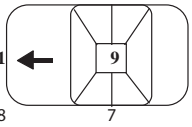
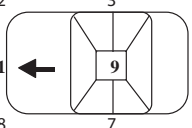


Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 01/20/2019	Time of Crash 08:22 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 1 ST JAMES ST				Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet [N S E W] of Mile Marker Exit Number				Feet [N S E W] of Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Feet [N S E W] of Landmark								
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000077		
License # St DOB/Age ---			Reg # UNK Reg Type PAN Reg State MA			Sex Lic. Class 99 18 18 Lic. Restrictions 99 19 CDL Endorsment			Veh Year UNK Veh Make UNK Veh Config. 97 20		
Operator UNKNOWN UNKNOWN			Owner (Same as operator)			Address			Address		
City UNK State XX Zip 00000			City State Zip			Vehicle Action Prior to Crash 99 21			Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: [N S E W] Responding to Emergency?			Event Sequence 11 22 22 22 22			Most Harmful Event 11 23			Driver Contributing Code 99 24 24		
Citation # (If Issued)			Underride/Override 25 Towed Y			10 Undercarriage 5 11 Totaled					
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											
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 99 99 99 99 5 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			Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year Veh Make Veh Config. 20		
Operator			Owner			Address			Address		
City State Zip			City State Zip			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			Most Harmful Event 23			Driver Contributing Code 24 24		
Citation # (If Issued)			Underride/Override 25 Towed			10 Undercarriage 5 11 Totaled					
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											
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 STREET
CENTRE STREET
CENTRE AVE
ST JAMES
PARK STREET

IMPACT AREA

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 the above date and time I responded to the area of St.James St at Washington Street for a report of a past hit/run with City traffic signal knocked over.

Upon arrival I observed the the traffic signal on St. James Street westbound just before the Washington Street bridge on the roadway. I did observe what appeared to be a sidewalk plow tire impressions on the sidewalk to the traffic signal. I cnanvassed the area with negative results and I am waiting to hear back from Public works who may have been assigned the area to plow the side walks. I also checked for any cameras in the area with negative results.

I took pictures of the crash site area and I will have them downloaded at th I.T. Bureau.

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 COMM AVE NEWTON, MASSACHUSETTS 0	617-796-1000	3	TRAFFIC SIGNAL

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

