

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/09/2020	Time of Crash 15:00 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit <u>20</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:			
Route# Direction Name of Roadway/Street At			NORTH 458 CHESTNUT ST Route# Direction Address # Name of Roadway/Street				2 9			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker Exit Number				2 10			
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street				1 11			
Route# Direction Name of Intersecting Roadway/Street			Landmark				1 1			
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000436	
License # --- St MA DOB/Age ---			Reg # AE32481 Reg Type APPORTION Reg State AZ			20				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2012 Veh Make FORD Veh Config. 6			12				
Operator TALBOT KELLY ANNE Last First Middle			Owner UHAUL OF ARIZON/ Last First Middle			1 1				
Address 19 BARTLETT ST (apt. 1F)			Address 2727 N CENTRAL AVE			12				
City AVON State MA Zip 02322			City PHOENIX State AZ Zip 85004			12				
Insurance Company REPWEST INSURANCE CO.			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 21 22 20 22 21 22 22			4				
Citation # (If Issued) _____			Most Harmful Event 21 23			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 Y			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			13 21				
Operator See Above			-----			99 3 99 0 0 10 1				
Operator			-----							
Operator			-----							
Operator			-----							
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			20	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. 20			20				
Operator _____ Last First Middle			Owner _____ Last First Middle			20				
Address _____			Address _____			20				
City _____ State _____ Zip _____			City _____ State _____ Zip _____			20				
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 22 22 22 22			2 3 4				
Citation # (If Issued) _____			Most Harmful Event 23			10 Undercarriage				
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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			13 21				
Operator/Non-Motorist See Above			-----			99 3 99 0 0 10 1				
Operator/Non-Motorist			-----							
Operator/Non-Motorist			-----							
Operator/Non-Motorist			-----							

→ 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

○

NOT TO SCALE

Crash Narrative:

On 08/09/2020 at 1500 hrs, I was dispatched to the area of Chestnut St. and Gordon Rd. for a Motor Vehicle Accident. Dispatch stated a UHaul truck had collided into a city tree. Upon arrival, I observed a Uhaul truck, on the sidewalk in front of 458 Chestnut St. The truck was facing northbound on Chestnut St. and had heavy front end damage as it was driven into tree #2. The operator stated that tree #1 had fallen onto the road, causing her to swerve, hit the curb and then collide into tree #2. There were tire marks leading from the curb tree #2. The Newton Forestry Department was contacted to remove the tree #2 from the roadway, and to evaluate tree #1. (Both city tree's). Tody's Tow service arrived on scene and removed the Uhaul truck from the sidewalk. The operator stated she was not injured and declined medical attention. The homeowner at 458 Chestnut St. was give instructions on how to obtain a copy of this report, as potential damage was done

(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
, CITY OF NEWTON,	458 CHESTNUT ST NEWTON, MASSACHUSETTS 0		97	TREE #1
, CITY OF NEWTON,	458 CHESTNUT ST NEWTON, MASSACHUSETTS		97	TREE #2

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

DANIEL SOHN NEWTON POLICE DEPARTA 08/09/2020

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

CDP1 11 -24:00

