

Police Use Only			Commonwealth of Massachusetts										RMV Document Number												
Date of Crash 05/06/2019		Time of Crash 17:23 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report										Number Vehicles 1		Number Injured 0		Speed Limit 25 Latitude Longitude		State Police Local Police MBTA Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																	
<div><div>NORTH</div><div>CRAFTS ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>WALNUT ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>						<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of Route# Intersecting Roadway/Street</div><div>Feet N S E W of Landmark</div></div>																		29	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants						<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000465														210	
License # --- St MA DOB/Age ---										Reg # 98831 Reg Type APN Reg State MA										2					
Sex M Lic. Class A 18 18 Lic. Restrictions B 19 CDL Endorsment										Veh Year 2017 Veh Make FRHT Veh Config. 10 20										712					
Operator REEVES TODD Last First Middle										Owner PETERSON DL Last First Middle										7					
Address 81 CHELSEA ST										Address 940 RIDGEBROOK RD										13					
City EVERETT State MA Zip 02149										City SPARKS State MD Zip 21152										23					
Insurance Company ZURICH AMERICAN										Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)															
Vehicle Travel Direction: N S X W Responding to Emergency?										Event Sequence 20 22 23 22 22 22 2 3 4 10 Undercarriage 11 Totalled															
Citation # (If Issued)										Most Harmful Event 23 23 1 9															
Violation 1: Ch Sec Violation 2: Ch Sec										Driver Contributing Code 19 24 24 8 7 6															
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 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																				23					
Operator See Above																									
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 Endorsment										Veh Year --- Veh Make --- Veh Config. 20															
Operator --- Last First Middle										Owner --- Last First Middle															
Address ---										Address ---															
City --- State --- Zip ---										City --- State --- Zip ---															
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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:

MV1 stated he was attempting to turn left onto Crafts St from Walnut St when the back end of his tractor trailer made contact with a light pole and knocked it over due to "the lane not being made for these kinds of trucks." The trailer sustained minor damage and the light pole was completely uprooted and across the sidewalk.

Photos of the scene were captured and turned over to the IT Bureau. Daigle Electric notified of the damage to the pole.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
NEWTON, CITY OF,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0	617-7960-2000	4	LIGHT POLE

Truck and Bus Information:

Registration # 98831 (From Vehicle Section)

Carrier Name HOOD INDUSTRIES Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: 108547 State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: 98781 Reg Type PAR Reg State MASSAC Reg Year 2011 Trailer Length 2 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42