

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 08/28/2020	Time of Crash 13:10 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			16 WEST 119 WASHINGTON STREET				Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet [N][S][E][W] of _____ Mile Marker _____ Exit Number _____				Feet [N][S][E][W] of _____ Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Feet [N][S][E][W] of _____ Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000481		
License # --- St MA DOB/Age ---			Reg # T82882 Reg Type CON Reg State MA			Veh Year 2005 Veh Make FRHT Veh Config. 6			Operator PALENCIA ELMER		
Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL _____			Owner (Same as operator)			Address _____			City SAUGUS State MA Zip 01906		
Insurance Company SAFETY INSURANCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 21 22 22 22 22		
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N			Most Harmful Event 21 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
Citation # (If Issued) _____			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			-----			--- 1 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			Veh Year Veh Make Veh Config. 20			Operator		
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Owner			Address _____			City State Zip		
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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:**

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:**

Operator of Motor Vehicle #1 stated he was in his truck traveling Westbound on Washington Street and struck a large City of Newton tree branch that was hanging over the road. The city tree which was directly across the street from 119 Washington Street was ripped out of the ground next to the sidewalk and split into two large pieces causing Waverly Avenue to be blocked. City of Newton forestry came out and assessed the scene and Northern Tree arrived to clear out the branches in the middle of the road. Motor Vehicle #1 sustained minor front upper damage. Several photographs were taken and the SD Card was placed in the I.T. Bureau to attach photos to this report.

**Witnesses:**

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

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
	1000 COMMONWELATH AVENUE NEWTON, MASSACHUSETTS 0	617-796-1000	3	CITY TREE

**Truck and Bus Information:**

Registration # T82882 (From Vehicle Section)

Carrier Name PEMA INCORPORATED Carrier Issuing Authority Code 35

Address 0 BX505230 City CHELSEA St MA Zip 02150

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State MASSA ICC #: \_\_\_\_\_ Interstate 99 <sup>36</sup>

Cargo Body Type Code 97 <sup>37</sup> Gross Vehicle Weight 2 <sup>38</sup>

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

**ZOI H LAZARAKIS**      **NEWTON POLICE DEPARTMENT**      **08/28/2020**

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

CDP1 11 -24-00