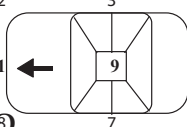
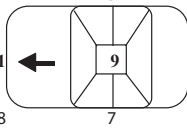


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/18/2020	Time of Crash 15:48 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 20 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
<div>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29WEST 20 SUTCLIFFE PK</div> <div>210Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of _____ • _____ or _____ Mile Marker Exit Number</div> <div>111Feet NSEW of _____ Route# Intersecting Roadway/Street</div> <div>Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000457			
License # --- St MA DOB/Age ---			Reg # S20197		Reg Type CON		Reg State MA			
Sex M Lic. Class B 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement			Veh Year 2020		Veh Make MACK		Veh Config. 13 20			
Operator JOHNSON RICHARD Last First Middle			Owner MANAGEMENT OF WASTE Last First Middle		Address 100 HILL ST					
Address 5 SPRING LN			City SCITUATE		State MA Zip 02066		City NORTON State MA Zip 02766			
Insurance Company ACE AMERICAN INSURANCE			Vehicle Action Prior to Crash 8 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: NSEW Responding to Emergency? N			Event Sequence 22 22 22 22 22		Most Harmful Event 22 23		Driver Contributing Code 1 24 24			
Citation # (If Issued) _____			Underride/Override 25		Towed N					
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		-----		--- --- 99 4 99 0 0 10 1			
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 _____ Endorsement			Veh Year _____		Veh Make _____		Veh Config. 20			
Operator _____ Last First Middle			Owner _____ Last First Middle		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: NSEW Responding to Emergency? _____			Event Sequence 22 22 22 22 22		Most Harmful Event 23		Driver Contributing Code 24 24			
Citation # (If Issued) _____			Underride/Override 25		Towed _____					
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		-----		--- ---			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Winchester St

Pole #23

MV#1

Sutcliffe PK

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 8/18/20 at 1548 hrs I responded to Sutcliffe Pk for a Waste Management truck that had taken down a telephone pole. The truck was turning around at the top of Sutcliffe Pk and got caught in the wires and an overhanging tree. As the truck continued to progress it dragged more of the wires and snapped a telephone pole causing it to fall on the street.

The operator states that the truck is 13' 6" high. 5 pictures were taken of the scene and were turned over to IT. No injuries reported on scene.

Eversource responded and restored power. Eversource, Verizon, and Comcast all had wires damaged due to the accident.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, EVERSOURCE,	,		4	TELEPHONE POLE #23

Truck and Bus Information:

Registration # S20197 (From Vehicle Section)

Carrier Name WM OF MASS INC Carrier Issuing Authority Code 35

Address 100 HILL ST City NORTON St MA Zip 02766

US DOT #: _____ State Number _____ Issuing State MASSA ICC #: _____ Interstate 99 36

Cargo Body Type Code 11 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 DEPTA 08/18/2020

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

CDP1 11 24:00







