

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/01/2020	Time of Crash 12:18 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 5 Latitude Longitude	State Police Local Police MBTA Police Other:
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			NORTH 260 NEEDHAM ST (LOT)				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			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000571	
License # --- St MA DOB/Age ---			Reg # 1PRL33 Reg Type PAN Reg State MA			Veh Year 2020 Veh Make TESLA Veh Config. 1 20				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Operator DIALANI VANDANA			Owner TESLA MOTORS LEA				
Address 70 PRINCETON RD			City CHESTNUT HILL State MA Zip 02467			Address 3500 DEER CREEK RD				
Insurance Company SAFETY			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 23 22 22 22 22			Most Harmful Event 23 23			10 Undercarriage 5 11 Totaled	
Citation # (If Issued)			Driver Contributing Code 97 24 24			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			NONE				
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				
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Operator			Owner				
Address			City State Zip			City State Zip				
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
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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:

260 NEEDHAM ST

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:

OPER OF MV1, WAS PULLING INTO A PARKING SPOT OF #260 NEEDHAM ST, AND CONTINUED THROUGH THE SPOT STRIKING A LIGHT POLE. OPER OF MV1 STATED THAT SHE AND THE VEHICLE DID NOT BREAK IN TIME.

THE POLE WAS KNOCKED TO THE GROUND.

MV1 SUSTAINED MINOR FRONT DAMAGE.

POLE OWNED BY NORTHLAND GROUP.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, NORTHLAND GROUP,	2150 WASHINGTON ST NEWTON, MASSACHUSETTS		97	PRIVATE LIGHT POLE

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