

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/14/2019	Time of Crash 10:41 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>			<div>29</div> <div>WEST 7 KENDALL ROAD</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Exit Number</div> <div>Feet N S E W of</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Landmark</div>							
22			3Vehicle1 1 #Occupants Hit/Run Moped Case Number 190000189							
41			12							
5			13							
63			97							
71			14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33							
81			20 21 22 23 24 25 26 27 28 29 30 31 32 33							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian
 ie: → 1 → 2 →

Crash Diagram:

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

Indicate North by Arrow

Crash Narrative:

Operator of MV # 1 states that she took a right turn off of Parker Street on to Kendall Road when she lost control due to snow and ice on the right side of the road. The vehicle then veered off to the right over the curb and struck a United States Post Office Relay Mailbox knocking it completely over. The mailbox was located in front of 7 Kendall Road. No injuries reported by the operator and the vehicle sustained minor front end damage to the right side. I did observe an accumulation of snow and ice on the right side of Kendall Road that came out approximately one foot from the curb.

Newton Center Post Office was notified regarding the mailbox. There was no mail in the box at the time.

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

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

Hazmat Information:

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

JEREMY L WILSON	25227	NEWTON POLICE DEPART	02/14/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date