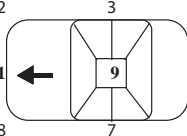
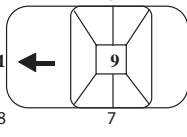


## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/02/2019	Time of Crash 11:40 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 1	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: <input type="checkbox"/>		
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>		<b>NOT AT INTERSECTION:</b>					
<b>NORTH</b> Route# _____ Direction _____ Name of Roadway/Street _____ At _____ <b>ELLIOT ST</b> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____					Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <b>N S E W</b> of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <b>N S E W</b> of _____ Landmark _____					
<input checked="" type="checkbox"/> Vehicle 1 <u>0</u> #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000442			
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <b>18 18</b> Lic. Restrictions <b>19</b> CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____			Reg # _____ Reg Type <u>UNKNOWN</u> Reg State <u>XX</u> Veh Year _____ Veh Make <u>UNKNOWN</u> Veh Config. <b>20</b> Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <b>99 21</b> Damaged Area Code: (Circle Up to Three)		Event Sequence <b>23 22 22 22 22</b> 2 3 4 Most Harmful Event <b>23 23</b> 10 Undercarriage Driver Contributing Code <b>99 24 24</b> 5 11 Totaled Underride/Override <b>25</b> Towed <u>N</u>					
Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? _____ Citation # (If Issued) _____ 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										
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 <b>14</b>		Action <b>15</b> Location <b>16</b> Condition <b>17</b>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <b>18 18</b> Lic. Restrictions <b>19</b> CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <b>20</b> Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <b>21</b> Damaged Area Code: (Circle Up to Three)		Event Sequence <b>22 22 22 22 22</b> 2 3 4 Most Harmful Event <b>23</b> 10 Undercarriage Driver Contributing Code <b>24 24</b> 5 11 Totaled Underride/Override <b>25</b> Towed _____					
Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? _____ Citation # (If Issued) _____ 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										
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			-----							

→ 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:**

On 05/02/19 while on patrol I observed a Traffic Light Post knocked over and resting against a damaged wooden fence. The pole appears to have been struck by a vehicle as there are tire marks leading up to the base. The pole is resting against a new six (6) foot tall unpainted wooden fence belonging to #127 Elliot St.

There was no response at the residence so I left a note for the homeowner on the front door. Pictures were taken by Traffic Officer Wade and dispatch notified the light company- Daigle Light . I caution taped off the area and pole to make it safe for passers by. There is no information on the vehicle that struck the pole and a canvass of the area revealed no further leads.

**Witnesses:**

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

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
JUNDT, JACQUES,	127 ELLIOT ST NEWTON, MASSACHUSETTS 0	617-244-5717	4	TRAFFIC LIGHT INTO PRIVATE FENCE

**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

ZACHARY S RAYMOND      NEWTON POLICE DEPARTM      05/02/2019

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

CDP1 11 -24:00