

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/24/2019	Time of Crash 23:50 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit <u>5</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:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 175 BOYLSTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ 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 type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000762			
License # _____ St MA DOB/Age _____			Reg # 8576A		Reg Type APN		Reg State MA			
Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019		Veh Make MAC		Veh Config. 13 20			
Operator DOTSON MASIO A			Owner (Same as operator)		First _____ Middle _____		Last _____			
Address 13 HARVARD DR			Address _____		First _____ Middle _____		Last _____			
City BEDFORD State MA Zip 01730			City _____ State _____ Zip _____		City _____ State _____ Zip _____		City _____ State _____ Zip _____			
Insurance Company SAFTEY INSU			Vehicle Action Prior to Crash 10 21		Damaged Area Code: (Circle Up to Three)		10 Undercarriage			
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 23 22 22 22 22		2 3 4		5 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event 23 23		1 9		6			
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		8 7		6			
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		-----		99 4 99 0 0 99 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 1 19 CDL _____			Veh Year _____		Veh Make _____		Veh Config. 20			
Operator _____			Owner _____		First _____ Middle _____		Last _____			
Address _____			Address _____		First _____ Middle _____		Last _____			
City _____ State _____ Zip _____			City _____ State _____ Zip _____		City _____ State _____ Zip _____		City _____ State _____ Zip _____			
Insurance Company _____			Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)		10 Undercarriage			
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 22 22 22 22 22		2 3 4		5 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event 23		1 9		6			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24		8 7		6			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____		8 7		6			
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		-----		-----			

Crash Narrative:
RP David Alessi who is an employee for the chestnut hill mall stated he was alerted to a light post down
outside of the mall in the parking lot. David stated he met with operator of MV#1 that stated he was backing
up did not see the light poll behind him. He struck the light poll causing it to uprooted and fall over.
MV#1 was not on scene I gathered the information from RP David.
MV#1 was operating a garbage truck for company JRM whom is subcontracted out with the mall.
I was not able to reach the drive, he will not be issued a citation.
I then cleared with no further incident.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, LIGHTPOLL,	,		4	LIGHTPOLL

SCOTT SIEGAL			NEWTON POLICE DEPT.		07/25/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					