

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 07/14/2019	Time of Crash 21:51 24HR	City/Town NEWTON	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"/>					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
LAKEWOOD RD											
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street								
SOUTH NORMAN RD			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____				Mile Marker Exit Number				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				Landmark				
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000721		
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type UNKNOWN Reg State XX			Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 9 <input type="checkbox"/> 19 CDL _____			Veh Year UNKN Veh Make UNKNOWN Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20		
Operator UNKNOWN UNKNOWN			Owner (Same as operator)			Address _____			Address _____		
City _____ State _____ Zip _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash <input type="checkbox"/> 10 <input type="checkbox"/> 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company UNKNOWN			Event Sequence <input type="checkbox"/> 31 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22			Most Harmful Event <input type="checkbox"/> 31 <input type="checkbox"/> 23			Driver Contributing Code <input type="checkbox"/> 9 <input type="checkbox"/> 24 <input type="checkbox"/> 24		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Underride/Override <input type="checkbox"/> 25 Towed N			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 Sex Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status 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 <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped		
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____			Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20		
Operator _____			Owner _____			Address _____			Address _____		
City _____ State _____ Zip _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash <input type="checkbox"/> 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company _____			Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22			Most Harmful Event <input type="checkbox"/> 23			Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24		
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Norman Rd

Lakewood Rd

US Mailbox

MV1

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:

MV1 appears to have backed into a US Postal Mailbox. The mailbox was knocked over, but still in tact. There was no description of the motor vehicle other than a sedan. It continued south on Norman Rd without stopping.

No injuries were reported as a result of the accident. The reporting party only heard the accident occur, and observed a sedan pulling away from the scene.

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

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

DANIEL RICHARD POUTAS NEWTON POLICE DEPT 07/15/2019

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

CDP1 11 -24:00