

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/29/2021	Time of Crash 17:33 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	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:			
BEACON ST										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At										
NEWBURY ST										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ • _____ or _____				Mile Marker Exit Number			
Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Route# Intersecting Roadway/Street			
							Landmark			
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000997	
License # --- St MA DOB/Age ---			Reg # 917ZZ6 Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2005 Veh Make HONDA Veh Config. 1 20							
Operator WIGLER MARTIN STEVEN			Owner (Same as operator)							
Address 71 GREENLAWN			Address _____							
City NEWTON State MA Zip 02459			City _____ State _____ Zip _____							
Insurance Company FOREMOST INSURANCE COMPANY			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 3 22 22 22 22			2 3 4			10 Undercarriage	
Citation # (If Issued) T2014398			Most Harmful Event 3 23			1 9			5 11 Totaled	
Violation 1: Ch 89/11 Sec _____ Violation 2: Ch 90/10 Sec _____			Driver Contributing Code 97 24 24			8 7 6				
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									3	
Operator See Above			-----			1 4 99 0 0 10 1				
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 1 14 Action 1 15 Location 1 16 Condition 97 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # --- St DOB/Age ---			Reg # _____ Reg Type _____ Reg State _____							
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. 20							
Operator BIRD JAMES C			Owner _____							
Address 24 ALBION ST			Address _____							
City NEWTON State MA Zip 02459			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			2 3 4			10 Undercarriage	
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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									99 2 NEWTON WELLESLEY H	
Operator/Non-Motorist See Above			-----			1 4 99 0 0 10 1				

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Beacon St.

MV1

P.O.I.

Pedestrian and his dog.

Newbury St.

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 Monday, November 29, 2021 at approximately 1733hrs, MV1 was travelling Eastbound on Beacon St. when he had struck a pedestrian (James Bird) and his dog, who had been crossing Beacon St. Operator of MV1 stated he did not see the pedestrian crossing the street and had stopped when he noticed Mr. Bird and his dog roll off the front driver side, hood of the vehicle.

Bird stated that when he was crossing Beacon St. in the crosswalk with his dog he had been struck by a vehicle. I asked if he would like to be evaluated by paramedics, which he replied, "yes." Mr. Bird informed me that he was sore and had lost consciousness when he had been struck.

Fallon Paramedics arrived on scene to evaluate Mr. Bird and decided to transport him to Newton Wellesley Hospital for further evaluation.

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
MEYER, STEPHANIE, J	28 AUSTIN ST NEWTON, MA 02459	-----	N

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

JEREMY FAY

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

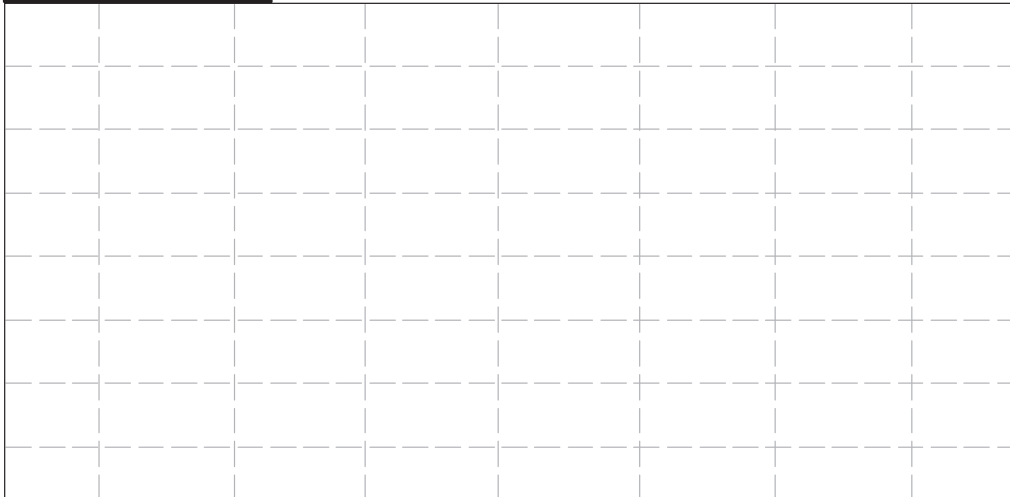
11/29/2021

CDP1 11 24:00

→ 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:

The operator of MV1 has a license restriction requiring him to wear corrective lenses (Restriction B).

I asked the operator of MV1 if he had been wearing his glasses like his license said, which he replied, "no."

A witness, Stephanie Meyer, who had been driving behind MV1 stated that MV1 had pulled out of Hancock Ave onto Beacon St., cutting her off and causing her to slam on her breaks. As she traveled behind him heading Eastbound she witnessed him drive all over the road, crossing the yellow solid line and stated that when she saw the vehicle stop she noticed Bird and his dog laying in the middle of the road on the crosswalk.

The vehicle of MV1 was towed by Tody's Towing, due to no one being able to pick up his vehicle. The operator of MV1 was issued in hand Citation #T2014398 and was informed that he was going to summonsed into court for

(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

#### 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

JEREMY FAY

NEWTON POLICE DEPART

11/29/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

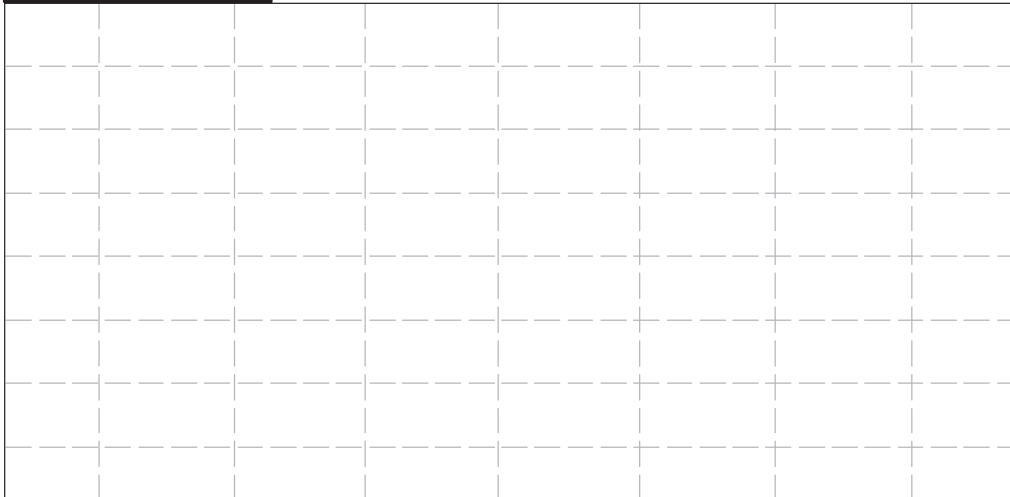
Precinct/Barracks

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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- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

the following violations:

MGL Chapter 89/11 (Failure to yield for a pedestrian on the crosswalk)

MGL Chapter 90/10 (Unlicensed Operation (License Restrictions B. for not wearing corrective lenses))

The operator of MV1 was informed that an Immediate Threat was going to be processed with the Registry of Motor Vehicles and that his licensed was to be suspended. The operator of MV1 stated to me that he understood that he was no longer allowed to drive.

Photographs of the scene and the vehicle and have been sent to the IT Bureau to be attached to this report.

It should be noted that Newbury St. and Beacon St. are public ways within the City of Newton.

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Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

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JEREMY FAY

NEWTON POLICE DEPT.

11/29/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

