

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/04/2019		Time of Crash 15:13 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 2	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:							
<div>WEST DEDHAM ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>NORTH OAK HILL ST</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>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000338							
License # --- St RI DOB/Age ---						Reg # 704 Reg Type CON Reg State MA							
Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL Endorsment						Veh Year 1996 Veh Make ADVA Veh Config. 13 20							
Operator PAZ CARLOS						Owner TRESCA BROTHERS							
Address 96 E BOURNE AVE						Address BX 189							
City TIVERTON State RI Zip 02878						City MILLIS State MA Zip 02054							
Insurance Company TRAVELERS						Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 97 22 22 22 22 2 Most Harmful Event 97 23							
Citation # (If Issued)						Driver Contributing Code 1 24 24 Underride/Override 25 Towed N							
Violation 1: Ch Sec Violation 2: Ch Sec						10 Undercarriage 5 11 Totaled							
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												97	
Operator See Above													
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 # Reg Type Reg State	
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment												Veh Year Veh Make Veh Config. 20	
Operator												Owner	
Address												Address	
City State Zip												City State Zip	
Insurance Company												Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)	
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Citation # (If Issued)												Driver Contributing Code 24 24 Underride/Override 25 Towed	
Violation 1: Ch Sec Violation 2: Ch Sec												10 Undercarriage 5 11 Totaled	
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 →

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, April 4th 2019, I responded to a one vehicle accident on Dedham St by Oak Hill St. The vehicle (Mass Commerical # 704 ADVA MIXER Color Red) was operated by Carlos Paz. His vehicle was headed west on Dedham St when the top of his vehicle struck a low hanging wire and dragged other wires to the point where it made utility pole # 104 tilt over toward the middle of the rd. There were no injuries. Eversource and Verizon responded to fix the pole. Carlos suffered no damage to his vehicle. Carlos has Travelers Insurance.

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

NICHOLAS JAMES GAMBLE **NEWTON POLICE DEPT** **04/04/2019**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00