

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/22/2020		Time of Crash 12:23 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:							
<div><div>SOUTH</div><div>WALTHAM ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST</div><div>WASHINGTON ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>									
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000273							
License # --- St MA DOB/Age ---				Reg # 2652716 Reg Type TK Reg State IA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2018 Veh Make INT Veh Config. 6 20									
Operator HOLMES ROBERT				Owner RYDER TRUCK REN									
Address 40 E PIER DR (apt. 2115)				Address 11690 NW 105 ST 1E									
City EAST BOSTON State MA Zip 02128				City MIAMI State FL Zip 33178									
Insurance Company PRIVATE				Vehicle Action Prior to Crash 3 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 23 22 22 22 22				2 3 4					
Citation # (If Issued)				Most Harmful Event 23 23				1 9 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 N				8 7 6					
Please fill out for operator and all occupants involved								13 23					
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				-----									
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 D 18 18 Lic. Restrictions 1 19 CDL Endorsment				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)					
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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				-----									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Washington St    Waltham St

Vehicle #1

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**Crash Narrative:**

Operator of vehicle #1 stated he was attempting to make a right turn onto Washington St. From Waltham St. Driver stated he was attempting to navigate the turn as well road work being conducted in the area. Operator stated the right top rear of vehicle #1 caught the traffic signal pole knocking the traffic light portion of the pole off. Photo's were taken and submitted by traffic.

**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 NEWTON, MASSACHUSETTS 0		3	TRAFFIC LIGHT 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