

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/10/2019	Time of Crash 13:06 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:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 63 KENWOOD AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet [N][S][E][W] of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000720	
License # _____ St MA DOB/Age _____			Reg # T65560			Reg Type CON			Reg State MA	
Sex F Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2018			Veh Make FORD			Veh Config. 2 20	
Operator GONZALES TAIDY Last First Middle			Owner A BLADE OF GRASS Last First Middle							
Address 6 GROVE ST (apt. 2)			Address 129 BOSTON POST RD							
City WESTBOROUGH State MA Zip 01581			City WAYLAND State MA Zip 01778							
Insurance Company GRAPHIC ARTS MUTUAL			Vehicle Action Prior to Crash 10 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				
Citation # (If Issued) _____			Most Harmful Event 23 23			1 9			10 Undercarriage	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 18 24 24			8 7 6			5 11 Totaled	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved									13 23	
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			-----			99 4 4 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 _____			Veh Year _____			Veh Make _____			Veh Config. 20	
Operator _____ Last First Middle			Owner _____ Last First Middle							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
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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:

57 Kenwood Rd

gas pole

A blade of grass

Kenw

NOT TO SCALE

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 7/10/2019 at approx 1306Hrs while assigned to 497 I responded to 57 Kenwood St for a report of a vehicle backing into a gas light pole. Upon arrival I met with a worker for A Blade of Grass Landscaping Company, Taidy GONZALES. GONZALES stated she was backing her company truck into the driveway of 57 Kenwood Rd when she taped the gas light pole belonging to The City of Newton causing the glass globe to crack. NFD responded and turned the gas off.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
	57 KENWOOD RD NEWTON, MASSACHUSETTS 0		4	GLASS GAS LIGHT COVER

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

JO A GOURDEAU NEWTON POLICE DEPARTM 07/14/2019

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

CDP1 11 -24-00