

Police Use Only						Commonwealth of Massachusetts								RMV Document Number							
Date of Crash 05/31/2019	Time of Crash 14:32 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:								
AT INTERSECTION:				<	LOCATION		>	NOT AT INTERSECTION:													
												2 9									
Route# Direction Name of Roadway/Street At				SOUTH 114 WEST ST Route# Direction Address # Name of Roadway/Street								2 10									
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of Mile Marker or Exit Number																	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Route# Intersecting Roadway/Street								1 11									
				Landmark								1									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000558															
License # --- St MA DOB/Age ---				Reg # 998-SMI Reg Type PAN Reg State MA								1 12									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2006 Veh Make LEXUS Veh Config. 2 20								1									
Operator HENRIGUEZ MARGARITA ROSA Last First Middle				Owner (Same as operator) Last First Middle																	
Address 50 HARVARD ST				Address																	
City NEWTON State MA Zip 02460				City State Zip																	
Insurance Company NORFOLK DEHAM MUTUAL				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)																	
Vehicle Travel Direction: N X E W Responding to Emergency?				Event Sequence 97 22 22 22 22 2 Most Harmful Event 97 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N				Diagram: A circle with numbers 1-11 around it. Inside is a rectangle divided into four quadrants. The top-left quadrant contains a circle with the number 9. An arrow points from the left towards this circle.				10 Undercarriage 11 Totaled									
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												13 97									
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 99 0 0 10 1																	
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:**

OPERATOR STATED SHE WAS GOING S/B ON WEST ST WHEN HER VEHICLE CAUGHT EITHER A VERIZON OR CABLE WIRE THAT WAS HANGING IN THE STREET BY #114 WEST ST. SHE FURTHER REPORTS NEVER SEEING THE WIRE.

ACCORDING TO THE OPERATOR AS SHE WAS DRIVING S/B DOWN WEST ST HER FRONT LICENSE PLATE COVER CAUGHT A LOW HANGING WIRE CAUSING HER PLASTIC COVER TO FLY OFF HITTING HER HOOD CAUSING DAMAGE. THE FORCE OF THE IMPACT ALSO CAUSED DAMAGE TO OTHER AREAS OF HER VEHICLE, CRACKED, BUMPER ALONG WITH HER DRIVERS SIDE MIRROR.

IT WAS LATER DETERMINED THAT JUST PRIOR TO VEHICLE #1 PASSING THE SCENE A POSTAL EMPLOYEE HAD JUST STARTED TO ATTEMPT TO TIE OFF THE WIRE TO A FENCE AT THE SAME TIME CAUSING THE ACCIDENT

.

VERIZON WAS CONTACTED EARLIER DUE TO A COMPLAINT OF A WIRE DOWN.

(Continued on next page)

**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

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- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



### Crash Narrative:

PRIOR TO THE POSTAL WORKER ATTEMPTING TO PUT THE WIRE UP THERE WAS NO IMMEDIATE HAZARD IN THE ROAD. HOWEVER THE WIRE WAS BLOCKING THE SIDEWALK AND APPARENTLY THE POSTAL EMPLOYEE WAS CONCERNED THAT A PEDESTRIAN MIGHT TRIP ON IT.

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THOMAS J MCCARTHY

NEWTON POLICE DEPART

05/31/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Incident/Remarks

Date

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THOMAS J MCCARTHY

NEWTON POLICE DEPART

05/31/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

precinct/Remarks

Date