

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/31/2020		Time of Crash 07:52 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 25 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	
NORTH BOWERS ST												2	
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10	
WEST NEWTONVILLE AVE						Feet N S E W of _____ or _____ Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street				Also at Intersection with		Feet N S E W of _____ Route# Intersecting Roadway/Street						11	
Route# Direction Name of Intersecting Roadway/Street						Landmark						1	
<input checked="" type="checkbox"/> Vehicle 1 # Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000416							
License # 9318374 St RI DOB/Age 05/09/1965				Reg # N56454 Reg Type CON Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2010 Veh Make PTRB Veh Config. 6 20									
Operator HERNANDEZ FRANCISCO				Owner WASTE MANAGEMET								12	
Address 178 REGENT AVE.				Address 100 HILL ST									
City PROVIDENCE State RI Zip 02908				City NORTON State MA Zip 02766									
Insurance Company ACE AMERICAN				Vehicle Action Prior to Crash 3 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 22 22 22 22 22				2 3 4					
Citation # (If Issued) _____				Most Harmful Event 22 23				1 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6					
Please fill out for operator and all occupants involved												13	
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												22	
Operator See Above				-----				1 4 99 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 _____									
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____ Veh Make _____ Veh Config. 20									
Operator _____				Owner _____									
Address _____				Address _____									
City _____ State _____ Zip _____				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 22				2 3 4					
Citation # (If Issued) _____				Most Harmful Event 23				1 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed _____				8 7 6					
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				-----				1 4 99 0 0 10 1					

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Newtonville Ave

Bowers St

Unit 1

utility pole

Unit 1

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**Crash Narrative:**

Operator for Waste Management Trash Company, 100 Hill St, Norton, Ma. reports that he was turning onto Bowers St from Newtonville Ave when the top of his truck caught some low hanging utility wires causing them to come down.

The Verizon utility pole they were attached to sustained damage, splintered pole at the base.

Verizon was notified to respond to scene due to damaged pole and wires down in the street. Verizon arrived a short time later to replace the pole.

**Witnesses:**

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

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
VERIZON,,	CALVARY ST WALTHAM,MASSACHUSETTS		4	VERIZON POLE

**Truck and Bus Information:**

Registration # N56454 (From Vehicle Section)

Carrier Name WASTE MANAGEMENT CO Carrier Issuing Authority Code 35

Address 100 HILL ST City NORTON St  Zip 02766

US DOT #:  State Number  Issuing State MASSA ICC #:  Interstate 2 36

Cargo Body Type Code 11 37 Gross Vehicle Weight 1 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

**THOMAS J MCCARTHY**    **NEWTON POLICE DEPTA**    **07/31/2020**

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

CDP1 11 -24-00