

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number					
Date of Crash 08/19/2019	Time of Crash 11:51 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:					
EAST BERKELEY ST Route# Direction Name of Roadway/Street At SOUTH EXETER ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark									
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000848			
License # --- St RI DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator SAVARD JERRY Address 1398 LONSDALE AVE. (apt. 8) City LINCOLN State RI Zip 02865 Insurance Company ARBELLA			Reg # T16515 Reg Type CON Reg State MA Veh Year 2017 Veh Make HINO Veh Config. 13 20 Owner PERRYS TRANSIT LI Address 46 MEADOW ST City CARVER State MA Zip 02330 Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 97 22 22 22 22 2 Most Harmful Event 97 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y 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			13 97									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility												
Operator See Above			NONE									
PENA, JOSHUA 728 PINE ST (apt 2) CENTRAL FALLS, RI 02863			NONE									
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 --- Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____ 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			13 97									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility												
Operator/Non-Motorist See Above			NONE									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

NOT TO SCALE

berkeley st

exeter st

Unit 1

← N →

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 8-19-19 AT APPROX. 1151HRS. WHILE WORKING N492 I TOOK A REPORT FOR SINGLE VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF EXETER AND BERKELEY ST. I MET THE OPERATOR OF VEHICLE #1 DRIVER STATES HE WAS TRAVELING EASTBOUND ON BERKELEY INTENDING TO MAKE A RIGHT TURN ONTO EXETER. WHILE MAKING THE TURN THE TRUCK STARTED TO SHAKE. THE PASSENGER COULD SEE OUT THE WINDOW THAT HE HAD CAUGHT SOME WIRES ON THE ROOF OF HIS BOX VEHICLE. THE WIRES WERE TORN DOWN AND WERE CABLE AND TELEPHONE WIRES. VEHICLE #1 HAS TOP FRONT RIGHT SIDE DAMAGE. DISPATCH NOTIFIED TELEPHONE AND CABLE OF THE WIRES BEING DOWN. THE WIRES WERE NOT LIVE. CITY OF NEWTON ARRIVED ON SCENE WITH BARRICADES SO WE COULD MAKE THE AREA SAFE UNTIL THE UTILITY COMPANIES RESPOND. ALL PARTIES REPORTED NO INJURIES. VEHICLE #1 WAS ADVISED TO CONTACT HIS INSURANCE COMPANY. DRIVER OF VEHICLE #1 STATED HIS VEHICLE IS 13 FEET TALL SO THE UTILITY WIRES MUST HAVE HAD BEEN HANGING LOW. CLEARED WITHOUT

(Continued on next page)

**Witnesses:**

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

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, VERIZON,	791 WASHINGTON ST NEWTON, MASSACHUSETTS 02		4	CABLE WIRES
, VERIZON,	791 WASHINGTON ST NEWTON, MASSACHUSETTS 02		4	TELEPHONE WIRES

**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

THOMAS P WALSH

NEWTON POLICE DEPART

08/19/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

