

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 03/15/2019	Time of Crash 10:57 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 20 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 66 CUMMINGS RD Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Intersecting Roadway/Street Feet N S E W of				10				
Route# Direction Name of Intersecting Roadway/Street			Landmark				11				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000287		
License # --- St NH DOB/Age ---			Reg # 4358247 Reg Type PAS Reg State NH			Sex M Lic. Class 99 18 18 Lic. Restrictions 99 19 CDL ---			Veh Year 2011 Veh Make FORD Veh Config. 2 20		
Operator FOREST DAVID W			Owner ENGLISH THOMAS			Address 16 MEADOW LANE			Address 76 VALLEY HILL RD		
City NASHUA State NH Zip 03060			City PELHAM State NH Zip 03076			Insurance Company NATIONAL CONTINENTAL			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency?			Event Sequence 97 22 22 22 22			Most Harmful Event 97 23			Driver Contributing Code 1 24 24		
Citation # (If Issued)			Underride/Override 25 Towed N			Citation # (If Issued)			10 Undercarriage 5 11 Totaled		
Violation 1: Ch ___ Sec ___ Violation 2: Ch ___ Sec ___			Violation 3: Ch ___ Sec ___ Violation 4: Ch ___ Sec ___			Please fill out for operator and all occupants involved			13		
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			97					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 # Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # --- St DOB/Age ---			Reg # 619GZ0 Reg Type PAN Reg State MA			Sex ___ Lic. Class 18 18 Lic. Restrictions 19 CDL ---			Veh Year 2011 Veh Make TOYOTA Veh Config. 1 20		
Operator ___			Owner GOBBI JAMIE LYNN			Address 20 CROOKED SPRING RD			City BILLERICA State MA Zip 01862		
City ___ State ___ Zip ___			Vehicle Action Prior to Crash 97 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency?			Event Sequence 50 22 22 22 22			Most Harmful Event 35 23			Driver Contributing Code 1 24 24		
Citation # (If Issued)			Underride/Override 25 Towed N			Citation # (If Issued)			10 Undercarriage 5 11 Totaled		
Violation 1: Ch ___ Sec ___ Violation 2: Ch ___ Sec ___			Violation 3: Ch ___ Sec ___ Violation 4: Ch ___ Sec ___			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								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Cummings Rd

66 Cummings Rd

Unit 2

Unit 2

Unit 1

North St

NOT TO SCALE

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:

Mv#1 operator was towing a disabled Mv (#2) with a dolly wheel trailer on Cummings Rd W/B. #1 turned right N/B going uphill on North St from Cummings. At that time, the safety chain broke free from the wheel attached to the trailer. #2 dislodged from the trailer and rolled down North St about 40-50ft over a small retaining wall and into the front edge of the residence at 66 Cummings Rd. Appears to be no damage to retaining wall, minimal damage to corner of house and some bushes in front of the house. No injuries. #2 was pulled away from the house with no further damage by Tody's using the ramp flat bed truck. Tody's towed #2 to their storage yard.

Home owner was notified of damage.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
DUNNING, EILEEN,	66 CUMMINGS RD NEWTON, MASSACHUSETTS 0	617-820-3687	97	HOUSE

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