

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 12/05/2020	Time of Crash 08:51 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			WEST 200 NAHANTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				9			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				10			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11			
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000706	
License # --- St MA DOB/Age ---			Reg # 9HL163 Reg Type PAN Reg State MA			20				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2006 Veh Make MAZDA Veh Config. 1			12				
Operator SSENTAMU ROBERT Last First Middle			Owner (Same as operator) Last First Middle			1				
Address 46 ELSON ST			Address							
City WALTHAM State MA Zip 02451			City State Zip							
Insurance Company ARBELLA			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 21 22 30 22 22 22			10 Undercarriage				
Citation # (If Issued)			Most Harmful Event 21 23			5 11 Totaled				
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 1 24			6				
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved						13				
Name (Last First Middle) Address			Age/DOB Sex			21				
Operator See Above			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				
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			20				
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year Veh Make Veh Config. 1							
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						13				
Name (Last First Middle) Address			Age/DOB Sex			21				
Operator/Non-Motorist See Above			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				

→ 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:

VEHICLE OPERATOR WAS TRAVELING STRAIGHT AHEAD ON NAHANTON ST, HEADING WESTBOUND. HE STATES THAT HE WAS GOING THE LEGAL SPEED LIMIT. HE VEHICLE SKIDDED OUT OF HIS LANE, SIDESWIPE A TREE ON THE OPPOSITE SIDE OF THE ROAD. AND TOOK OUT A COUPLE SECTIONS OF FENCE AT THE CHARLES RIVER COUNTRY CLUB. NO INJURIES REPORTED, VEHICLE TOWED BY TODYS TOWING OF NEWTON CHARLES RIVER COUNTRY CLUB WAS NOTIFIED BY MYSELF VIA VOICEMAIL OF THE DAMAGE TO THEIR PROPERTY.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
CLUB, CHARLES RIVER, COUNTRY	483 DEDHAM ST NEWTON, MASSACHUSETTS 02		97	FENCE

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

EDWARD A BOUDROT NEWTON POLICE DEPT 12/05/2020

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

CDP1 11 -24:00