

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/18/2019	Time of Crash 12:37 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u> 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:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 1479 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000066	
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type UNKNOWN Reg State XX			Veh Year UNKN Veh Make UNKNOWN Veh Config. 10 20				
Sex M Lic. Class 99 18 18 Lic. Restrictions 99 19 CDL _____			Veh Year UNKN Veh Make UNKNOWN Veh Config. 10 20							
Operator UNKNOWN UNKNOWN UNKNOWN			Owner (Same as operator)							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____ State _____ Zip _____							
Insurance Company UNKNOWN			Vehicle Action Prior to Crash 3 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 23 22 22 22 22			2 3 4				
Citation # (If Issued) _____			Most Harmful Event 23 23			1 9 10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			6 7 8				
Please fill out for operator and all occupants involved										
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	
Operator See Above			-----			99 4 99 0 0 99 1				
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants			<input type="checkbox"/> Non-Motorist A Type 14			Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____			Veh Year _____ Veh Make _____ Veh Config. 20				
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. 20							
Operator _____			Owner _____							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 22 22 22 22 22			2 3 4				
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____			6 7 8				
Please fill out for operator and all occupants involved										
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	
Operator/Non-Motorist See Above			-----			-----				

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington St

Unknown Tractor Trailer

traffic light pole

#1479

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 1/18/19 at approximately 1200hrs, a party who wished to remain anonymous reported observing a tractor trailer travelling on Washington St W/B at #1479 where the street curves to the right struck a traffic light pole in front of Burke & Blackington Funeral Home. The side of the trailer struck the pole. It was reported the operator, a non descript black male, stopped after the collision, picked up the downed pole and moved it onto the sidewalk. Markings observed on the trailer were "Powered Transportation" out of Laurel, Mississippi. Unknown plates. Operator left scene and as of this time, it hasn't been reported by the operator. Photos were taken of the downed pole and submitted to the IT bureau. Daigle Electric notified to respond. Google search of "Powered Transportation" was negative results.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
NEWTON, CITY OF,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0	617-796-1000	3	TRAFFIC LIGHT POLE

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

ADAM D GABRIEL	25117	NEWTON POLICE DEPART	01/18/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date



