

|   |  |                                |                               |   |  |                                      |                     |   |                     |   |  |  |    |
|---|--|--------------------------------|-------------------------------|---|--|--------------------------------------|---------------------|---|---------------------|---|--|--|----|
| Police Use Only   |  |                                | Commonwealth of Massachusetts |   |  |                                      | RMV Document Number |   |                     |   |  |  |    |
| Date of Crash<br>01/21/2019   |  | Time of Crash<br>20:12<br>24HR |                               | City/Town<br>NEWTON   |  | Motor Vehicle Crash<br>Police Report |                     | Number Vehicles<br>1                    | Number Injured<br>0 | Speed Limit 25<br>Latitude _____<br>Longitude _____ |  | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |    |
| AT INTERSECTION:  |  |                                |                               | < LOCATION >  |  | NOT AT INTERSECTION:                 |                     |   |                     |   |  | 9  |    |
| NORTH CENTRE ST<br>Route# Direction Name of Roadway/Street<br>At<br>HYDE AVE<br>Route# Direction Name of Intersecting Roadway/Street<br>Also at Intersection with<br>Route# Direction Name of Intersecting Roadway/Street |  |                                |                               | Route# Direction Address # Name of Roadway/Street<br>Feet N S E W of _____ • _____ or _____<br>Mile Marker Exit Number<br>Feet N S E W of _____<br>Route# Intersecting Roadway/Street<br>Feet N S E W of _____<br>Landmark          |  |                                      |                     |   |                     |   |  | 10   |    |
| 1 4   |  |                                |                               | 3 4   |  |                                      |                     |   |                     |   |  | 11   |    |
| <input checked="" type="checkbox"/> Vehicle 1 # Occupants   |  |                                |                               | <input type="checkbox"/> Hit/Run  |  | <input type="checkbox"/> Moped       |                     | Case Number 190000092                   |                     |   |  |  |    |
| License # --- St MA DOB/Age ---   |  |                                |                               | Reg # 6CB670 Reg Type PAN Reg State MA  |  |                                      |                     |   |                     |   |  |  |    |
| Sex M Lic. Class D 18 18 Lic. Restrictions 99 19 CDL _____  |  |                                |                               | Veh Year 2011 Veh Make LEXUS Veh Config. 1 20   |  |                                      |                     |   |                     |   |  |  |    |
| Operator BEGG JEFFREY   |  |                                |                               | Owner (Same as operator)  |  |                                      |                     |   |                     |   |  |  | 12 |
| Address 29 SPRINGFIELD ST (apt. 2)  |  |                                |                               | Address _____   |  |                                      |                     |   |                     |   |  |  |    |
| City WATERTOWN State MA Zip 02472   |  |                                |                               | City _____ State _____ Zip _____  |  |                                      |                     |   |                     |   |  |  |    |
| Insurance Company LM GENERAL  |  |                                |                               | 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 28 22 22 22 22 2   |  |                                      |                     | 3 4                                     |                     |   |  |  |    |
| Citation # (If Issued) _____  |  |                                |                               | Most Harmful Event 28 23  |  |                                      |                     | 10 Undercarriage                        |                     |   |  |  |    |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____   |  |                                |                               | Driver Contributing Code 1 24 24  |  |                                      |                     | 5 11 Totaled                            |                     |   |  |  |    |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____   |  |                                |                               | Underride/Override 25 Towed N   |  |                                      |                     | 8 7 6                                   |                     |   |  |  |    |
| Please fill out for operator and all occupants involved   |  |                                |                               |   |  |                                      |                     |   |                     |   |  |  | 13 |
| 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                                 |  |                                |                               |   |  |                                      |                     |   |                     |   |  |  | 20 |
| Operator See Above  |  |                                |                               | -----   |  |                                      |                     |   |                     |   |  |  |    |
|   |  |                                |                               |   |  |                                      |                     |   |                     |   |  |  |    |
|   |  |                                |                               |   |  |                                      |                     |   |                     |   |  |  |    |
|   |  |                                |                               |   |  |                                      |                     |   |                     |   |  |  |    |
| 7 3   |  |                                |                               | 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 _____   |  |                                |                               | 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: N S E W Responding to Emergency? _____  |  |                                |                               | Event Sequence 22 22 22 22 2  |  |                                      |                     | 3 4                                     |                     |   |  |  |    |
| Citation # (If Issued) _____  |  |                                |                               | Most Harmful Event 23   |  |                                      |                     | 10 Undercarriage                        |                     |   |  |  |    |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____   |  |                                |                               | Driver Contributing Code 24 24  |  |                                      |                     | 5 11 Totaled                            |                     |   |  |  |    |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____   |  |                                |                               | Underride/Override 25 Towed _____   |  |                                      |                     | 8 7 6                                   |                     |   |  |  |    |
| 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:**

**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 operator of MV1 stated he was traveling Northbound on Centre St. at the intersection of Hyde Ave. when a vehicle in front of him braked. When he stepped on his brakes to slow down, MV1 skidded on ice off to the right into the "Speed Limit 25" sign, knocking it over. Tody's responded and pulled the vehicle off of the sign and the vehicle was able to be driven from the scene safely. No injuries were reported. Photos of the sign were submitted to the IT bureau to be attatched to this report.

**Witnesses:**

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

**Property Damage:**

| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|-----------------------------|---------|---------|---------|---------------------------------|
|                             |         |         | 3       |                                 |
|                             |         |         |         |                                 |

**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

KAYLA PATRICIA DONAHUE

NEWTON POLICE DEPART

01/21/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

