

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/15/2020	Time of Crash 06:57 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:			
<div>WEST COMMONWEALTH AVE</div> <div>Route# Direction Name of Roadway/Street At</div> <div>EAST LOWELL AVE</div> <div>Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>			<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number</div> <div>Feet N S E W of _____ Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____ Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000656			
License # --- St MA DOB/Age ---			Reg # 9PL457		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2013		Veh Make NISSAN		Veh Config. 1 20			
Operator NGUYEN THANH C			Owner CHAU CINDY V							
Address 223 RIVER ST			Address 223 RIVER ST							
City NEWTON State MA Zip 02465			City W NEWTON State MA Zip 02465							
Insurance Company PROGRESSIVE CASUALTY			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 23 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 23 23		0 1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 9 24 24		8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
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 1 4 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 _____			Owner							
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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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____							
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:

NOT TO SCALE

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 states he just left Wegman's where he works the overnight shift and was traveling home to 223 River Street. Operator of MV1 states he was traveling westbound on Commonwealth Ave and was going to take a right hand turn onto Lowell Ave when he doesn't know what happened and struck the concrete street light pole dislodging it from its base where it laid across MV1 and part of the roadway. It should be noted while speaking with the operator of MV1 there was a slight language barrier and he couldn't elaborate much on the events leading up to the crash. MV1 sustained heavy front end damage and air bag deployment. Medics were requested for an evaluation and found no signs of fatigue, impairment or injuries and cleared with a signed patient refusal. Coviello Electric was notified for the street light pole and the Newton Fire Department capped off the

(Continued on next page)

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

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

Crash Narrative:

exposed wires from the base and it was taped off with caution tape.

Tody's towing responded and removed the vehicle from the roadway. The operator of MV1 insisted on walking home from the scene.

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

TIMOTHY F KEEFE			NEWTON POLICE DEPT.		11/15/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					