

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/03/2019	Time of Crash 23:45 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 1	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
<b>1</b> <b>4</b>			Route# _____ Direction _____ Name of Roadway/Street _____ At _____		NORTH 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 _____					
<b>2</b> <b>1</b>			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____		Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____					
<b>3</b>			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000143			
<b>4</b> <b>1</b>			License # _____ St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>STEFFEN</u> <u>MELANIE</u> <u>JOY</u> Address <u>78 PRAIRIE AVENUE</u> City <u>AUBURNDALE</u> State <u>MA</u> Zip <u>02466</u> Insurance Company <u>COMMERCE</u>		Reg # <u>7TT558</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>NISSAN</u> Veh Config. <u>2</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>4</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>22</u> <u>22</u> <u>20</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> Most Harmful Event <u>22</u> <u>23</u> Driver Contributing Code <u>10</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>Y</u>					
<b>5</b>			Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) <u>T0648084</u> Violation 1: Ch <u>90/244</u> Sec _____ Violation 2: Ch <u>89/4A</u> Sec _____ Violation 3: Ch <u>90/24C</u> Sec _____ Violation 4: Ch _____ Sec _____		 10 Undercarriage 11 Totaled					
<b>6</b> <b>2</b>			Please fill out for operator and all occupants involved		<b>13</b> <b>22</b>					
			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							
<b>7</b> <b>1</b>			Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants <input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped							
<b>8</b> <b>2</b>			License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" 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 _____		Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>20</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> Most Harmful Event <u>23</u> Driver Contributing Code <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed _____					
			Please fill out for operator and all occupants involved							
			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							

Direction 1 Vehicle 1 2 Vehicle 2 3 Pedestrian  
 ie: 1 2

**Crash Diagram:**

NOT TO SCALE

☐ Off-Street Parking Lot  
☐ Garage  
☐ Mall/Shopping Center  
☐ Other Private Way

Indicate North by Arrow

**Crash Narrative:**

On Sunday, February 3rd 2019, at approximately 11:45pm, I, Officer Brooks, responded to a single car MVA at the intersection of River street and Auburndale avenue. Upon arrival I observed MV1(MA REG 7TT558) in the travel lane with both tires broken free from the axle. I spoke with the operator who could not recall how the accident happened, or what was struck. After an investigation the operator was placed under arrest for 90/24 OUI Alcohol.

Officer Boyle was able to assist in the accident investigation. It appears the operator had been traveling westbound on River street and struck a utility pole on the drivers side front tire. The vehicle continued to the intersection of River street and Auburndale avenue and struck a curb here on the passenger side tire. Both tires were broken free from the axles. The vehicle was towed by Tody's and an inventory form was filed.

(Continued on next page)

**Witnesses:**

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

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
			4	

**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

JOSEPH J BROOKS

38339

NEWTON POLICE DEPT

02/04/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

♀ Pedestrian

[illegible]

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

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

Placard	40
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CDP1 11 -24:00