

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/01/2019	Time of Crash 17:01 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
90 SOUTH MASSACHUSETTS TPK WEST Route# Direction Name of Roadway/Street At 16 WEST WASHINGTON ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			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							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Case Number 190000132							
License # --- St MA DOB/Age --- Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____ Operator SHEEHAN JOHN FREDRICK Address 48 NOON HILL AVE City NORFOLK State MA Zip 02056 Insurance Company GOVT EMPLOYEE			Reg # 19MP87 Reg Type PAN Reg State MA Veh Year 2015 Veh Make AUDI Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 20 22 23 22 20 22 23 22 23 23 10 Undercarriage Most Harmful Event 23 5 11 Totaled Driver Contributing Code 7 24 97 24 Underride/Override 25 Towed Y							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) T1272028 Violation 1: Ch 90/244 Sec _____ Violation 2: Ch 90/244 Sec _____ Violation 3: Ch 89/4A Sec _____ Violation 4: Ch _____ Sec _____										
Please fill out for operator and all occupants involved			13 20							
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 1 99 0 0 5 1 NONE							
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										
License # --- St MA DOB/Age --- Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____ Operator NEUBERGER MICHAEL Address 4 ALDEN RD City WELLESLEY State MA Zip 02481 Insurance Company PURE			Reg # 9DHB50 Reg Type PAN Reg State MA Veh Year 2017 Veh Make BMW Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 23 22 22 22 22 22 23 23 10 Undercarriage Most Harmful Event 23 5 11 Totaled Driver Contributing Code 1 24 24 Underride/Override 25 Towed N							
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ 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 20							
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 99 0 0 5 1 NONE							

→ 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:**

MV1 stated he was "driving to fast around the corner and hit the pole." MV1 actually hit a curb, took down a street light, went up on the island hitting another street light prior to hitting the curb. The second light he struck fell on MV2. MV1 sustained heavy front end damage and was removed from the scene by Tody's Towing.

MV2 stated that MV1 "came flying across the intersection, crashed into 2 poles, one of which hit my car and he crashed over there." I then observed minor damage to MV2, however it did not require a tow. Both parties signed patient refusals with Cataldo Ambulance.

Operator of MV1 was arrested and charged with the following:

M.G.L. 90/24/J OUI Liquor

(Continued on next page)

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
WEINZ, RUTH,	2 SIMMONS ST MARLBOROUGH, MA 01752	-----	Y
AMIRA, ALISON,	57 MONTVALE RD NEWTON, MA 02459	-----	Y

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
NEWTON, CITY OF,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0		4	2 TRAFFIC LIGHTS

**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

GREGORY P HELMS

NEWTON POLICE DEPART

02/01/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Crash Narrative:	
M.G.L.	90//24/E Negligent Operation
M.G.L.	89/4A Marked Lanes
Photos of the scene were captured and turned over to the IT Bureau. Daigle Electric notified of the damaged lights.	

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

GREGORY P HELMS			NEWTON POLICE DEPT#3		02/01/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					