

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 08/14/2020	Time of Crash 10:29 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 1	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:				
Route# Direction Name of Roadway/Street At			WEST 165 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Feet N S E W of _____ Landmark _____								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000450		
License # --- St MA DOB/Age ---			Reg # 2BSM41 Reg Type PAS Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2014 Veh Make CHEVY Veh Config. 2 20		
Operator BABCOCK SPENCER GRACE Last First Middle			Owner BABCOCK JOHN J Last First Middle			Address 16 COOLIDGE AVE			City WALTHAM State MA Zip 02452		
Insurance Company ARBELLA MUTUAL INS.			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 23 22 22 22 22 23 23 24 24 25 Towed Y		
Vehicle Travel Direction: N S E W Responding to Emergency? N			Most Harmful Event 23			Driver Contributing Code 99 24 24			Underride/Override 25		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 5 11 Totaled		
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/Non-Motorist 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 _____			Veh Year Veh Make Veh Config. 20		
Operator _____ Last First Middle			Owner _____ Last First Middle			Address _____			City _____ State _____ Zip _____		
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 22 22 22 22 23 23 24 24 25 Towed _____		
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 → Pedestrian

#188 NEEDHAM ST-EASTERN BANK

NEEDHAM ST

VERIZON POLE #18A

#180 NEEDHAM ST-ANTHONY'S COAL FIRE PIZZA

#165 NEEDHAM ST-STOP&SHOP PLAZA

Unit 1

Unit 1

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:

The operator of veh#1 stated she was driving Westbound on Needham St. when she began experiencing chest pain. The operator remembered looking down for a split second and then she saw both front and side air bags deployed after colliding with Verizon Pole #18A. The pole is on the side of the road by the rear entrance to #168 Needham St..The vehicle was towed by Tody's Towing. The operator of the vehicle was taken by Medics to Brigham and Women's Hospital to be evaluated and checked out. Minor damage (scrapes) to the pole, Verizon was notified to respond and check out their pole.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, VERIZON,	787 WASHINGTON ST NEWTON, MASSACHUSETTS 0		4	LIGHT POLE #18A SLIGHTLY SCUFFED

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