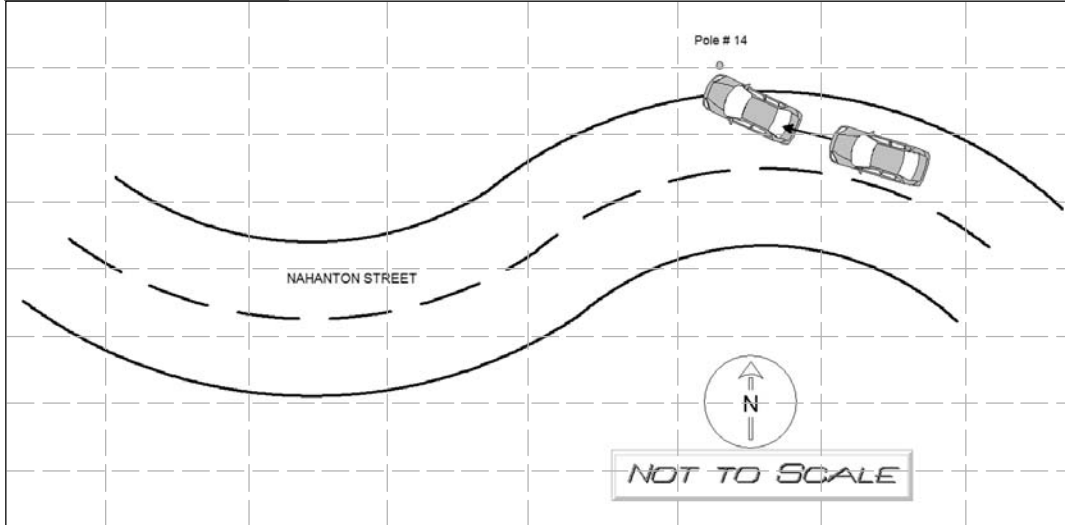


| | | | | | |
|---|--------------------------------|--|--------------------------------------|--|---|
| Police Use Only | | Commonwealth of Massachusetts | | RMV Document Number | |
| Date of Crash 02/21/2019 | Time of Crash 06:53 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | Number Vehicles 1 |
| | | | | Number Injured 0 | Speed Limit 30 Latitude Longitude |
| | | | | | State Police Local Police MBTA Police Other: |
| AT INTERSECTION: | | < LOCATION > | | NOT AT INTERSECTION: | |
| Route# Direction Name of Roadway/Street At | | WEST 240 NAHANTON ST | | Route# Direction Address # Name of Roadway/Street | |
| Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | Feet N S E W of Mile Marker Exit Number | | Feet N S E W of Route# Intersecting Roadway/Street | |
| Route# Direction Name of Intersecting Roadway/Street | | Feet N S E W of | | Landmark | |
| Vehicle 1 Occupants | | Hit/Run | | Moped | |
| Case Number | | 190000202 | | | |
| License # St MA DOB/Age | | Reg # 6302HY Reg Type PAN Reg State MA | | Sex M Lic. Class D M Lic. Restrictions 2 CDL | |
| Operator FINCH ROBERT L | | Owner MANZI CONSTANCE A | | Veh Year 2006 Veh Make HONDA Veh Config. 1 | |
| Address 30 CHILTON RD | | Address 30 CHILTON RD | | City WEST ROXBURY State MA Zip 02132 | |
| Insurance Company COMMERCE INSURANCE | | Vehicle Action Prior to Crash 1 | | Damaged Area Code: (Circle Up to Three) | |
| Vehicle Travel Direction: N S E Responding to Emergency? | | Event Sequence 22 22 22 22 | | Most Harmful Event 22 | |
| Citation # (If Issued) | | Driver Contributing Code 7 24 | | Underride/Override 25 Towed Y | |
| Violation 1: Ch Sec Violation 2: Ch Sec | | Violation 3: Ch Sec Violation 4: Ch Sec | | 10 Undercarriage 11 Totaled | |
| Please fill out for operator and all occupants involved | | Name (Last First Middle) Address Age/DOB Sex | | 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility | |
| Operator See Above | | NOT TRANSPORTED | | | |
| Please Select One of the Following: | | Vehicle Occupants Non-Motorist A Type | | 14 Action 15 Location 16 Condition 17 | |
| Hit/Run | | Moped | | | |
| License # St DOB/Age | | Reg # Reg Type Reg State | | Sex Lic. Class Lic. Restrictions CDL | |
| Operator Last First Middle | | Owner Last First Middle | | Veh Year Veh Make Veh Config. | |
| Address | | Address | | City State Zip | |
| Insurance Company | | Vehicle Action Prior to Crash 21 | | Damaged Area Code: (Circle Up to Three) | |
| Vehicle Travel Direction: N S E W Responding to Emergency? | | Event Sequence 22 22 22 22 | | Most Harmful Event 23 | |
| Citation # (If Issued) | | Driver Contributing Code 24 24 | | Underride/Override 25 Towed | |
| Violation 1: Ch Sec Violation 2: Ch Sec | | Violation 3: Ch Sec Violation 4: Ch Sec | | 10 Undercarriage 11 Totaled | |
| Please fill out for operator and all occupants involved | | Name (Last First Middle) Address Age/DOB Sex | | 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility | |
| Operator/Non-Motorist See Above | | NOT TRANSPORTED | | | |

→ 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:

On Thursday 2/21/19 at approximately 0653 while assigned to marked unit N499 I was travelling westbound on Nahanton Street when I observed a motor vehicle pulled over to the right side of the road with its emergency flashers on. I pulled behind the vehicle and spoke with the operator, FINCH Robert L, who states that he was travelling Westbound on Nahanton Street and due to the weather conditions he lost control of his vehicle and slid into utility pole #14. There was very minimal damage done to the utility pole, however FINCH's car was disabled due to the collision. The weather conditions were poor as it was raining and there were several inches of snow on the ground from a storm that morning causing the roads to be slushy and slippery. FINCH was uninjured and stated that he had AAA on the way to tow his motor vehicle.

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 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