

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 08/29/2019	Time of Crash 16:48 24HR	City/Town NEWTON	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:			
WEST Route# Direction DEDHAM ST Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
SOUTH Route# Direction PARKER ST 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 _____ Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000893	
License # --- St CT DOB/Age ---			Reg # AS62537 Reg Type STANDARD Reg State CT			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				
Operator STIFELIX CHARLES Last First Middle			Owner (Same as operator) Last First Middle			Veh Year 2015 Veh Make NISSA Veh Config. 1 20				
Address 50 WACONA AVE (apt. 20)			Address _____			City WATERBURY State CT Zip 06705				
Insurance Company PROGRESSIVE DIRECT			Vehicle Action Prior to Crash 3 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N			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			6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			7				
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			13 22				
Operator			See Above			99 4 99 0 0 10 1				
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 ---			Reg # Reg Type Reg State			Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				
Operator _____ Last First Middle			Owner _____ Last First Middle			Veh Year _____ Veh Make _____ Veh Config. 20				
Address _____			Address _____			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				
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Operator/Non-Motorist			See Above			99 4 99 0 0 10 1				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

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:

OPMV#1 Stated he was attempting to take a right turn onto Dedham St when he observed a vehicle traveling Westbound on Dedham St at a high rate of speed. OPMV#1 Stated he had to quickly move over to the right side of the road on Dedham St so he wouldn't get struck by the vehicle causing him to collide with the utility pole.

Vehicle was towed by Tody's Towing. Verizon was notified of the damage done 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

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

REID LARSON **NEWTON POLICE DEPT** **08/29/2019**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00