

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 04/20/2019	Time of Crash 00:56 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 1	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			NORTH 742 CENTRE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				1 11				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000395		
License # --- St MA DOB/Age ---			Reg # 5MT961 Reg Type PAN Reg State MA			20					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2014 Veh Make NISS Veh Config. 1			20					
Operator SIDWELL CANDACE M Last First Middle			Owner SIDWELL NATHAN D Last First Middle			20			12		
Address 14 BALENA RD			Address 14 BALENA RD			20					
City ATTLEBORO State MA Zip 02703			City ATTLEBORO State MA Zip 02703			20					
Insurance Company GOVT EMPLOYEE INS			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 23 22 22 22 22			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 23 23			5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 19 24 24			6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y			6					
Please fill out for operator and all occupants involved			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			13 23		
Operator See Above			3 1 0 0 9 2			NWH					
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			20					
Sex Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year Veh Make Veh Config. 20			20					
Operator Last First Middle			Owner Last First Middle			20					
Address			Address			20					
City State Zip			City State Zip			20					
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)					
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Operator/Non-Motorist See Above			3 1 0 0 9 2								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Unit 1

P.O.I.

Verizon pole 73/21

Centre St

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 stated she was traveling Northbound on Centre St. MV#1 stated she had took her eyes off the road momentarily when her vehicle drifted off to the right striking the sidewalk. MV#1 stated she then struck the telephone pole (Verizon 73/21)

MV#1 sustained major damage to the front end rendering the vehicle completely disabled.

Todys's took possession of the vehicle.

Operator of MV#1 was taken to NWH for injuries sustained by medics.

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