

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/24/2019	Time of Crash 05:24 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			EAST 320 WASHINGTON 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				Route# Direction Name of Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street 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 190001207		
License # --- St CT DOB/Age ---			Reg # 93162 Reg Type APN Reg State MA			Veh Year 2016 Veh Make MACK Veh Config. 10			Operator HOLTZ LEE VAUN		
Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL N			Owner JAS EQUIPMENT LE/ B LLC			Address 145 ROSEMARY ST			City NORTH HAVEN State CT Zip 06473		
Address 100 STATE ST (apt. 47)			Address 145 ROSEMARY ST			City NEEDHAM State MA Zip 02494			Insurance Company ACE AMERICAN INSURANCE COMPANY		
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			Most Harmful Event 23			Driver Contributing Code 3 24 24		
Citation # (If Issued) _____			Underride/Override 25 Towed N			Vehicle Action Prior to Crash 8 21			Damaged Area Code: (Circle Up to Three)		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			10 Undercarriage			5 11 Totaled			Citation # (If Issued) _____		
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 ---			Veh Year --- Veh Make --- Veh Config. 20			Operator ---		
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL ---			Owner ---			Address ---			City --- State --- Zip ---		
Address ---			City --- State --- Zip ---			Insurance Company ---			Vehicle Action Prior to Crash 21		
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			Most Harmful Event 23			Driver Contributing Code 24 24		
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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											

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

320 WASHINGTON ST

WASHINGTON ST

MASS PIKE EXIT 17 OFF RAMP

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:

MV1 stated he got off the Mass Pike Eastbound at exit 17, and once at the top of the ramp, his GPS directed him to take a left onto Washington St.

While responding to a separate call, I witnessed MV1 traveling the wrong direction (NE) in the area of 320 Washington St. (one way section of rotary). I activated my blue lights and pulled up to MV1, telling the operator the street was a one way and he needed to turn around. The operator stated he had room to turn around, at which point I blocked Washington St. While turning around, the trailer of MV1 struck a City of Newton concrete light pole and knocked it down.

The concrete pole was taped and coned off, and Daigle was notified to respond. Photos were taken and submitted 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
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0	6177961000	3	CONCRETE LIGHT POLE

Truck and Bus Information:

Registration # 93162 (From Vehicle Section)

Carrier Name LILY TRANSPORTATION CORP Carrier Issuing Authority Code 35

Address UNK PO BOX 920390 City NEEDHAM St MA Zip 02492

US DOT #: 24491 State Number _____ Issuing State MASSA ICC #: _____ Interstate 99 ³⁶

Cargo Body Type Code 99 ³⁷ Gross Vehicle Weight 3 ³⁸

Trailer Reg #: 2452052 Reg Type TL Reg State MAINE Reg Year 2015 Trailer Length 4 ³⁹

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

KAYLA PATRICIA DONAHUE

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

11/24/2019

CDP1 11 -24:00



