

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 02/01/2019 Time of Crash 17:01 City/Town NEWTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Other: X

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 Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number

Vehicle 1 Occupants Hit/Run Moped Case Number 190000132

License # --- St MA DOB/Age --- Reg # 19MP87 Reg Type PAN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL --- Operator SHEEHAN JOHN FREDRICK Owner (Same as operator)

Insurance Company GOVT EMPLOYEE Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)

Vehicle Travel Direction: N S E X Responding to Emergency? Event Sequence 20 22 23 22 20 22 23 22 Most Harmful Event 23 Driver Contributing Code 7 24 97 24 Underride/Override 25 Towed Y

Table with columns: Name, 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, NONE

Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped

License # --- St MA DOB/Age --- Reg # 9DHB50 Reg Type PAN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL --- Operator NEUBERGER MICHAEL Owner (Same as operator)

Insurance Company PURE Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)

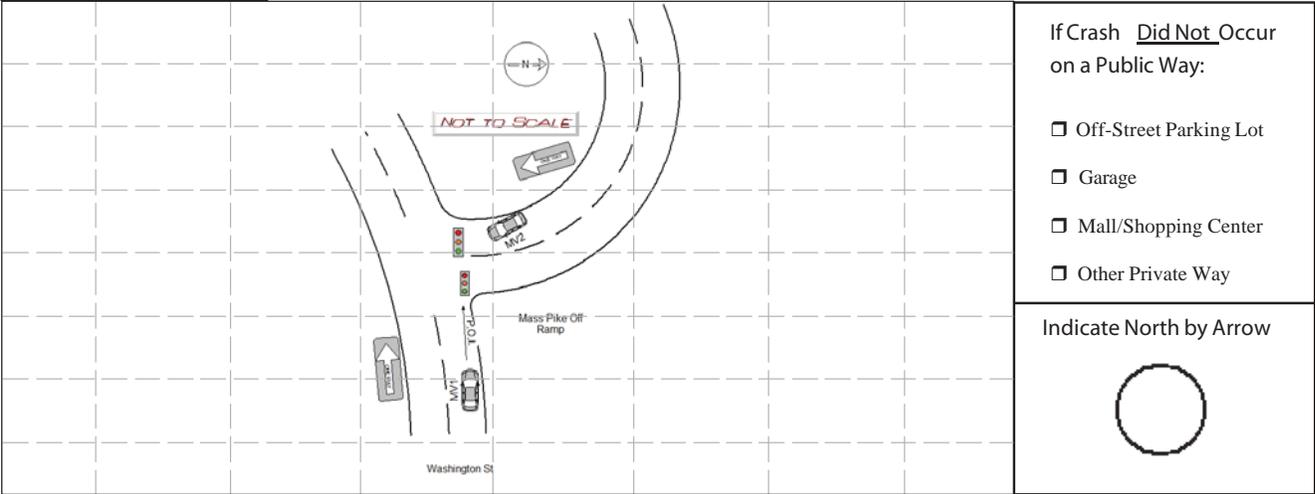
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Table with columns: Name, Address, Age/DOB, Sex, Seat Pos., Safety System, Airbag Status, Airbag Switch, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Operator/Non-Motorist: See Above, NONE

→ Direction Vehicle 1 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

GREGORY P HELMS

NEWTON POLICE DEPART

02/01/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

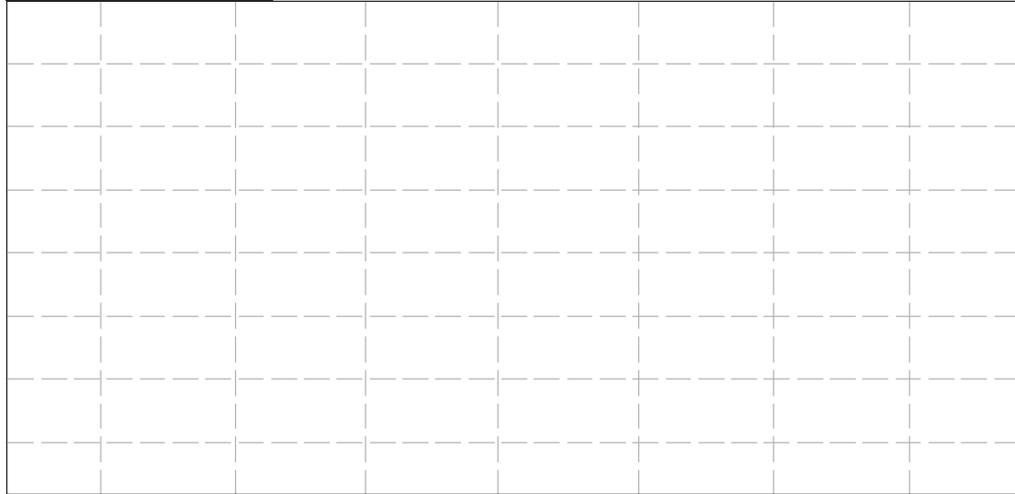
Department

Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2  Pedestrian

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:

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.

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

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Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code