

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number					
Date of Crash 07/21/2020	Time of Crash 16:15 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u> 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:					
<b>WEST</b> <u>ELLIOT ST</u> Route# _____ Direction _____ Name of Roadway/Street _____ At _____ <b>SOUTH</b> <u>WETHERELL ST</u> 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 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____									
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number <u>200000394</u>			
License # _____ St <u>RI</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>C</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>APONTE</u> <u>LUIS</u> Address <u>30 MAPLEWOOD DR</u> City <u>PAWTUCKET</u> State <u>RI</u> Zip <u>02861</u> Insurance Company <u>AMERICAN HALLMARK</u>			Reg # <u>LA22232</u> Reg Type <u>APPORTION</u> Reg State <u>NC</u> Veh Year <u>2017</u> Veh Make <u>HINO</u> Veh Config. <u>6</u> <u>20</u> Owner <u>TRANSPORTATION BIG E</u> Address <u>6848 MOUNT HERMAN RD</u> City <u>MORRISVILLE</u> State <u>NC</u> Zip <u>27560</u> Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>21</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>21</u> <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage <u>5</u> <u>11</u> Totaled Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>Y</u>									
Please fill out for operator and all occupants involved			13 21									
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												
Operator See Above												
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants <input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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. <u>20</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage <u>5</u> <u>11</u> Totaled Driver Contributing Code <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed _____									
Please fill out for operator and all occupants involved			13 21									
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Operator/Non-Motorist See Above												

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

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:**

On 7/21/20 at approx 1615 hrs I responded to the area of Elliot St for a report of a MVA where a vehicle had struck a pole and took off. Upon arrival I encountered a 10 wheeler truck that had struck a city tree. The truck was traveling Westbound on Elliot St when it clipped a city tree located on the sidewalk across from Wetherell St. There were no injuries on scene and the truck had roof damage to the passenger side of the vehicle. A private tow came to tow the truck. Pictures were taken of the accident and turned over to IT to be uploaded.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

Registration # LA22232 (From Vehicle Section)

Carrier Name BIG E TRANSPORTATION LLC Carrier Issuing Authority Code 35

Address 6848 MOUNT HERMAN RD City MORRISVILLE St NC Zip 27560

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State NORTH ICC #: \_\_\_\_\_ Interstate 1 36

Cargo Body Type Code 6 37 Gross Vehicle Weight 2 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42

CHRISTOPHER J BOUDREAU

NEWTON POLICE DEPART

07/21/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date