

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 08/31/2019	Time of Crash 08:08 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:				
Route# Direction Name of Roadway/Street At			EAST 1574 CENTRE ST Route# Direction Address # Name of Roadway/Street Feet [N S E W] of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet [N S E W] of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet [N S E W] of Landmark				11 99				
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000901		
License # St DOB/Age			Reg # UNK Reg Type UNK Reg State XX			Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year UNK Veh Make UNK Veh Config. 1 20		
Operator Last First Middle			Owner Last First Middle			Address			Address		
City State Zip			City State Zip			Insurance Company			Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: [N S E W] Responding to Emergency?			Event Sequence 99 22 22 22 22			Most Harmful Event 99 23			Driver Contributing Code 99 24 24		
Citation # (If Issued)			Underride/Override 25 Towed N			10 Undercarriage 5 11 Totaled			13 99		
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					
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			-----								
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 Endorsment			Veh Year Veh Make Veh Config. 20		
Operator Last First Middle			Owner Last First Middle			Address			Address		
City State Zip			City State Zip			Insurance Company			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)		
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Operator/Non-Motorist See Above			-----								

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

1574 Centre Street

Hyde Street

P.O.

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:

The homeowners at 1574 Centre Street reported that sometime between the hours of 21:00 and 08:00 a motor vehicle struck two US Postal Service Mailboxes which were on the sidewalk they then fell over and damaged there green fence, located in the front yard. I canvassed the area with yielding negative results. I contacted the US Postal Service and notified them of the incident. The mail boxes remained lock and its contents remained inside of the mail box.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
NEWFELD, RUSSELL,	1574 CENTRE ST NEWTON, MASSACHUSETTS 0	857-225-2169	97	GREEN WOODEN FENCE
US POSTAL SERV., US POSTAL SERV,		617-654-5922	97	2 US POSTAL MAILBOXES

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

SEAN STAKE

NEWTON POLICE DEPART

08/31/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date