

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/16/2020		Time of Crash 04:38 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:							
<div>WEST COMMONWEALTH AVE</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>SOUTH HAMMOND 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>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>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Landmark</div>									
<input checked="" type="checkbox"/> Vehicle 1 Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000299							
License # St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator GASCOIGNE JAMES Address 77 GRAY ST City ARLINGTON State MA Zip 02476 Insurance Company SAFETY INSURANCE COMPANY				Reg # 511EN8 Reg Type PAN Reg State MA Veh Year 2011 Veh Make HONDA Veh Config. 1 20 Owner GASCOIGNE JANET Address 9 (apt. 1) WINTER ST City ARLINGTON State MA Zip 02474 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 23 22 22 22 22 2 3 4 Most Harmful Event 23 23 10 Undercarriage Driver Contributing Code 10 24 97 24 5 11 Totaled Underride/Override 25 Towed Y 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 --- Sex Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator Address City State Zip Insurance Company				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 3 4 Most Harmful Event 23 10 Undercarriage Driver Contributing Code 24 24 5 11 Totaled Underride/Override 25 Towed 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/Non-Motorist See Above													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Commonwealth Ave

Hammond St

Unit 1

NOT TO SCALE

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:

The operator of MV 1 was traveling westbound on Commonwealth Avenue when he struck the route 30 sign pole at the intersection of Commonwealth Avenue and Hammond St. The operator admitted to driving the vehicle. The operator was issued in hand citation number T 2080794. The medics responded and transported the operator to Newton Wellesley.

MV 1 sustained major damage to the entire front side. There was also minor damage along the right side of the vehicle indicating the operator possibly hit unknown objects before the collision with the pole. The vehicle was towed by Tody's due to it being disabled on a public way. An inventory sheet was filled out and filed.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

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

DONALD MURPHY **NEWTON POLICE DEPT** **05/16/2020**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00