

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 08/30/2019	Time of Crash 11:08 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit <u>10</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 _____			EAST 142 PARK ST 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 _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____											
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000896		
License # _____ St MA DOB/Age _____			Reg # MF453			Reg Type MVN			Reg State MA		
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2009			Veh Make PIERCE			Veh Config. 7 20		
Operator POHLMAN MICHAEL SCOTT			Owner CITY OF NEWTON FIRE								
Address 1164 CENTRE STREET			Address 1164 CENTRE ST								
City NEWTON State MA Zip 02459			City NEWTON State MA Zip 02459								
Insurance Company CITY OF NEWTON			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 23 22 22 22 22			2 3 4			10 Undercarriage		
Citation # (If Issued) N/A			Most Harmful Event 23 23			1 2 3 4 5 6 7 8 9 10 11			11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N								
Please fill out for operator and all occupants involved										13 23	
Name (Last First Middle)			Address			Age/DOB		Sex		Medical Facility	
Operator			See Above			---		---		N/A	
BARBATO, ROBERT, S			1164 CENTRE STREET NEWTON, MA 02459			---		M 3		N/A	
FRANK, JOE			1164 CENTRE ST NEWTON, MA 02459			---		M 6		N/A	
YERARDI, JOSEPH, R			1164 CENTRE STREET NEWTON, MA 02459			---		M 4		N/A	
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 _____			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: <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			2 3 4			10 Undercarriage		
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Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24								
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Please fill out for operator and all occupants involved										13 23	
Name (Last First Middle)			Address			Age/DOB		Sex		Medical Facility	
Operator/Non-Motorist			See Above			---		---			

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Waverly Street

Unit 1

Burr Park

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

On Friday, August 30, 2019, while assigned to Traffic unit N525, I responded to Burr Park (142 Park Street, Newton) for a motor vehicle crash involving a City of Newton Fire truck.

The operator of Newton Fire Ladder 3 (MA: MF453453), Michael Pohlman, stated while trying to exit Burr Park from the Waverly Street exit, the middle driver side tire area of Ladder 3 made contact with a fixed cement pole. The pole is located at the entrance/exit and has a chain attached to it used to restrict access to the area. I observed minor damage to the driver side middle tire area and no damage to the pole. No injuries were reported by the occupants of Ladder 3. Photos were taken and submitted to the IT Bureau. Ladder 3 stated they were at the Burr Park performing an inspection.

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

MICHAEL R GAUDET NEWTON POLICE DEPT 08/30/2019

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

CDP1 11 24:00