

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 06/26/2020		Time of Crash 10:15 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 5 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:						9			
Route# Direction Name of Roadway/Street At				SOUTH 157 HERRICK RD		Route# Direction Address # Name of Roadway/Street						2			
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 _____						10			
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Route# Intersecting Roadway/Street Landmark						11 99			
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000346						3			
License # _____ St _____ DOB/Age _____				Reg # UNK		Reg Type UNK		Reg State XX		Sex _____ Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____			7		
Operator UNKNOWN UNKNOWN UNKNOWN				Veh Year UNK		Veh Make UNK		Veh Config. 97 20		Owner (Same as operator)			12		
Address UNK UNK				Address _____		City _____		State _____ Zip _____		Vehicle Action Prior to Crash 99 21			13		
City UNK State XX Zip UNK				Event Sequence 20 22 30 22 35 22 22		Damaged Area Code: (Circle Up to Three)		2 3 4		10 Undercarriage			20		
Insurance Company UNKNOWN				Most Harmful Event 35 23		Driver Contributing Code 99 24 24		Underride/Override 25		Towed N		8 7 6			
Vehicle Travel Direction: N X E W Responding to Emergency? 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					
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				Operator		See Above		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 18 18 Lic. Restrictions 19 CDL _____			8		
Operator _____				Veh Year _____		Veh Make _____		Veh Config. 20		Owner _____			99		
Address _____				Address _____		City _____		State _____ Zip _____		Vehicle Action Prior to Crash 21					
City _____ State _____ Zip _____				Event Sequence 22 22 22 22		Damaged Area Code: (Circle Up to Three)		2 3 4		10 Undercarriage					
Insurance Company _____				Most Harmful Event 23		Driver Contributing Code 24 24		Underride/Override 25		Towed _____		8 7 6			
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 _____		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				Operator/Non-Motorist		See Above		Operator/Non-Motorist		See Above					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

157 Herrick Rd

generator

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:

Reportedly STB June 25 at 1500hrs and June 26 at 0700hrs, an unknown Toyota MV struck a large wooden fence structure and struck a large back up generator behind that fence and left the scene at the Adelaide of Newton Centre grounds at 157 Herrick Rd. A broken Toyota "Koito" taillight or headlamp case (part #SAE AIPP2 97 DOT 60-64) was found in front of the damaged area. Appears unknown MV was parked in an angle marked space in front of generator and either backed up into it or collided head on into it. Damage appears extensive with possible underground conduit damage connected to the generator power source. Eversource notified. No outdoor video. Adelaide staff will update NPD if they become aware of any MV involved. Canvass of the grounds was negative results.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
OF NEWTON CENTRE, ADELAIDE,	157 HERRICK RD NEWTON, MASSACHUSETTS 0	617-544-3454	97	FENCE STRUCTURE AND GENERAC IND GENERA

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

ADAM D GABRIEL	25117	NEWTON POLICE DEPART	06/26/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 24:00