

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 12/21/2019	Time of Crash 15:22 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 1	Speed Limit 25 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:				
Route# Direction Name of Roadway/Street At			WEST 421 WOLCOTT ST Route# Direction Address # Name of Roadway/Street				Feet N S E W of _____ Mile Marker _____ Exit Number _____				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____				Route# Intersecting Roadway/Street				
Route# Direction Name of 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 190001326		
License # --- St MA DOB/Age ---			Reg # 678RX1 Reg Type PAN Reg State MA			Veh Year 2004 Veh Make ACURA Veh Config. 1 20			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____		
Operator LANEN JOSEPH			Owner LANEN THOMAS			Address 105 ASH ST			City HOPKINTON State MA Zip 01748		
Insurance Company CITIZENS INS OF AMERICA			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 21 22 22 22 22 2 3		
Vehicle Travel Direction: N S E W Responding to Emergency? N			Most Harmful Event 21 23			Driver Contributing Code 19 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/Non-Motorist 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 _____			Veh Year --- Veh Make --- Veh Config. 20			Operator ---			Owner ---		
Address _____			Address _____			City _____ State _____ Zip _____			City _____ State _____ Zip _____		
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 22 22 22 22 2 3		
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→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

WOLCOTT STREET

IMPACT AREA

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:**

Oper of v1 stated he was traveling west on Wolcott St, while traveling near the bend in the road he looked down for a second and crash into a City tree.

I took pictures of the crash site and will have them downloaded at the I.T. Bureau. Todys towing arrived on scene and transported the vehicle to their tow lot.

The operator had a laceration to his nose due to the impact of the tree Air bag deployment was on the front and right side.

Medics arrived on scene, oper signed patient refusal

Oper of v1 was advised of the process.

**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 COMM AVE NEWTON, MASSACHUSETTS 0	617-796-1000	3	CITY TREE AND LOAM BORDER

**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

