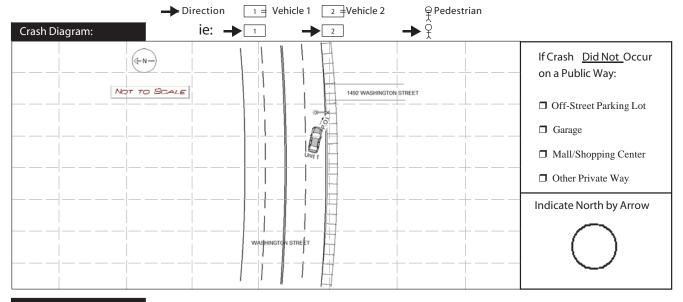
| | Poli | ice Use Only | | Commonweal | th o | of Massa | achu | setts | | | RMV | / Docun | nent Number | |
|----------------|--|--|--|--------------------------|---|--|---------|-----------------------------------|------------------------------------|-----------------------------|------------------------|-------------------------------|---|---------------|
| | Date of Crash 02/04/2019 | Time of Crash 15:37 24HR | NEWTON | MIOTOI | | icle Cra Report | sh | Number Vehicles 1 | Number Injured | Lati | ed Limitude gitude_ | | State Police Local Police MBTA Police Other: | XI D |
| | | | RSECTION: | | OCAT | | > | | NO | ГАТ | INTE | ERSE | CTION: | 2 |
| | | | | | | EAST | 1492 | 2 | WASH | NGTO | N ST | | | $\frac{2}{2}$ |
| ${f 1}$ | Route# Direc | tion | Name of Ro | padway/Street | | Route# Direction | on Add | ress # | | Na | me of R | loadway/ | Street | |
| | | | | | _ - | Feet NSEW of — or Exit Number | | | | | | - | | |
| | Route# Direc | ction 1 | Name of Intersecting I Also at Intersec | | —ļ | Feet | N S E V | V of | | | | | | |
| 2 1 | | | | | | Route# Intersecting Roadway/StreeFeet NSEW of | | | | | | dway/Street | 1 | |
| | Route# Direction Name of Intersecting Roadway/Street | | | | | Landmark | | | | | | | | _ |
| 3 | XVehicle1 | #Occupants | Hit/Run | Moped Case No | umber | | 190 | 00000144 | | | | | | |
| | License# | | St MA | | Reg# | 9GH957 | | | _ Reg Ty | pe_PA | N | Reg | State MA | _ |
| | Sex_M_ Lic. | | Lic. Restrictions | 2 CDL | Veh Ye | ear_2015 | Veh | Make_TO | OYOTA | | | Veh Co | nfig. 20 | |
| 4 1 | Operator JOH | | PETER | Endorsment DAVID Middle | Owner | (Same as oper | rator) | | First | | | Middle | | - з |
| | | Address 655 WATERTOWN STREET City NEWTON State MA Zip 02458 | | | Address | | | | | | | | - | |
| | City NEWTO: | n Ipany COMMER | | Zip <u>02458</u> | - | e Action Prior to | | 2 | | | | | Zip Circle Up to Thr | |
| 5 | 1 | Direction: N | | ding to Emergency? | | Sequence 20^{2} | | 22 | 22 (2) | Ü | 3 | | 4 | |
| 1 | | ssued) | | | | Harmful Event | 23 | | | _ | 9 | | 10 Undercarr 5 11 Totaled | riage |
| | Violation | 1: ChSec | c Violation 2: | ChSec | Driver | Contributing Co | ode 1 | 24 | 24 | | ZÍ | | | |
| ⁶ 2 | Violation 3: ChSec Violation 4: ChSec | | | | | Underride/Override | | | | | | | | |
| | Please | | ator and all occupa | nts involved Address | | Age/DOB | Sex Se | 26 27 Safety System | 28 2 Airbag Airb Status Swit | 9 30 ag Eject ch Code | 31 Trap Code | 32 Injury Tra Status Co | 33 nsp. de Medical Facil | ity 2 |
| | Operator | | | See Above | | | | 1 | 3 4 | 0 | 0 | 5 1 | | _ |
| | | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | |
| 1 | Please Select C of the Followi | I Vehicle | e# Occupants | Non-Motorist A Type | 1 | 4 Action 1 | 5 Locat | | Cond | ition | 17 | Hit | t/Run Mop | ed |
| | License #StDOB/Age | | | | Reg#_ | eg#Reg TypeReg State | | | | | | | _ | |
| | Sex Lic. Class | | | | Veh Ye | h YearVeh MakeVeh Config. | | | | | | | | |
| 8 1 | Operator | Derator Last First Middle | | | | Owner Last First Middle | | | | | | | | - |
| | Address | | | | Address | | | | | | | | - | |
| | CityStateZip | | | | City State Zip Vahicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) | | | | | | | | ree) | |
| | Insurance Company | | | | | venicle Action Prior to Crash | | | | | | | | |
| | Citation # (If Issued) | | | | Most Harmful Event 23 | | | | | | | riage | | |
| | Violation 1: ChSec Violation 2: ChSec | | | | | Driver Contributing Code 24 24 5 11 Totaled | | | | | | | | |
| | Violation 3: ChSec Violation 4: ChSec | | | | | Underride/Override 25 Towed 8 7 6 | | | | | | | | |
| | Pl Name (Last Fi | | operator and all o | ccupants involved | | Age/DOB | | 26 27 eat Safety os. System | 28 2 Airbag Airb Status Sw | 9 30 ag Eject tch Cod | 31 Trap e Code | Injury [Fra | 33 nsp. ode Medical Faci | lity |
| | | Non-Motorist | | See Above | | | - | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |



Crash Narrative:

Vehicle 1 was traveling east on Washington Street. The operator of vehicle 1 states he felt the steering wheel pull hard to the right. The operator of vehicle 1 then pulled the steering wheel to the left in attempt to correct the pulling to the right. At this time the vehicle began to pull harder to the right and ended up striking the curb and a concrete light pole. The concrete pole is owned by the City of Newton, pictures taken and submitted to IT. MED2 responded and obtained a patient refusal. Eversource was notified and responded to disconnect the power. After the power was disconnected Todys was able to remove the vehicle. I was able to move the disconnected light pole and some debris to make the sidewalk passable. Eversource placed a cone over the disconnected wires and I was able to tape off the downed pole. Dispatch notified the city for the pole and to clean up the debris.

| Witnesses: | | | | | | | | | |
|---|---------------------|----------------------|------|---------|-------------------------------|---------------|-------|--|--|
| Name (Last, First, Middle) | Address | | | Phone # | | Statement | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Property Damage: | | • | | | | | | | |
| Owner (Last, First, Middle) | Phone # 34-Type Des | | | | scription of Damaged Property | | | | |
| CITY OF NEWTON, , | | | 3 | CON | CRETE STREET I | LIGHT POLE | | | |
| | | | | | | | | | |
| Truck and Bus Information: Registration #(From Vehicle Section) Carrier NameCarrier Issuing Authority Code | | | | | | | | | |
| Address | | | City | | | St | _ Zip | | |
| US DOT #: | | Issuing State ICC #: | | | | Interstate 36 | | | |
| Cargo Body Type Code Gross Vehicle Weight 38 | | | | | | | | | |
| Trailer Reg #: | Reg Year | | | | | | | | |
| Hazmat Information: | | | | | | | | | |
| Placard 40 Material 1 digit # 41 Material Name | | | | | | | | | |







