

Commonwealth of Massachusetts

| Police Use Only | | | Motor Vehicle Crash Police Report | | | | RMV Document Number | | | |
|---|--------------------------------|---------------------|---|---------------------|--|---|-------------------------------------|--|--|--|
| Date of Crash 01/20/2019 | Time of Crash 08:19 24HR | City/Town NEWTON | Number Vehicles 1 | Number Injured 0 | Speed Limit 25 Latitude _____ Longitude _____ | State Police Local Police MBTA Police Other: | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | |
| AT INTERSECTION: | | | < LOCATION > | | | | NOT AT INTERSECTION: | | | |
| Route# Direction Name of Roadway/Street At | | | SOUTH 82 CHARLESBANK RD Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | Feet N S E W of Route# Intersecting Roadway/Street | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Landmark | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 # Occupants | | | <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 190000081 | |
| License # --- St MA DOB/Age --- | | | Reg # 498FN6 Reg Type PAN Reg State MA | | | Sex M Lic. Class D 18 18 Lic. Restrictions 2 19 CDL Endorsment | | | Veh Year 2017 Veh Make FORD Veh Config. 1 20 | |
| Operator FRANK RICHARD Last First Middle | | | Owner (Same as operator) Last First Middle | | | Address 68 BROOKSIDE AVE | | | Address | |
| City NEWTON State MA Zip 02460 | | | City State Zip | | | Insurance Company CITIZENS INS | | | Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) | |
| Vehicle Travel Direction: N X E W Responding to Emergency? | | | Event Sequence 20 22 22 22 22 2 | | | Most Harmful Event 20 23 | | | Driver Contributing Code 1 24 24 | |
| Citation # (If Issued) | | | Underride/Override 25 Towed Y | | | Diagram: 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 4 99 0 0 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 Last First Middle | | | Owner Last First Middle | | | 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: N S E W Responding to Emergency? | | | Event Sequence 22 22 22 22 2 | | | Most Harmful Event 23 | | | Driver Contributing Code 24 24 | |
| Citation # (If Issued) | | | Underride/Override 25 Towed | | | Diagram: 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 | | | 99 4 99 0 0 5 1 | | | | | | | |
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian
 ie: → 1 → 2 →

Crash Diagram:

ISLAND CURB
 IMPACT AREA
 CHARLESBANK RD
 ST JAMES 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 the above date/time I responded to the area of 82 Charlesbank Rd for a report of a DMV.

Upon arrival on scene I met with the operator of vehicle one Mr. Frank. He stated he was traveling south on St. James and turning right onto Charlesbank Rd. He further stated as he turned right the vehicle was uncontrollable and continued straight due to the decline and icy roadway and struck the island curb on Charlesbank Rd.

Due to the heavy damage to the left side and front the vehicle was towed by Tody's towing of 1354 Washington Street 617-527-0013. Tody's towing arrived on scene and towed the vehicle to their tow lot.

I transported Mr. Frank to his residence.

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

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