

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/29/2019		Time of Crash 15:38 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 30 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:						9	
1	NAHANTON ST												2
	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street							
	At					Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker Exit Number							
2	WINCHESTER ST												10
	Route# Direction Name of Intersecting Roadway/Street					Feet [N][S][E][W] of _____ Route# Intersecting Roadway/Street							
	Also at Intersection with					Feet [N][S][E][W] of _____ Landmark							
3	Route# Direction Name of Intersecting Roadway/Street												11
4	<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants					<input checked="" type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 190000435					12
5	License # _____ St _____ DOB/Age _____					Reg # _____ Reg Type UNKNOWN Reg State CA					13		
	Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____					Veh Year _____ Veh Make UNKNOWN Veh Config. [20]							
	Endorsment _____												
6	Operator _____					Owner _____					14		
	Last First Middle					Last First Middle							
	Address _____					Address _____							
7	City _____ State _____ Zip _____					City _____ State _____ Zip _____					15		
	Insurance Company _____					Vehicle Action Prior to Crash [4][21] Damaged Area Code: (Circle Up to Three)							
	Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? _____					Event Sequence [23][22][22][22][22] 2 3 4							
8	Citation # (If Issued) _____					Most Harmful Event [23][23]					16		
	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code [19][24][24]							
	Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override [25] Towed N							
9	Please fill out for operator and all occupants involved										17		
	Name (Last First Middle) Address					Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility							
	Operator See Above					-----							
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→ 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

○

NOT TO SCALE

Crash Narrative:

Witness 1 stated that vehicle 1 was travelling northbound on Nahanton St. Vehicle 1 made a left hand turn, westbound onto Winchester St. During the turn the right side of vehicle 1 made contact with the crosswalk signal post. I observed the post to be leaning due to the impact. The witness was unable to get a plate number, but was able to tell me that it was a commercial truck with a California registration. Dispatcher Brunelle notified Dagle to fix the light post. Photos were taken of the pole, and submitted to the IT bureau.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
ANDERLIND , ERIK,	56 WARREN ST NEWTON, MA 02459	----	N

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
CITY OF NEWTON, ,	NAHANTON ST		3	CROSSWALK LIGHT POLE

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

TIMOTHY ROCHE **NEWTON POLICE DEPT** **04/29/2019**

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

CDP1 11 -24-00





