

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/07/2019	Time of Crash 09:43 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: <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 144 EAST SIDE PKWY Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ Mile Marker _____ Exit Number _____ ____ Feet [N S E W] of _____ ____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
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 190000811	
License # _____ St CT DOB/Age _____			Reg # 2460560 Reg Type TK Reg State IN							
Sex F Lic. Class A 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2018 Veh Make IHC Veh Config. 13 20							
Operator SASHEIKA HYDE Last First Middle			Owner PENSKE TRUCK LEASING Last First Middle							
Address 161 MARTIN ST (apt. 4)			Address 4000 CLINE AVE							
City HARTFORD State CT Zip 06120			City EAST CHICAGO State IN Zip 46312							
Insurance Company PENSKE TRUCK LEASING			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: [X] S [ ] E [ ] W Responding to Emergency? _____			Event Sequence 21 22 22 22 22 2			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 21 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
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 10 1			NONE				
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants _____			<input checked="" 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 M Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. 20							
Operator HINTEREGGER HANS F Last First Middle			Owner _____ Last First Middle							
Address 152 EASTSIDE PKWY			Address _____							
City NEWTON State MA Zip 02458			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: [N] [S] [E] [W] Responding to Emergency? _____			Event Sequence 22 22 22 22 2			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____							
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			10 1							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

152 East Side Parkway

unknown vehicle

Vehicle #1

Eastside PKWY

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 of vehicle # 1 stated she was travelling Northbound on East side parkway. Operator #1 stated as she approached a curb bump out that narrowed the roadway, an oncoming unknown(no description) vehicle sped up around a parked vehicle and entered vehicle # 1's travel lane. Operator #1 was forced to swerve to the right to avoid a collision . The cargo portion of the truck collided with a large branch of a city tree overhanging the road which then uprooted the tree. Photos of the crash were taken by traffic. Eversource responded to the scene and the tree was removed by the city. The home owner of 152 East side Parkway was not home at the time of the incident. I spoke to the home owner Mr. Hans Hinteregger on 08/19/2019. Mr. Hinteregger stated that his residence sustained damage when the power line was pulled from the side of his house. The crash drawing and property information has been updated with the homeowners information.

**Witnesses:**

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

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
CITY OF, NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0	617-796-1000	3	CITY TREE UPROOTED
HINTEREGGER, HANS,	152 EASTSIDE PKWAY NEWTON, MASSACHUSETTS 0	617-415-8039	97	SINGLE FAMILY HOME/ ELECTRICAL DAMAGE

**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 NARDELLI

NEWTON POLICE DEPART

08/07/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date