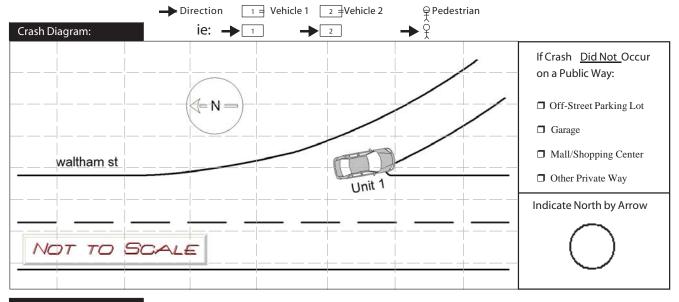
	Poli	ice Use Only		Commonwea	lth o	of Mass	ach	usett	S		RMV	V Docui	ment Number	
	Date of Crash 01/19/2020	Time of Crash 07:33	City/Town NEWTON	MIOTOI		icle Cra Report	sh	Numbe Vehicle 1		d Lat	ed Limi itude ngitude_		State Police Local Police MBTA Police Other:	XI D
			SECTION:		LOCA		>	_					CTION:	\neg \vdash
	EAST	Γ CRAFT	S ST											2
1 1	Route# Direc		Name of R	oadway/Street		Route# Directi	on A	ddress #		N	ame of R	Roadway	/Street	
	At SOUTH WALTHAM ST				Feet N S E W of					• or				
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				Feet NSEW of Route# Intersecting Roadway/Street						Exit Number			
										dway/Street	-			
4					Feet N S E W of								$-\frac{1}{}$	
3	My v v 4 4 1/2 Dwg				Landmark								┪	
	Veniciei	_1_#Occupants	Hit/Run	Moped Case	Number		2	200000007	4					
	License#	18 1	St MA		_	5GP393							State MA 20	-
	Sex_F_ Lic.		Lic. Restrictions	CDL Endorsment		ear_2016		h Make_	OODGE			Veh Co	onfig. 1	
4 1	Operator FIT		BRENNA First	Middle		(Same as ope			First			Middle		- 1
	Address 22 M.	Address 22 MARILYN DR. City DOUGLAS State MA Zip 01516				SS								-
	Insurance Com		State	Zip 01516									Zip Circle Up to Thr	_
5	1	Direction: N	Y F W Perpor	nding to Emergency? N		Sequence 22		2 22	22 6		3		4	
		ssued)		iding to Emergency:		Harmful Event	22	3				A	10 Undercar	riage
				: ChSec		Contributing C		1 24	24	—	9		5 11 Totaled	
⁶ 2	Violation	3: ChSec	Violation 4	: ChSec		ride/Override	2.		ed Y		7		6	
	Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.						ity 22			
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex	Pos. \$yste	n Status \$w	itch Cod	e Code 0	\$tatus Co	ode Medical Facil	ity
7	Dlaces Calast C) n a		·		14	15		16		17			
4	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A Typ	be	Action		cation	Con	dition	17	Ні	it/Run Mor	oed
	License # St DOB/Age				Reg#	eg#				Reg TypeReg Sta				_
	Sex Lic. Class				Veh Y	/eh Year Veh Make Veh Config.					onfig.			
⁸ 2	Operator				Owner	Owner Last First Middle								_
	Address					ss								-
	City State Zip				City State Zip								_	
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ree)
	Vehicle Travel Direction: NSEW Responding to Emergency?				Event Sequence 22 22 22 22 2 3 4 10 Undercarriage							riage		
	Citation # (If Issued)					Most Harmful Event 5 11 Totaled								
			h Sec Violation 2: Ch Sec Violation 4: Ch Sec			Driver Contributing Code 8 7 6					<i>)</i> 6			
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					ride/Override		Towe	d Z 28 Airbag Air	293	0 31 Trap	32	33	
	Name (Last Fi	rst Middle)		Address		Age/DOB	Sex	Pos. Syst	Airbag Air m Status S	pag Ejec	t Trap de Code	Injury II ra	ansp. Code Medical Fac	ility
	Operator/	Non-Motorist		See Above						-				
												1		



Crash Narrative:

ON 1-19-2020 AT APPROX. 0733HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF WALTHAM ST AND CRAFT ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING S-BOUND ON WALTHAM HEADING ONTO CRAFT. SHE STATES AT THE INTERSECTION SHE SLID ON THE ICY SURFACE AND WAS UNABLE TO REGAIN CONTROL OF HER VEHICLE. HER VEHICLE SLIPPED INTO A UTILITY POLE ON THE ISLAND AT THE INTERSECTION OF CRAFT AND WALTHAM. I CHECKED THE AREA WHERE SHE STATED SHE BEGAN HER SLIDE AND IT WAS SLIPPERY FROM THE COMBINATION O F FALLING SNOW AND FREEZING TEMPERATURE. VEHICLE #1 HAD EXTENSIVE FRONT END DAMAGE, A FLAT RIGHT FRONT TIRE, AND AIRBAG DEPLOYMENT. VEHICLE #1 WAS TOWED BY TODYS. OPERATOR OF VEHICLE #1 REPORTED NO INJURIES AND SIGNED A PATIENT REFUSAL. DRIVER ADVISED TO CONTACT HER INSURANCE COMPANY. CLEARED AREA WITHOUT FURTHER INCIDENT.

Witnesses:										
Name (Last, First, Middle)	Address		Phone	#	Statement					
Property Damage:	,									
Owner (Last, First, Middle)		Phone #	34-Type	Description of Dam	scription of Damaged Property					
EVERSOURCE, EVERSOURCE,	SACHUSETTS	800-592-2000	4	UTILTY POLE #439,						
Truck and Bus Information: Registration #										
Address		(City		St	Zip				
US DOT #:			Issuing State	ICC #:_		Interstate	36			
Cargo Body Type Code Gros	ss Vehicle Weight	38			39	1				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr						
Hazmat Information:										
Placard 40 Material 1 digit #	Material Nar	me		Material 4	digit #	_ Release code	42			

 THOMAS P WALSH
 NEWTON POLICE DEPARTM
 01/19/2020

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