

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/29/2019		Time of Crash 20:15 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		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:						9	
WEST NONANTUM ST										2			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						10			
At				Feet N S E W of _____ or _____									
NORTH WAVERLEY AVE				Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____						11			
Also at Intersection with				Route# Intersecting Roadway/Street						1			
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000436							
License # --- St MA DOB/Age ---				Reg # 6PT930 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2016 Veh Make SUB Veh Config. 1 20									
Operator BLEDSOE ISABEL				Owner BLEDSOE THOMAS A								12	
Address 34 RICKER ROAD				Address 34 RICKER RD									
City NEWTON State MA Zip 02458				City NEWTON State MA Zip 02458									
Insurance Company COMMERCE INSURANCE				Vehicle Action Prior to Crash 3 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence 22 22 22 22 22				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 22 23				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 12 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved												13	
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												22	
Operator See Above													
BLEDSOE, THOMAS, A 34 RICKER RD NEWTON, MA 02458													
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 _____				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)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence 22 22 22 22 22				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 23				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed ---									
Please fill out for operator and all occupants involved													
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/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:

Vehicle one was traveling westbound on Franklin street and taking a right hand turn to head north on Waverly Ave when the female operator overturned the wheel and struck pole number 21 on the corner of Nonantum St and Waverly ave. The male passenger then stated for the female party to leave the driver seat of the vehicle. The male party took possession of the vehicle and drove off. Witnesses stated that a female was driving and a male party then took over possession of the car and drove off. Witnesses then wrote down the license plate of the vehicle. Officer Anderson responded to the operators residence to check on well being and spoke to the male party. The male party stated he left the scene and stated that his daughter was learning to drive and she only has her learners permit when she overturned the wheel taking a right hand turn and struck the pole. Male party stated he didn't think there was damage to the pole so he left the scene, since the female party

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
PARIS, SOPHIEANA,	57 KENILWORTH ST NEWTON, MA 02458	-----	Y
MCGINTY, CHARLES,	855 COMMONWEALTH AVE NEWTON, MA 02460	-----	Y

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
''	,		4	POLE NUMBER 21

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 DEPARTM 04/29/2019

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

CDP1 11 -24:00

♀ Pedestrian

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement
BOIS II, ROBERT, PORTMORE	151 WAVERLY AVE NEWTON,MA 02458	-----	Y

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

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CDP1 11 -24:00