

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 04/14/2020	Time of Crash 08:40 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				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:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 72 HIGHLAND ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet N S E W of _____ • _____ or _____ Exit Number _____ _____ Feet N S E W of _____ _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000262		
License # _____ St NY DOB/Age _____			Reg # GSN5135 Reg Type PAN Reg State NY			Veh Year 2015 Veh Make LEXUS Veh Config. 2 20					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner (Same as operator) Last First Middle			Address _____					
Operator ANDERSON BARBARA Last First Middle			City _____ State NY Zip 13440			Insurance Company NEW YORK CENTURY					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 22 22 22 22 22 22			Most Harmful Event 22 23			Driver Contributing Code 19 24 24		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y		
Please fill out for operator and all occupants involved										13 22	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator			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 _____			Veh Year _____ Veh Make _____ Veh Config. 20					
Sex _____ Lic. Class 18 18 Lic. Restrictions 1 19 CDL _____			Owner _____ Last First Middle			Address _____					
Operator _____ Last First Middle			City _____ State _____ Zip _____			Insurance Company _____					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 22 22 22 22 22 22			Most Harmful Event 23			Driver Contributing Code 24 24		
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Please fill out for operator and all occupants involved										13 22	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator/Non-Motorist			See Above			-----			---		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

72 highland st

NOT TO SCALE

← N →

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 4-14-2020 AT APPROX. 0840HRS. WHILE WORKING N492 I TOOK A REPORT FOR A MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF WASHINGTON AND HIGHLAND ST I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING N-BOUND ON HIGHLAND ST. DRIVER STATES AROUND THE AREA OF 72 HIGHLAND ST, SHE SNEEZED. WHILE SNEEZING SHE LOST CONTROL OF HER VEHICLE. DRIVER STATES HER VEHICLE SWERVED TO THE RIGHT AND SIDESWIPE A UTILITY POLE (208/8) ON THE RIGHT SIDE OF THE ROAD. VEHICLE HAD FRONT RIGHT QTR. PANEL DAMAGE, AND RIGHT SIDE AIRBAG DEPLOYMENT. DRIVER REPORTED NO INJURIES AND WAS ADVISED TO CONTACT HER INSURANCE COMPANY. DRIVER NOTIFIED AAA FOR A TOW. EVERSOURCE WAS CONTACTED FOR ATENTION TO THE POLE. I THEN CLEARED WITHOUT FURTHER INCIDENT.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, EVERSOURCE,	100 CALVARY ST WALTHAM, MASSACHUSETTS		4	LARGE WOODEN POLE

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

THOMAS P WALSH

NEWTON POLICE DEPART

04/14/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date