

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 02/18/2020	Time of Crash 19:08 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: <input type="checkbox"/>		
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				29	
Route# Direction Name of Roadway/Street At			EAST 94 VINE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				Feet N S E W of HOLLYWOOD DR Route# Intersecting Roadway/Street Feet N S E W of Landmark				210	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with											111	
Route# Direction Name of Intersecting Roadway/Street											1	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000166			
License # --- St MA DOB/Age ---			Reg # 5FRT20 Reg Type PAN Reg State MA			Veh Year 2013 Veh Make ELANTR Veh Config. 1 20					121	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Owner CURRAN CHRISTINE			Address 575 (apt. 1) WELD ST					1	
Operator LAKE WILLIAM JOSEPH			City W. ROXBURY State MA Zip 02132			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			
Address 575 WELD STREET (apt. 1)			City WEST ROXBURY State MA Zip 02132			Event Sequence 21 22 22 22 22			10 Undercarriage 5 11 Totaled			
City WEST ROXBURY State MA Zip 02132			Insurance Company PLYMOUTH ROCK ASSURANCE			Most Harmful Event 21 23			Driver Contributing Code 19 24 24			
Vehicle Travel Direction: N S X W Responding to Emergency? N			Citation # (If Issued)			Underride/Override 25 Towed Y			Diagram			
Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec									
Please fill out for operator and all occupants involved											1321	
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			-----			1 3 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 ---			Reg # Reg Type Reg State			Veh Year Veh Make Veh Config. 20						
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Owner			Address						
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Operator/Non-Motorist See Above			-----									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

Crash Diagram:    ie: → 1    → 2    → Pedestrian

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:

On Tuesday, February 18th 2020 at 1908 hours, I responded to the area of 94 Vine St for a single motor vehicle accident. The vehicle (Mass Reg # 5FRT20, 2013 ELANTRA SEDAN COLOR BLUE) was being operated by William Lake. Lake was headed east on Vine St toward West Roxbury when he crashed into a City of Newton Tree. The road conditions were wet with heavy rain. Lake stated the wet conditions caused him to lose control of the vehicle. There was major front end damage to the vehicle and airbag deployment. Lake suffered a laceration to his left eye and complained of neck pain. Lake was transported to Newton Wellesley Hospital by the Medics. The vehicle was towed by Tody's. I took pictures of the accident and submitted them to the IT Bureau to be uploaded.

### 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, CITY OF NEWTON	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 02		97	TREE

### 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

NICHOLAS JAMES GAMBLE

NEWTON POLICE DEPARTMENT

02/18/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date