

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/20/2019	Time of Crash 12:09 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 1	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:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			8 KIRKSTALL RD 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 _____				2 9			
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 _____				2 10			
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 _____				1 11			
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000854	
License # _____ St MA DOB/Age _____			Reg # 687CA9 Reg Type PAN Reg State MA			Veh Year 2008 Veh Make VOLVO Veh Config. 1 20			1 12	
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Owner GOLDSTEIN GARY			Address 160 LAKEVIEW AVE			1 12	
Operator LEVIN DIANE			Operator LEVIN DIANE			City CAMBRIDGE State MA Zip 02138			1 12	
Address 160 LAKEVIEW AVE			Address 160 LAKEVIEW AVE			City CAMBRIDGE State MA Zip 02138			1 12	
Insurance Company ARBELLA MUTUAL			Vehicle Action Prior to Crash 3 21			Damaged Area Code: (Circle Up to Three)			1 12	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 22 22 22 22 22			Most Harmful Event 22 23			1 12	
Citation # (If Issued) _____			Driver Contributing Code 16 24 24			Underride/Override 25 Towed Y			1 12	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Violation 5: Ch _____ Sec _____ Violation 6: Ch _____ Sec _____			1 12	
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			13 22	
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			13 22	
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____			Veh Year _____ Veh Make _____ Veh Config. 20			13 22	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Owner _____			Address _____			13 22	
Operator _____			Operator _____			City _____ State _____ Zip _____			13 22	
Address _____			Address _____			City _____ State _____ Zip _____			13 22	
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)			13 22	
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			Most Harmful Event 23			13 22	
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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			13 22	

Crash Narrative:

OPERATOR STATED SHE TURNED RIGHT ONTO KIRKSTALL RD FROM WALNUT ST N/B AND MUST OF MADE TO WIDE OF A TURN AND
CRASHED INTO A EDISON POLE IN FRONT OF #8 KIRKSTALL RD. THE POLE SUSTAINED ONLY MINOR DAMAGE.
THE OPERATOR DENIES IT BUT ITS POSSIBLE SHE MIGHT OF BEEN HAVING A MEDICAL ISSUE PRIOR TO CRASH. SHE DID GO
WITH THE MEDICS FOR AN EVALUATION.
VEHICLE WAS TOWED BY TODYS.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
EVERSOURCE, EVERSOURCE,	160 CALVARY ST WALTHAM,MASSACHUSETTS	800=592-2000	4	ONE UTILITY POLE

THOMAS J MCCARTHY			NEWTON POLICE DEPT		08/20/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP11 11:24:00					