

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/11/2020		Time of Crash 17:30 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: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# Direction Name of Roadway/Street At				EAST 48 WINDERMERE RD Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2 10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11	
Route# Direction Name of Intersecting Roadway/Street												1	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000652						3	
License # --- St MA DOB/Age ---				Reg # P59363 Reg Type CON Reg State MA								12	
Sex M Lic. Class C 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2012 Veh Make FORD Veh Config. 6 20								1	
Operator GATICA JULIO Last First Middle				Owner LIMA ELMER Last First Middle								1	
Address 14 GERTRUDE ST (apt. 1)				Address 12 MURRAY HILL RD									
City WATERTOWN State MA Zip 02472				City FRAMINGHAM State MA Zip 01701									
Insurance Company SAFETY INSURANCE COMPANY				Vehicle Action Prior to Crash 10 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 23 22 22 22 22				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 23 23				11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
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												23	
Operator See Above				---									
CASTILLO, BORIS 391 WILDWOOD CIRCLE CALHOUN, GA				M 3 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									
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 _____				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				-----									

Crash Narrative:
On 11/11/2020 I, Officer Mildner, was dispatched to 48 Windermere Rd. for a report of Gas Lamp being struck by a single MV.
Operator of MV1 stated that he was traveling Northbound on Windermere Rd when he took a left and pulled into the driveway of 47 Windermere Rd. in an attempt to back out and turn around. Operator of MV1 stated that as he was backing out Eastbound, he hit a pole containing a gas lamp at the top, right in front of 48 Windermere Rd.
Witness 1 stated he saw Operator of MV1 pull into the driveway of 47 Windermere and back out directly into pole containing a gas lamp at the top.
There were no injuries. No damage to MV1. There was minor damage to the light pole and gas lamp. Fire was
(Continued on next page)

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	48 WINDERMERE RD NEWTON, MASSACHUSETTS		3	LIGHT POLE W/ GAS LAMP

JOHN MILDNER			NEWTON POLICE DEPT#3		11/11/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					

 Pedestrian

[illegible]

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



successful in turning off the gas.

Pictures were taken and submitted to the IT Bureau.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

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

Gross Vehicle Weight

38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

39

Hazmat Information:

Placard

Material 1 digit #

41

Material Name,

Material 4 digit #

Release code

42

NEWTON POLICE DEPARTMENT

11/11/2020

Date _____



