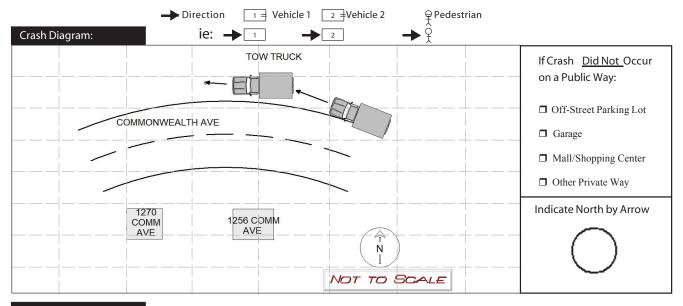
	Poli	ice Use Only		Commonweal	lth of	f Massa	achu	setts			RMV	<sup>7</sup> Docum	ent Number		
	Date of Crash 11/19/2021	Time of Crash 09:38 24HR	NEWTON	Motor Poli		cle Cra leport	sh	Number Vehicles 1	Number Injured		ed Limit tude gitude_		State Police Local Police MBTA Police Other:	XI I	
		AT INTE	RSECTION:		OCAT		>		NO	ΓАТ	INTE	ERSEC	TION:		
					30	WEST	1256	5	COMM	IONWI	EALTH	AVE		2	
1 <b>4</b>	Route# Direc	tion	Name of Roa	dway/Street	R	oute# Direction	on Ado	lress #		Na	me of R	oadway/	Street	$ \frac{1}{2}$	
	I		At		Feet N S E W of or									_   _	
	Route# Direc	etion 1	Name of Intersecting R	padway/Street			اعلمان		Mile l	Marker			Exit Number	_	
			Also at Intersecti	on with			N S E		Route	# <u> </u>	ntersect	ting Road	way/Street	-  -	
<sup>2</sup> <b>3</b>	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									
3	Koute# Direc	tion	т т	g Koadway/Street	Landmark								-		
	XVehicle1	_0_#Occupants	X Hit/Run	Moped Case N	lumber		210	00000955							
	License#		St	DOB/Age	Reg#_				_ Reg Ty	pe_UN	KNOW	N Reg S		_	
	Sex Lic.	Class 18 1	-	CDL	Veh Yea	r_UNKN	Veh	Make_U	NKNOW	'N		Veh Cor	afig. 97 20		
4	Operator		First	Endorsment	Owner _	Las			Eine			W.J.II.		_ 3	
1	II .			Middle		Las						Middle		_  -3	
	1			Zip								Z	ip	_	
					Vehicle	Action Prior to	Crash	1 2	1 I	Damage	d Area	Code: (C	ircle Up to Thi	ree)	
5	Vehicle Travel	Direction: N	S E X Respond	ing to Emergency? N	Event Se	equence 23 <sup>2</sup>	22 22	22	<b>22</b> 2		3		<b>9</b>		
	_	ssued)				rmful Event	23			, ,			10 Undercar	riage	
	`	·	c Violation 2: 0	Ch Sec		L Contributing Co		0 24	24	<b>—</b>	9		11 Totaled		
<sup>6</sup> 2			c Violation 4: 0			le/Override	25	Towe	8		7		6		
		fill out for oper	- Chach	Les es verride		26 27 eat Safety	28 Airbag Airt	29 30 pag Eject	31 Trap	32 Injury Trai	33				
	Name (Last Fir			Address See Above		Age/DOB	Sex Po	os. System	Status Swi	tch Code	Code	Status Coo	Medical Facil	lity 2.	
	Operator			See Above											
7 <b>1</b>	Please Select ( of the Followi	I Vehicle	e# Occupants	Non-Motorist A Type	14	Action 1	5 Locat	tion	Conc	lition	17	Hit	/Run Mor	oed	
	License#		DOB/Age	Reg#_	eg#Reg TypeReg State							_ ]			
	Sex Lic.	Class 18 1	Lic. Restrictions	CDL	Veh Yea	r	Veh	Make				Veh Cor	afig.		
8 <b>1</b>	Operator	Leat	First	Endorsment	Owner _	Las			First			Middle		_	
	Address	Last	1 1131	Mudic					11130			Wildle		_	
	City		City State Zip							_					
	Insurance Com	npany		Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)							ree)				
	Vehicle Travel	Direction: N	Event Sequence 22 22 22 22 3 4												
	Citation # (If I	Most Harmful Event 23						riage							
	1	on 1: ChS	Driver Contributing Code  1  9  5 11 Totaled												
			ChSec	Underride/Override 25 Towed 8 7 6											
	Pl	ease fill out for	operator and all occ	cupants involved		L		26 27 eat Safety	28 2 Airbag Airt	29 30 Dag Eject	31 Trap	32 Injury Trai	33 1sp.	$\dashv$	
	Name (Last Fi	Non-Motorist		Address See Above		Age/DOB		os. System	Status Sw	itch Cod	e Code		de Medical Fac	ility	
	Operator/	Motorist		350 1100 00			-								
		· · ·		<u>-</u> -											



## Crash Narrative:

On Friday 11/19/21 at approximately 0938 hours while assigned to marked unit n497 I was dispatched to the area of 1256 Commonwealth Ave for a report of a past Hit and Run.

Upon arrival in front of 1256 and 1270 Commonwealth Ave across the street on the Westbound side I observed a concrete light post broken at the base and laying in the Grass median between Commonwealth Ave and the Carriage Rd. The light pole had an electric wire attached to it that connected at utility pole 102/180. On the grassy area was several pieces of debris from the vehicle causing the damage, including what appeared to be an empty steel liquid storage container, possibly gas. there was no evidence of any sort of spill so the container may have been empty upon impact.

After canvassing the area for evidence related to the vehicle involved I spoke with the resident at 1270

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
BLAKELY SR, THOMAS, RALPH	1270 COMMONWEALTH AVE. NEWTON,MA 02465		N

## Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property 1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0. Phone # 34-Type Description of Damaged Property CONCRETE LIGHT POST

Truck and Bus Information:	Registration #	(From Vehi	cle Section)		25
Carrier Name				Carrier Issui	ing Authority Code
Address		City		St	Zip
US DOT #: S	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 Leng	th	
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

-	Direction	1 :	∃ Vehic	ie i _	2 #Vehicle	2	Pedesti	ian			
Crash Diagram:	ie: →	1		<b>→</b> [	2	<b>→</b>	Ŷ				
										sh <u>Did Not</u> ( Public Way:	Occur
									Ollar	ublic way.	
					 	_			□ Off	-Street Parking	g Lot
		_				_			☐ Ga	rage	
									☐ Ma	ll/Shopping Ce	enter
		-				- +			Oth	ner Private Way	7
					 	_			Indicat	to North by A	rro)4/
						ĺ			Indica	te North by A	IIOW
						- + -					
	_				 	- + -			_		
Crash Narrative:											
Commonwealth Ave, BLAKELY	Thomas. Tho	mas	states	he h	eard a lo	ud cra	sh at ap	proxim	ately 0300	am, but was	sn't
sure what it was. I noti	ced cameras	on h	is hom	ne and	asked if	we co	uld view	the v	ideo. Vid	eo showed	the
vehicle impacting the pol	e and spinni	ng o	ut and	l then	continui	ng Wes	tbound o	n Comm	onwealth A	ve Thomas	emailed
the video to me and Ofc D	rew Vello.										
After returning to Newton	Police Head	quar	ters 0	ofc. V	ello and	I view	red the v	ideo	and at 030	0 hours a !	low
Truck is seen veering off	the road tr	avel	ling W	lestbo	und on Co	mmonwe	alth Ave	and s	triking th	e light po	le. Tow
Truck spins sideways in t	he grass, an	d th	en cor	tinue	s Westbou	ind on	Commonwe	alth A	ve. As the	e truck ge	ts back
on Commonwealth Ave there	is letterin	g vi	sible	on th	e drivers	side	door, bu	t Ofc	Vello and	I were unal	ole to
make out what the letteri	ng says. I a	lso	took 7	phot	os of the	area	of the c	rash a	nd emailed	them to O	fficer
(Continued	on next page	)									
Witnesses:											
Name (Last, First, Middle)			Addres	S					Phone #		Statement
Property Damage:			-								
Owner (Last, First, Middle)	Address				Phone #		34-Type	Descript	ion of Damage	d Property	
Truck and Bus Information:	Registration	#			(	From Veh	cle Section)				35
Carrier Name									_ Carrier Issuing	g Authority Cod	e
Address					City				St	Zip	
US DOT#:	_ State Number				Issuing S	tate	ICC #:_			Interstate	36
Cargo Body Type Code 37 Gi	oss Vehicle Weight		38								
Trailer Reg #:	Reg Type		 Reg	State	Re	g Year	Tr	ailer Leng	eth 39		
Hazmat Information:											
Placard 40 Material 1 digit	41 Mater	ial Na	ame				Material 4	digit#	I	Release code	42
ALAN JR RICHARD SOLOMAN.							N POLICE DEPART			11/19/20	204

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

-	Direction 1	Vehicle 1	2 #Vehicle 2	₹ Pedestr	rian	
Crash Diagram:	ie: →□	<b>→</b>	2	→Ŷ		
			_	**************************************	If Crash Did Not on a Public Way:  Off-Street Parki Garage Mall/Shopping Other Private W Indicate North by	ng Lot Center
Vello to attach to this r	eport. Eversou	rce and the (	City were not	ified to a	ttend to the light pole.	wires and
debris.	-					
debris.						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
, , , , ,						
					I	
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:						
				Pehicle Section)		35
Carrier Name					Carrier Issuing Authority C	ode
Address			City		St Zip	
						36
US DOT #:	_ State Number		issuing State	ICC #:_	Interstate	
Cargo Body Type Code 37 Gi	ross Vehicle Weight	38				_ <del>_</del>
Trailer Pag #:	Pag Tyma	Pag Stata	D 00 V	т	gilar Langth	
Trailer Reg #:	keg Type	Keg State	Keg Year	1ra	aner Length	
Hazmat Information:					,	40
Placard 40 Material 1 digit	# Material N	Name		Material 4 o	digit # Release code	42
ALAN JR RICHARD SOLOMAN.			NE	WTON POLICE DEPARTS	11/19	/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)