

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 04/24/2019	Time of Crash 10:23 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____			
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:						
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 382 WOLCOTT ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000412				
License # _____ St <u>NH</u> DOB/Age _____			Reg # <u>MW2251</u>		Reg Type <u>COM</u>		Reg State <u>NC</u>				
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year <u>2017</u>		Veh Make <u>FRHT</u>		Veh Config. <u>13</u> <u>20</u>				
Operator <u>MOORE</u> <u>MELBOURNE</u> Last First Middle			Owner <u>OLD DOMINION FRI</u> Last First Middle		Address <u>500 OLD DOMINION WAY</u>						
Address <u>12 WEST BOBART ST</u>			City <u>NASHUA</u> State <u>NH</u> Zip <u>03060</u>		City <u>THOMASVILLE</u> State <u>NC</u> Zip <u>27360</u>						
Insurance Company <u>PROTECTIVE</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>97</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		1 2 3 4						
Citation # (If Issued) _____			Most Harmful Event <u>97</u> <u>23</u>		1 2 3 4						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>19</u> <u>24</u> <u>24</u>		1 2 3 4						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>		1 2 3 4						
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 10 1		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>0</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				
License # _____ St _____ DOB/Age _____			Reg # <u>199DN2</u>		Reg Type <u>PAN</u>		Reg State <u>MA</u>				
Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Veh Year <u>2010</u>		Veh Make <u>BMW</u>		Veh Config. <u>1</u> <u>20</u>				
Operator _____ Last First Middle			Owner <u>MARKIEWICZ</u> <u>CHRIS</u> Last First Middle		Address <u>382 WOLCOTT ST</u>						
Address _____			City <u>NEWTON</u> State <u>MA</u> Zip <u>02466</u>		City _____ State _____ Zip _____						
Insurance Company <u>COMMERCE</u>			Vehicle Action Prior to Crash <u>11</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>97</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		1 2 3 4						
Citation # (If Issued) _____			Most Harmful Event <u>97</u> <u>23</u>		1 2 3 4						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>		1 2 3 4						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>		1 2 3 4						
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		-----		---		1 4 4 0 0 10 1		

→ 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:

Operator of vehicle 1 stated he was coming driving on Wolcott St when he vehicle caught the overhead power line going from poll to house #382. As a result the power line was pulled from the residence and came down across vehicle 2. Vehicle 2 had minor damage and the residence had damage from the line being pulled. Eversource responded and cut power to the line before safely removing it from the vehicles/roadway. No reported injuries and no tows were required.

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 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

MICHAEL ANTHONY IAROSSO

NEWTON POLICE DEPART

04/24/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date