

Motor Vehicle Crash Police Report

Police Use Only		Commonwealth of Massachusetts		RMV Document Number	
Date of Crash 08/23/2019	Time of Crash 23:02 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report	
Number Vehicles 1		Number Injured 0		Speed Limit 30 Latitude _____ Longitude _____	
State Police Local Police MBTA Police Other:					
AT INTERSECTION:		< LOCATION >		NOT AT INTERSECTION:	
SOUTH WALTHAM ST		Route# Direction Address # Name of Roadway/Street		Route# Direction Address # Name of Roadway/Street	
Route# Direction Name of Roadway/Street		At		Feet N S E W of _____ Mile Marker _____ or _____ Exit Number _____	
WEST WASHINGTON ST		Route# Direction Name of Intersecting Roadway/Street		Feet N S E W of _____ Route# Intersecting Roadway/Street	
Also at Intersection with		Route# Direction Name of Intersecting Roadway/Street		Feet N S E W of _____ Landmark _____	
Vehicle 1 2 #Occupants		Hit/Run		Moped	
Case Number		190000868			
License # --- St MA		DOB/Age ---		Reg # 3HF998 Reg Type PAN Reg State MA	
Sex F Lic. Class D 18 18		Lic. Restrictions 1 19 CDL _____		Veh Year 2017 Veh Make GMC Veh Config. 2 20	
Operator COOKE REBECCA BOWLES		Owner COOKE PETER			
Address 9 BERKELEY RD		Address 9 BERKELEY RD			
City WELLESLEY State MA Zip 02482		City WELLESLEY State MA Zip 02482			
Insurance Company ARBELLA		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: N X E W Responding to Emergency? _____		Event Sequence 20 22 25 22 97 22 22		Event Sequence 20 22 25 22 97 22 22	
Citation # (If Issued) T1445405		Most Harmful Event 97 23		Most Harmful Event 97 23	
Violation 1: Ch 89/4A Sec _____ Violation 2: Ch 90/24C Sec _____		Driver Contributing Code 10 24 97 24		Driver Contributing Code 10 24 97 24	
Violation 3: Ch 90/24C Sec _____ Violation 4: Ch 90/24C Sec _____		Underride/Override 25 Towed Y		Underride/Override 25 Towed Y	
Please fill out for operator and all occupants involved					
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		99 4 99 0 0 10 1			
COOKE, WILLIAM 9 BERKELEY RD WELLESLEY, MA 02482		M 4 4 4 99 0 0 10 1			
Please Select One of the Following: Vehicle #Occupants		Non-Motorist A Type 14		Action 15 Location 16 Condition 17	
Hit/Run		Moped			
License # --- St		DOB/Age		Reg # Reg Type Reg State	
Sex Lic. Class D 18 18		Lic. Restrictions 1 19 CDL _____		Veh Year Veh Make Veh Config. 20	
Operator		Owner			
Address		Address			
City State Zip		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		Event Sequence 22 22 22 22	
Citation # (If Issued)		Most Harmful Event 23		Most Harmful Event 23	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Driver Contributing Code 24 24		Driver Contributing Code 24 24	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Underride/Override 25 Towed _____		Underride/Override 25 Towed _____	
Please fill out for operator and all occupants involved					
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		-----			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington St

Waltham St

NOT TO SCALE

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:

MV1 was travelling southbound on Waltham St and instead of turning right onto Washington St drove straight over the island striking a planter. The planter became stuck under the vehicle causing undercarriage damage. The driver's side rear tire was also flat.

Operator was arrested & charged with the following

90/24J OUI Liquor

90/24V Child Endangerment while OUI

90/24E Negligent Operation

90/24C Leaving the Scene of Property Damage

89/4A Marked Lanes

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
FORD, MATTISON,	43 JUDKINS ST NEWTON, MA 02460	----	Y

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
NEWTON, CITY OF,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0	617-796-2000	99	PLASTIC PLANTER DIRT PLANTS

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

GREGORY P HELMS

NEWTON POLICE DEPART

08/24/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

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:

Tody's Towing removed the vehicle without incident. Photos of the scene were taken and turned over to the IT Bureau.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code _____

35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate _____

36

Cargo Body Type Code

Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

Placa

Material 1 digit #

Material Name_____

Material 4 digit # _____

Release code

42

GREGORY P HELMS

NEWTON POLICE DEPARTMENT

08/24/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____