

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 11/30/2019	Time of Crash 14:18 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 30 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:							
<div>EAST Route# Direction Name of Roadway/Street At WEST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street</div>			<div>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</div>									
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001226					
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator KAPLAN JOSEPH P Address 413 DEDHAM ST (apt. E) City NEWTON State MA Zip 02459 Insurance Company NORFOLK & DEDHAM MUTUAL FIRE			Reg # 815BD8 Reg Type PAN Reg State MA Veh Year 2015 Veh Make AUDI Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 23 22 22 22 22 2 3 4 Most Harmful Event 23 23 10 Undercarriage Driver Contributing Code 10 24 24 5 11 Totaled Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved			13 23									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility												
Operator See Above			----- --- 1 4 4 0 0 8 2 NEWTON WELLESLEY									
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 2 3 4 Most Harmful Event 23 10 Undercarriage Driver Contributing Code 24 24 5 11 Totaled Underride/Override 25 Towed _____									
Please fill out for operator and all occupants involved			13 23									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility												
Operator/Non-Motorist See Above			----- --- ---									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Beacon Street

Washington Street

NOT TO SCALE

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:

Operator of MV1 was traveling westbound on Washington Street approaching the intersection where Beacon Street meets. Operator of MV1 attempted to turn left traveling eastbound on Beacon Street when MV1 crashed into a traffic signal pole, which was located on an island separating Washington Street and Beacon St.

MV1 sustained heavy front end damage and was removed from the roadway by Tody's towing.

The traffic signal pole was completely dislodged from the ground. Daigle Electric was notified. Pictures were taken on scene and submitted to IT.

Operator of MV1 was transported to NWH.

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