

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 08/09/2019	Time of Crash 11:25 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 114 SARGENT ST Route# Direction Address # Name of Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet [N S E W] of _____ Mile Marker _____ Exit Number _____								
Route# Direction Name of Intersecting Roadway/Street			Feet [N S E W] of _____ Route# Intersecting Roadway/Street								
			Feet [N S E W] of _____ Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000821		
License # --- St MA DOB/Age ---			Reg # 7WFE70 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2018 Veh Make HONDA Veh Config. 2 20								
Operator ESTRADA ESMERALDA Last First Middle			Owner (Same as operator) Last First Middle								
Address 245 N BEACON ST (apt. 32)			Address _____								
City BRIGHTON State MA Zip 02135			City _____ State _____ Zip _____								
Insurance Company PLYMOUTH ROCK			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: [N S E W] Responding to Emergency? _____			Event Sequence 22 22 22 22 22			10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event 22 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 Y								
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 1 99 0 0 10 1					
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		
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 EVERSOURCE UTILITY Last First Middle			Owner _____ Last First Middle								
Address 200 CALVARY STREET			Address _____								
City WALTHAM State MA Zip 02454			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 22			10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event 23			5 11 Totaled					
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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 →

Crash Diagram:

Utility pole

Vehicle #1

unknown vehicle

114 Sargent St.

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 Westbound on Sargent St. when an unknown oncoming vehicle swerved into her lane. Operator #1 was forced to swerve to the right to avoid a collision and struck a utility pole. The unknown vehicle left the area. There was minimal damage to the utility pole.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, EVERSOURCE,	200 CLAVARY ST WALTHAM, MASSACHUSETTS	800- 592-2000	4	UTILITY POLE

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