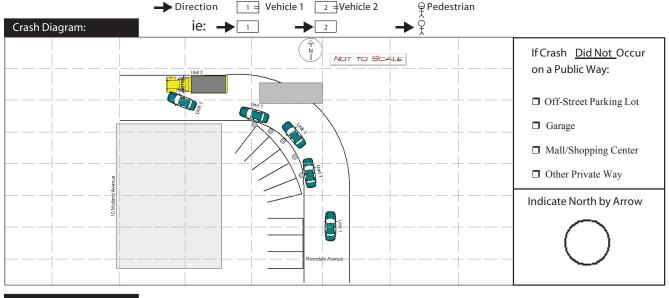
	Pol	ice Use Only		Commonweal	lth o	f Massa	achu	isetts	}		RMV	V Docum	ent Number	
	Date of Crash 12/06/2021	Time of Crash 11:42 24HR	NEWTON	MIUIUI		icle Cra Report	sh	Number Vehicles 2		ed Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	XI D
		AT INTE	RSECTION:		OCAT		>		NO	T AT	INTI	ERSEC	TION:	
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1	Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street							_ 2		
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² 2					-	Feet [N S E	W of	Roun	υπ	intersee	tilig Koad	way/Succi	4
3	Route# Direc	tion	Name of Intersection	<u> </u>							Lar	ndmark		\dashv
	XVehicle1	#Occupants	Hit/Run	Moped Case N	Number		21	100001022						
	License#	18	St MA	DOB/Age	Reg#6								20	-
	Sex_M_ Lic.	Class D	Lic. Restrictions	CDL		ar_1997						Veh Con	ifig. 1	
4 1	Operator PRO	OIA — Last RIGHTWOOD I	RICHARD	Middle		(Same as open						Middle		- 1
	Address 55 BF City WALTH			MA Zip 02453		S							·:	-
		_{lpany} PLYMOU		ZIp		Action Prior to		2					ipircle Up to Thre	
5	1	Direction: X		ding to Emergency? N		Sequence 23		22	22 (0	3		4	
	Citation # (If I			gg, - <u></u>		Iarmful Event	23					A)	10 Undercarr	iage
	Violation	1: ChSe	c Violation 2:	ChSec	Driver	ا Contributing Co	ode :	16 24	24	-	V,	\bigcup	5 11 Totaled	
⁶ 1	Violation	3: ChSe	c Violation 4:	ChSec	Underride/Override 25 Towed Y O 6									
	Please Name (Last Fir		ator and all occupa	nts involved Address	Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Fa						33 lsp. Medical Facili	ity 2 3		
	Operator			See Above				99	4 9	9 0	0	1 2	ST. ELIZABETHS -	BOSTC
7 1	Please Select (of the Followi		e2 <u>0</u> #Occupants	Non-Motorist A Type	e 14	4 Action 1	Loca	ation	16 Cor	dition	17	Hit	/Run Mop	ed
	License#	18	St	DOB/Age	Reg#_	JNK				ype_CO	N	Reg S	State MA	_
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⁸ 1	Operator	Last	First	Middle		DIAZ CONS Las 190 BOSWEI	it		First			Middle		-
	Address		Ct.t.	7			LISIKI				Ctt.	MA 7	02322	-
	CityStateZip Insurance Company SELF Vehicle Travel Direction: NSEW Responding to Emergency?N					Damagad Aras Cada: (Cirala Lin ta Thras)							ee)	
							22 22	11	22 2		3	`	4	
	Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec				Event Sequence 1 22 22 22 22 10 Undercarriag Most Harmful Event 1 23 10 Undercarriag Driver Contributing Code 24 24 24							iage		
	Violatio	n 3: ChS	ec Violation 4	: ChSec	Underri	ide/Override [25	Tower			0		6	
	Pl Name (Last Fi		operator and all o	ccupants involved		Age/DOB		26 27 Seat Safety Pos. Syster	28 Airbag Ai n Status S	29 Signature 29 Si) 31 t Trap de Code	Injury [Fran	33 isp. ide Medical Facil	lity
		Non-Motorist		See Above										



Crash Narrative:

On Monday, December 06, 2021, while assigned to Traffic unit N525, I responded to the area of Midland Avenue and Riverdale Avenue, Newton for a report of a motor vehicle crash resulting from a medical event.

The weather at the time of this incident was overcast. The road surface in the area of the incident was mostly dry. Midland Avenue and Riverdale Avenue are both public ways in the City of Newton.

I spoke with Mr. William Shea (S45354021), a foreman for Diaz Construction who was working on a job site next to 10 Midland Avenue at the time of the incident. Mr. Diaz stated while working with Mr. Silvestre Laneiro (S45163124) and Mr. Leonardo Alvarenga (S63414490), they observed a green Ford Taurus (MA: 6BF469) traveling towards the area of their job site while traveling North on Riverdale Avenue. Mr. Shea stated he observed a white male party vomiting what appeared to be blood out of the driver (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

10 MIDLAND AVENUE
PSMJ RESOURCES,
NEWTON, MASSACHUSETTS 02 617-965-0055
Phone # 34-Type Description of Damaged Property

CEMENT POLE BARRIERS

Truck and Bus Information:	Registration #	(From Vehi	cle Section)		25
Carrier Name				_ Carrier Issu	ing Authority Code
Address		City		St	Zip
US DOT #: S	State Number	Issuing State	ICC#:		Interstate 36
Cargo Body Type Code Gross	Wehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

MICHAEL R GAUDET			NEWTON POLICE DEPARTM		12/06/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

→	▶ Direction 1	₹ Vehicle 1 2	₹Vehicle 2	Pedestr	ian
Crash Diagram:	ie: → 1	2	→	Ô	
	<u> </u>		<u> </u>	. <u> </u> 	If Crash <u>Did Not</u> Occur on a Public Way:
					☐ Off-Street Parking Lot
					☐ Mall/Shopping Center
					☐ Other Private Way
			+-		Indicate North by Arrow
Crash Narrative:					
					driver side area crash into
numerous cement posts in fr					-
					ed 1998 Volvo 828 rock truck owned
					side the jobsite. Mr. Shea stated
they all went over to the					·
					. Proia's face, person, and
vehicle and he was continue					, , , , , , , , , , , , , , , , , , , ,
			pital in Bosto	n by New	ton Medics prior to my arrival.
(Continued or			-		
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 Vehic	cle 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 Gros	s Vehicle Weight	38			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length 39
Hazmat Information: Placard 40 Material 1 digit #	41 Material Na	ame		Material 4	digit# Release code 42
MICHAEL R GAUDET			NEWTO	N POLICE DEPARTM	12/06/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)

•	Direction 1	Vehicle 1	vehicle 2	Pedestrian		
Crash Diagram:	ie: →	→	2 -	₽		
	 		 -		If Crash <u>Did Not</u> on a Public Way:	Occur
		<u> </u>			☐ Off-Street Parking	g Lot
					Garage	
į į	İ	į į	į	į	☐ Mall/Shopping C	enter
		-			☐ Other Private Way	
		+			Indicate North by A	rrow
Crash Narrative:						
Due to Mr. Proia's condit	cion at the time	of his trans	port, Sgt. Mi	chael Wade	of the Newton Police Tra	ffic
Bureau contacted Trooper	Mark Delaney of	the Middlese	x County CPAC	who decline	ed jurisdiction in the e	vent
that Mr. Proia succumbs t	o his injuries.	I contacted	l Trooper John	Paul from	the MSP Reconstruction U	nit to
make him aware of the cra	ash. MSP declin	ed to respond	l. I notified	Mr. Proia'	s daughter, Jennifer Pro	ia, that
her father had been tran	nsported to the	hospital afte	er being invol	ved in the	crash.	
Photos were taken o	of the crash sce	ne and submit	ted to the II	Bureau. I	observed damage to the	front
passenger side bumper/fer	nder area of Mr.	Proia's vehi	.cle. I obser	ved very min	nor damage to the front	driver
side tire area of the Vol	lvo rock truck i	nvolved in th	e crash. Mr.	Proia's vel	hicle was removed from t	he
roadway by Tody's Towing.	Officer Wilso	n canvassed t	the area for s	urveillance	footage of the incident	with a
(Continued	on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		•				
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information: Carrier Name			*	hicle Section)	Carrier Issuing Authority Coc	35 le
Address						
US DOT #:						36
Cargo Body Type Code 37 G	ross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	r Length 39	
Hazmat Information:					<i>5</i> .	
Placard 40 Material 1 digi	t # 41 Material N	Name		Material 4 digi	t# Release code	42

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

12/06/2021

Date

Precinct/Barracks

MICHAEL R GAUDET

Police Officer Name (Please Print)

From Pilone	•	Direction	1 =	Vehicle 1	2 = Vehicle 2		Pedestr	ian		
Crash Narrative: Crash Narrative:	Crash Diagram:	ie: →	1	→[2	→	Ŷ			
Crash Narrative: negative result. Sgt. Hade received a call from Dr. Grivetti (2021-10751) from the Medical Examiners Office a short time after Mr. Proia was transported to St. Elizabetha. Dr. Grivetti stated he received a call from the hospital notifying him that Mr. Proia has passed away and he was making notification to us. Dr. Grivetti stated it is his understanding that Mr. Proia suffered an aggressive GT bleed leading to cardiac arrest. This medical event appears to have been the catalyst for Mr. Proia's crash. Winesses: Name (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Frozer Name Carrier Name Carrier Name Carrier Name Carrier Susing Authority Code 35 Cray Belly Type Code 37 Gress Vehice Weight 38 Trusic Reg #_ Reg Type Reg State Reg Year Trailer Length 39 Trusic Reg #_ Reg Type Reg State Material 4 digs # Release code 42									1	Occur
Cash Natrative: Indicate North by Arrow Indi			_ _		<u> </u>	<u> </u>			☐ Off-Street Parkin	g Lot
Cash Natrative: Indicate North by Arrow Indi									☐ Garage	
Crash Narrative: Indicate North by Arrow Indicate North by Arrow Sgt. Wade received a call from Dr. Grivetti (2021-10751) from the Medical Examiners Office a short time after Mr. Proia was transported to St. Elizabeths. Dr. Grivetti stated he received a call from the hospital notifying him that Mr. Proia has passed away and he was making notification to us. Dr. Grivetti stated it is his understanding that Mr. Proia suffered an aggressive Gf bleed leading to cardiac arrest. This medical event appears to have been the catalyst for Mr. Proia's crash. Witnesses: Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # Statement From Vehicle Scions Carrier Issuing Authority Code Address City. St. Zip US DOT #: State Number Internate Reg Strate Reg Type Reg State Reg Year Trailer Length Material I digit # Release code Address Material I digit # Release code Address Release code Address Reg State Reg					+					enter
Indicate North by Arrow Indicate North b			- -		<u></u>	<u> </u>				
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Grivetti stated it is his understanding that Mr. Proia suffered an aggressive GI bleed leading to cardiac arrest. This medical event appears to have been the catalyst for Mr. Proia's crash. 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: Carrier Name	short time after Mr. Proi	a was transpo	rted	l to St. E	lizabeths.	Dr. 0	Grivetti	stated	he received a call	from
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: Carrier Name	the hospital notifying h	im that Mr. P	roia	has pass	ed away and	he wa	as makin	g notif	ication to us. Dr.	
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: Carrier Name	Grivetti stated it is his	understandin	g th	at Mr. Pro	oia suffered	d an a	aggressi	ve GI b	leed leading to car	diac
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Carrier Name	Owner (Last, First, Middle)	Address			Phone #		34-Type	Description	on of Damaged Property	
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Placard Material 1 digit # Material Name Material 4 digit # Release code										
MICHAFI R CALIDET NEWTON BOLUT DELETT 12/06/2021	Placard 40 Material 1 digi	t # 41 Materia	ıl Nan	ne			Material 4	digit#	Release code	42
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ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)