

Police Use Only						Commonwealth of Massachusetts								RMV Document Number							
Date of Crash 09/15/2020	Time of Crash 19:17 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:						
AT INTERSECTION:						<	LOCATION		>	NOT AT INTERSECTION:											
																				2	
Route# Direction Name of Roadway/Street At						NORTH 165 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number														10	
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 1 #Occupants						<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000520											
License # --- St MA DOB/Age ---						Reg # 697TR7 Reg Type PAN Reg State MA															
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment						Veh Year 2009 Veh Make HYUN Veh Config. 1 20														12	
Operator BLOOM JUDITH Last First Middle						Owner SILEVITCH THOMAS A Last First Middle														1	
Address 99 OAKDALE RD						Address 99 OAKDALE RD															
City NEWTON State MA Zip 02461						City NEWTON State MA Zip 02461															
Insurance Company LM GENERAL						Vehicle Action Prior to Crash 11 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 22 22 23 Most Harmful Event 22 23						Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y									
Citation # (If Issued)						Diagram: 10 Undercarriage 11 Totaled															
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														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																					
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 --- CDL Endorsment						Veh Year --- Veh Make --- Veh Config. 20															
Operator --- Last First Middle						Owner --- Last First Middle															
Address ---						Address ---															
City --- State --- Zip ---						City --- State --- Zip ---															
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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 MV1 stated she was pulling into a parking spot in front of 165 Needham Street-Shop n Shop. As she was pulling into the spot, she believes she accidentally hit the gas pedal instead of the brake. She struck a light pole and went up and onto the sidewalk area. The light pole was knocked to the ground and broke into two pieces. Operator of MV1 was not injured and signed a patient refusal. The vehicle was towed by David Donahue from Tody's Towing. The Manager on Duty at Stop n Shop was made aware of the damage. She notified the store's general manager and the property manager about pole that was knocked down and the damage to their storefront window frame. NFD Engine 7, taped off the area.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, STOP N SHOP,	165 NEEDHAM ST NEWTON, MASSACHUSETTS 0		4	LIGHT POLE
, STOP N SHOP,	165 NEEDHAM ST NEWTON, MASSACHUSETTS 0		97	WINDOW DECAL/FRAME

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

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

Cargo Body Type Code 37 Gross Vehicle Weight 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