

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 10/12/2019	Time of Crash 23:47 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 35 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 COMMONWEALTH AVE Route# _____ Direction _____ Name of Roadway/Street _____ At _____ NORTH WASHINGTON ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001040		
License # _____ St MA DOB/Age _____ Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator PIKE SEBASTIAN Address 347 CENTRAL ST City NEWTON State MA Zip 02466 Insurance Company COMMERCE INS			Reg # 7KK957 Reg Type PAN Reg State MA Veh Year 2007 Veh Make JEEP Veh Config. 2 20 Owner PIKE JEFFREY A Address 347 CENTRAL ST City NEWTON State MA Zip 02466 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 22 22 22 23 24 24 25 Most Harmful Event 22 Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y Event Sequence Diagram: 1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled								
Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? N Citation # (If Issued) T2079375 Violation 1: Ch 90/244 Sec Violation 2: Ch 89/4A 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			-----			--- --- 99 1 99 0 0 10 1 NONE		
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 _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 22 22 22 23 24 24 25 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____ Event Sequence Diagram: 1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled								
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			-----			--- ---		

Crash Narrative:

On October 12, 2019 at approximately 2347 hours, I responded along with multiple NPD units to a report of a MV into a pole at the intersection of Washington St and Commonwealth Ave.

Upon arrival, I met with Officer Boyle who directed me to a 2007 Jeep Wrangler(MA Reg:7KK957) that was popped up onto the curb and through a traffic light pole in the intersection on the Westbound side of commonwealth Ave. I was then directed over to the vehicles operator, Sebastian Pike. Sebastian was outside of the vehicle walking around when I had arrived. Sebastian was directed to sit down for now due to airbag deployment from the accident. Sebastian was not complaining of any pain and did not need any medical attention. I then asked Sebastian what happened tonight. Sebastian stated he had just left a friends house and was driving the Jeep Westbound on Commonwealth Ave. He was driving through the intersection with

(Continued on next page)

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, DAEGLE ELECTRIC,	,		4	POLE

JAMES M CROWE			NEWTON POLICE DEPT#1		10/13/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					

➔ 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:

All aforementioned streets and Avenue's are public ways in the Commonwealth of Massachusetts.

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

JAMES M CROWE

NEWTON POLICE DEPARTMENT

10/13/2019

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____