

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/18/2019	Time of Crash 08:57 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 35 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:					
Route# Direction Name of Roadway/Street At			NORTH 700 CENTRE STREET Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street										
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000297			
License # --- St RI DOB/Age ---			Reg # 147792		Reg Type COMBINATI		Reg State RI			
Sex M Lic. Class D M Lic. Restrictions 1 19 CDL _____			Veh Year 2003		Veh Make TOYOTA		Veh Config. 2 20			
Operator BARBOSA NELSON G			Owner (Same as operator)							
Address 659 BROADWAY ST (apt. 3)			Address							
City PAWTUCKET State RI Zip 02860			City		State		Zip			
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? _____			Event Sequence 40 22 21 22 22 22		Event Sequence 21 23		10 Undercarriage 5 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event 21 23		Driver Contributing Code 11 24 12 24		Underride/Override 25 Towed Y			
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 See Above			-----		1 4 4 0 0 5 1		NONE			
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants			<input checked="" 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 #		Reg Type		Reg State			
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year		Veh Make		Veh Config. 20			
Operator WATKINS BRYNMORE			Owner							
Address 700 CENTRE STREET			Address							
City NEWTON State MA Zip			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		Event Sequence 23		10 Undercarriage 5 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event 23		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 _____							
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			-----		5 1		NONE			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Centre Street
Cabot Street
Sargent St
700 Centre Street
ICE FROM INTERSECTION TO 700 CENTRE
WATER MAIN BREAK AT CENTRE AND SARGENT
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:

Operator of Vehicle #1 stated that he was traveling North on Centre Street. He passed through the intersection of Cabot and Centre street where he proceeded downhill on an icy road. Operator stated that he "fishtailed" and lost control of his vehicle before leaving the roadway and coming to rest in the shrubs and trees in the front yard of 700 Centre Street.

At the time of this incident there is a reported water main break at the intersection of Centre street and Sargent street with City Water Crews addressing the issue. I observed a large collection of ice in the intersection and in the northbound lane of Centre street.

(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

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

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

No injuries were reported. Tody's was notified and removed the truck from the bushes. Operator #1 drove the vehicle away. I notified the home owner, Mr. Watkins of the damage. He estimated the damage to the landscaping to be approximately \$2000.

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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

JAMES B SELIG

NEWTON POLICE DEPART

03/18/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date