

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 06/02/2020	Time of Crash 13:35 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			16 EAST 819 WATERTOWN ST				Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number				Feet N S E W of				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of				Route# Intersecting Roadway/Street				
			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000313		
License # --- St RI DOB/Age ---			Reg # RI04781 Reg Type TT Reg State RI			Veh Year 2019 Veh Make MAC Veh Config. 7 20					
Sex M Lic. Class A 18 18 Lic. Restrictions B 19 CDL ---			Veh Year 2019 Veh Make MAC Veh Config. 7 20			Operator MATHEWS DOUGLAS W			Owner BROWN BEAR TRAN		
Address 37 PECKHAM LN			City TIVERTON State RI Zip 02878			Address 2227 PLAINFIELD PIKE			City JOHNSTON State RI Zip 02919		
Insurance Company SELF			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 97 22 22 22			Most Harmful Event 97 23			Driver Contributing Code 22 24 24		
Citation # (If Issued) ---			Underride/Override 25 Towed Y			10 Undercarriage 5 11 Totaled					
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											
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 4 4 0 0 10 1			NONE					
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 19 CDL ---			Veh Year --- Veh Make --- Veh Config. 20			Operator ---			Owner ---		
Address ---			City --- State --- Zip ---			Address ---			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			Most Harmful Event 23			Driver Contributing Code 24 24		
Citation # (If Issued) ---			Underride/Override 25 Towed ---			10 Undercarriage 5 11 Totaled					
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											
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:

Watertown Street

819

Electrical wire

MV#1

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:

MV#1 was traveling east on Watertown Street when he was stopped by Newton Fire informing him he had pulled down several wires.

-Op MV#1 stated he was traveling east on Watertown Street when the Newton Fire informing him he had pulled down several wires. He stated he observed the cargo cover arm had retracted and was sticking up, which caused electrical wires from #819 Watertown St to be pulled down from the house.

-I next spoke to NM#1, the property owner of #819 Watertown St, who stated she was in her house and heard what she thought was truck speeding. she next stated that she heard a loud bang and the lights in her house went out.

-There were no injuries reported at this time and no further property damage

(Continued on next page)

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
EVERSOURCE, EVERSOURCE,	160 CALVARY ST WALTHAM, MASSACHUSETTS	617-592-2000	4	ELECTRICAL WIES LEADING TO 819 WATERTOWN
COUKOS, MARIE, J	819 WATERTOWN ST NEWTON, MASSACHUSETTS 0	617-447-5347	97	ELECTRICAL CONNECTIONS TO HOUSE

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

DAVID A. CALDERON NEWTON POLICE DEPARTM 06/02/2020

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

CDP1 11 -24:00

♀ Pedestrian

[illegible]

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

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

42

CDP1 11 -24:00