

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number					
Date of Crash 04/30/2020	Time of Crash 13:31 24HR	City/Town NEWTON	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:					
SOUTH PEARL ST Route# Direction Name of Roadway/Street 16 WEST WATERTOWN ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Landmark									
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000282			
License # --- St PA DOB/Age --- Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator STEWART HAROLD Address 1019 W POPLAR ST City YORK State PA Zip 17404 Insurance Company AON RISK SERVICES SOUTHWEST INC			Reg # 3AH156 Reg Type TR Reg State OK Veh Year 2017 Veh Make VOLVO Veh Config. 8 20 Owner SYGMA Address 1 SYGMA DRIVE City PRYOR State OK Zip 74361 Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 21 22 22 22 22 2 Most Harmful Event 21 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Citation # (If Issued) 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			13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			21									
Operator See Above												
SIIPLE-VOSS, GEORGE 221 E SAYLOR ST MOUNT CARMEL, PA 17851												
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 --- Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment Operator --- Address --- City --- State --- Zip --- Insurance Company --- Vehicle Travel Direction: N S E W Responding to Emergency? --- Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			Reg # --- Reg Type --- Reg State --- Veh Year --- Veh Make --- Veh Config. 20 Owner --- Address --- City --- State --- Zip --- Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed --- Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec							10 Undercarriage 5 11 Totaled		
Please fill out for operator and all occupants involved			13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			21									
Operator/Non-Motorist See Above												

Crash Narrative:

Operator 1 stated he was drivin westbound on Watertown St taking a left turn on Pearl St. Due to pulling a trailer he had to make a wide turn. Operator 1 stated that the tree located in front of 268 Pearl St was severely leaning towards the roadway and he clipped it with the corner of the trailer knocking it over. I as well as firefighters on scene can confirm the tree has been leaning over in the roadway prior to accident and due to this the operator was not cited.

Pictures were taken and emailed to IT Director Smith to attach to the report.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0	617-796-1000	3	TREE

JUSTIN M LAU			NEWTON POLICE DEPARTM		04/30/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP11 11:24:00					