

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 04/06/2019	Time of Crash 01:44 24HR	City/Town NEWTON	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:				
Route# Direction Name of Roadway/Street At			SOUTH 16 PEMBROKE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000342		
License # St DOB/Age			Reg # Reg Type UNKNOWN Reg State			Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year Veh Make UNKNOWN Veh Config. 20		
Operator Last First Middle			Owner Last First Middle			Address			Address		
City State Zip			City State Zip			Insurance Company			Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N X E W Responding to Emergency?			Event Sequence 23 22 22 22 22			Most Harmful Event 23			Driver Contributing Code 99 24 24		
Citation # (If Issued)			Underride/Override 25 Towed N			10 Undercarriage			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 23		
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			-----								
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 Last First Middle			Owner Last First Middle			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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Operator/Non-Motorist See Above			-----								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

No vehicle was observed in the area of the incident. It was observed that a 2 hour parking sign had been struck. Visible tire marks were on the sidewalk/ curb of Pembroke St. It was observed that the tire marks from the vehicle and the way the street sign fell that the vehicle was possibly traveling southbound on Pembroke St and crossed over to the left side of the roadway striking the sign. 3 pictures were taken at the scene and submitted to IT. City of Newton notified about damages.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
CITY OF NEWTON,,	,		3	2 HOUR PARKING SIGN

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

KATELYN MARY POHLMAN

NEWTON POLICE DEPART

04/06/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

