

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 12/17/2019	Time of Crash 12:05 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 30 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:				
SOUTH GROVE ST Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street								
WEST PIERREPONT RD Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001298		
License # --- St NY DOB/Age ---			Reg # SI931 Reg Type PAN Reg State RI			Veh Year 2004 Veh Make HONDA Veh Config. 1 20			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____		
Operator ISHAQ IFZA Last First Middle			Owner ISHAQ SABEEN H Last First Middle			Address 71 CHATHAM ROAD			City CRANSTON State RI Zip 02920		
Insurance Company GEICO			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 22 22 22 22 22 22 23 24 24 25		
Vehicle Travel Direction: N X E W Responding to Emergency? N			Most Harmful Event 22 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 5 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 See Above			Operator		
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			Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____		
Operator --- Last First Middle			Owner --- Last First Middle			Address ---			City --- State --- Zip ---		
Insurance Company ---			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 22 22 22 22 22 22 23 24 24 25		
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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			Operator/Non-Motorist		

Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian  
 ie: → 1 → 2 → Pedestrian

**Crash Diagram:**

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:**

Operator of Vehicle # 1 states she was traveling straight ahead at the speed limit (30 mph) (SB) on Grove Street approaching Pierrepont Road when she lost control of the vehicle due to the ice/slush on the roadway. She then veered off to the right side of the road and struck Verizon utility pole number 85/155 with her front end head on at Grove and Pierrepont Rd. I observed heavy front end damage to the front end/passenger side front of the vehicle and it was towed by Tody's. There was no damage to the utility pole.

There is a decline in elevation to the roadway in this area and the road conditions were slippery due to the current snowstorm that was producing snow and freezing rain at the time.

**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 37 Gross Vehicle Weight 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

**Hazmat Information:**

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

JEREMY L WILSON	25227	NEWTON POLICE DEPART	12/17/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00