

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/21/2020	Time of Crash 22:38 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			WEST NAHANTAN Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			.25 MIL Feet N S E W of _____ Route# Intersecting Roadway/Street			DEDHAM				
Route# Direction Name of Intersecting Roadway/Street						Landmark				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000271	
License # --- St MA DOB/Age ---			Reg # 1KKF33 Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2003 Veh Make FORD Veh Config. 1 20							
Operator CUELLO-GARCIA GIRO Endorsment MANUEL			Owner (Same as operator)							
Address 113 HARRISHOF ST (apt. 1)			Address _____							
City BOSTON State MA Zip 02121			City _____ State _____ Zip _____							
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 22 22 22 22 2			3 4				
Citation # (If Issued) _____			Most Harmful Event 22 23			10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			8 7 6				
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			-----			1 1 99 0 0 10 1				
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 _____ Endorsment _____			Owner _____							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S E W Responding to Emergency? _____			Event Sequence 22 22 22 22 2			3 4				
Citation # (If Issued) _____			Most Harmful Event 23			10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____			8 7 6				
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			-----			1 1 1 0 0 10 1				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Nahantan Street

Unit 1

P.O.I.

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:

Operator of mv1 states he was traveling west on Nahantan Street when something happened and his brakes failed. Operator of mv1 states his vehicle left the roadway and struck telephone pole 6/15. Operator of mv1 signed a patient refusal. Verizon notified for telephone pole. Todys notified for the tow.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, VERIZON,	,		4	TELEPHONE POLE 65/15

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