

Police Use Only			Commonwealth of Massachusetts						RMV Document Number			
Date of Crash 01/01/2019	Time of Crash 08:15 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report						Number Vehicles 2	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:				
												2
Route# Direction Name of Roadway/Street At			NORTH 416 WALNUT ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number									10
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street									11
Route# Direction Name of Intersecting Roadway/Street			Landmark									6
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 190000002								
License # --- St MA DOB/Age ---			Reg # 2GH763 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2018 Veh Make HONDA Veh Config. 1 20									
Operator GRAHAM MENCKEN Last First Middle			Owner (Same as operator) Last First Middle									
Address 343 CRESCENT ST			Address									
City WALTHAM State MA Zip 02453			City State Zip									
Insurance Company ESURANCE			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: X S E W Responding to Emergency?			Event Sequence 30 22 22 22 22 22 23 23 23 24 24 25 Towed Y			10 Undercarriage 5 11 Totaled						
Citation # (If Issued)			Driver Contributing Code 21 24 24 Underride/Override 25									
Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec									
Please fill out for operator and all occupants involved												13
Name (Last First Middle)			Address			Age/DOB Sex			Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			
Operator			See Above			-----			1 2 1 0 0 5 1			
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												23
License # --- St MA DOB/Age ---			Reg # 114GXN Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2012 Veh Make MERCEDES Veh Config. 1 20									
Operator MADIGAN PAMELA Last First Middle			Owner (Same as operator) Last First Middle									
Address 12 SCHOOL ST			Address									
City MEDFIELD State MA Zip 02052			City State Zip									
Insurance Company COMMERCE			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: X S E W Responding to Emergency?			Event Sequence 97 22 22 22 22 23 23 24 24 25 Towed Y			10 Undercarriage 5 11 Totaled						
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Please fill out for operator and all occupants involved												
Name (Last First Middle)			Address			Age/DOB Sex			Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			
Operator/Non-Motorist			See Above			-----			1 4 4 0 0 5 1			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

416 walnut st

Unit 2

Unit 1

← N →

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:

ON 1-1-19 AT APPROX. 0815HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 416 WALNUT ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING N-BOUND ON WALNUT ST. HE FELT DROWSY AND WAS SWERVING TO THE RIGHT. HE STATES HE WENT UP ON THE CURB AND HIT A NNHS PARKING SIGN. HE UPROOTED THE SIGN IT HIT HIS HOOD AND SMASHED HIS WINDSHIELD. DRIVER STATES HE WENT UP ON THE SIDEWALK BEFORE HE WAS ABLE TO GAIN CONTROL OF HIS VEHICLE AND RETURN TO THE STREET. VEHICLE #2 STATES SHE WAS TRAVELING N-BOUND AHEAD OF VEHICLE #1. SHE STATES HE WENT UP ON THE SIDEWALK AND LANDED HIS VEHICLE IN FRONT OF HERS. VEHICLE #1 HAD FRONT END AND HOOD DAMAGE, A SMASHED WINDSHIELD AND RIGHT SIDE AIRBAG DEPLOYMENT. THERE WAS NO DAMAGE TO VEHICLE #2. VEHICLE #1 DID NOT MAKE CONTACT WITH VEHICLE #2. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANY. VEHICLE #1 HAD HIS VEHICLE TOWED BY AAA.

(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
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0		3	NNHS PARKING POST

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

THOMAS P WALSH

NEWTON POLICE DEPART

01/01/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

precinct/Remarks

Date

→ 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 UPROOTED POLE WAS PLACED N THE BURM AT THE INTERSECTION OF WALNUT AND ELM. I TOOK SEVERAL PICTURES OF THE POLE, THE SIGN, AND THE AREA IT ORIGINATED FROM. PICTURES PLACED IN BOX FOR I.T. BUREAU.

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THOMAS P WALSH

NEWTON POLICE DEPART

01/01/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

precinct/Remarks

Date







