0		D.V.							Lan	dmark		$\dashv$
	Vehicle 1	1_#Occupants	_	Moped Case N	Number			100000894						4
	License#	18 1	St MA	DOB/Age		2BMR95							State MA 20	-
	Sex_M_ Lic.	Class D	Lic. Restrictions	CDLEndorsment		ear_2017		n Make_H	ONDA			Veh Co	nfig. 1	
4 1	Operator ME		EDWIN First	Middle		(Same as open			First			Middle		- <b>1</b>
		MES ONEILL S		MA		SS								-
	City BOSTON	pany PROGRES		MA Zip 02127									Zip Circle Up to Thr	
5	,			r . F . o N		e Action Prior to		1	22 (2)		3	couc. (v	4	
1		ssued) T1445611		ding to Emergency? N		Sequence 21 21 21 21 21 21 21 21 21 21 21 21 21	23	1			$\prod$	$\overline{A}$	10 Undercarr	riage
				Ch 90/13B/ec		Contributing Co	43	20 24	24 0	<b>←</b>	9		5 11 Totaled	
<sup>6</sup> <b>1</b>	1			Ch Sec		ride/Override	25		O		7		6	
	Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Rirbag Eject Trap Injury Transp.							21		
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex 1	Pos. \$ystem	Status Swit	Code 0	Code	status Co	de Medical Facil	<u>ity</u> 21
										+				
7		_							16		15			
3	Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist A Type	e l	4 Action 1	Loca	ation	Cond	ition	17	Hi	t/Run Mop	ed
	License#		St	DOB/Age_	Reg#			<b>\</b>	Reg Ty	ре		Reg	State	
	Sex Lic.	Class 18 1	8 Lic. Restrictions	19 CDL	-	ear						Veh Co	nfig.	
<sup>8</sup> <b>2</b>	Operator	Last	First	Endorsment	Owner	Las			First			Middle		_
	Address	Last	First	Middle		SS			riist			Wildle		_
	City		State	Zip	City_						_State_	;	Zip	_
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ee)
	Vehicle Travel Direction: NSEW Responding to Emergency?												inga	
	Citation # (If I	ssued)			Most I	Most Harmful Event 23 10 Undercarria 5 11 Totaled						lage		
	Violation 1: ChSecViolation 2: ChSec					Driver Contributing Code 8 7 6								
				4: ChSec	Underr	ride/Override		Tower	l	9   30	31	.32 _	33	
	Name (Last Fi	rst Middle)	operator and all o	Address		Age/DOB	Sex	Pos. Syster	28 2 Airbag Airb Status Swi	ag Eject tch Cod	Trap Code	njury Fra	ode Medical Faci	lity
	Operator/	Non-Motorist		See Above										



## Crash Narrative:

Upon arrival, vehicle 1 was rolled over and facing Eastbound in the Westbound lane. There was extensive damage all over the vehicle and it was leaking fluids. It appears that vehicle 1 was traveling Westbound on Commonwealth Ave and struck a tree and then crashed into the guard rail causing it to roll over. There was damage to a city tree and damage to the guard rail.

Operator 1 stated (through translation from Officer Acuna), he was traveling Eastbound on Commonwealth

Ave at approximately 25 MPH when he was looking at his GPS and his brakes gave out causing him to crash. When

asked again, his story changed and he was not sure what direction he was traveling in. Newton Fire was able

to retrieve operator 1's cell phone in the vehicle which was on a loop playing videos on instagram.

Operator 1 was transported to Beth Israel Hospital by Fallon Ambulance. Tody's towed vehicle 1 and pictures

(Continued on next page)

Witnesses:							
Name (Last, First, Middle)	Address		Phone #	ŧ	Statement		
Property Damage:	,						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ged Property	
, CITY OF NEWTON,	100 COMMONWE NEWTON,MASS			3	TREE AND GUARD	RAIL	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			35
Carrier Name					Carrier Issu	ning Authority Cod	
Address		(	City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Ti			
Hazmat Information:							
Placard 40 Material 1 digit #	Material Nar	ne		Material 4	digit #	Release code	42

ROBERT DRAGONE			NEWTON POLICE DEPARTM		11/03/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

<del>-</del>	<b>→</b> Direction	1 = Vehicle 1	2 =Vehicle 2	₽Pedestr	ian	
Crash Diagram:	ie: 🛶	1 -	2	▶ ♀		
					I	ash <u>Did Not</u> Occur Public Way:
		<u> </u>			o	ff-Street Parking Lot
					<b>G</b>	arage
į į	i			į	□ м	fall/Shopping Center
						ther Private Way
	_   	 				
	į	į į		į	Indica	ate North by Arrow
				+		
		 -			- — —	
Crash Narrative:						
were taken of the damage	to city propert	cy and will be	e submitted to	the IT B	ureau to be atta	ached to this
report.						
Operator 1 was served in 1	hand, Massachus	setts Uniform	Citation: T14	45611 for	the following:	
Ch. 89 s. 4A - Marked Land	es Violation					
Ch. 90 s.13B- Electronic 1	Device Use Whil	le Operating a	a Motor Vehicle	e		
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
2						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damage	ed Property
Owner (East, First, Middle)	Address		THORE #	эт турс	Description of Damag	curroperty
Truck and Bus Information:	Registration #		(From Veh	nicle Section)		
Carrier Name					Carrier Issui	ng Authority Code
Address			City		St	Zip
US DOT#:	State Number		Issuing State	ICC #:		Interstate 36
37	oss Vehicle Weight	38	-	_		
		Dag State	Dag Vag-	т	oilar I anath	
Trailer Reg #:  Hazmat Information:	кед гуре	Keg State	Keg Year	1ra	mei Lengin	
Placard 40 Material 1 digit	# 41 Material N	Name		Matarial A	ligit #	Release code 42
i iacai digit	" Iviaterial I	valii0		_ 1414151141 4 (	ны т	Release code

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)