

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/01/2021		Time of Crash 23:17 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: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				SOUTH 420 WALTHAM ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2	
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	
3		<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000003					
4		1		License # _____ St MA DOB/Age _____		Reg # 1FC328		Reg Type PAN		Reg State MA		7	
1		Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____		Veh Year 2002		Veh Make NISSAN		Veh Config. 1 20				12	
1		Operator HOLCOMB STEPHEN		Owner (Same as operator)									
1		Address 242 GROVE ST		Address _____									
1		City NEWTON State MA Zip 02460		City _____ State _____ Zip _____									
1		Insurance Company SAFETY		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
1		Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N		Event Sequence 22 22 22 22 22		Event Sequence 22 23		Most Harmful Event 22 23		Driver Contributing Code 1 24 24			
1		Citation # (If Issued) _____		Underride/Override 25 Towed Y									
1		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____											
1		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
1		Please fill out for operator and all occupants involved										13	
1		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	
1		Operator See Above		Operator									
1		HOLCOMB, MATTHEW 242 GROVE ST NEWTON, MA 02466		HOLCOMB, MATTHEW									
1													
1													
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											
1		License # _____ St _____ DOB/Age _____		Reg # _____		Reg Type _____		Reg State _____					
1		Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____		Veh Year _____		Veh Make _____		Veh Config. 20					
1		Operator _____		Owner _____									
1		Address _____		Address _____									
1		City _____ State _____ Zip _____		City _____ State _____ Zip _____									
1		Insurance Company _____		Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)							
1		Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? _____		Event Sequence 22 22 22 22 22		Event Sequence 22 23		Most Harmful Event 23		Driver Contributing Code 24 24			
1		Citation # (If Issued) _____		Underride/Override 25 Towed _____									
1		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____											
1		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
1		Please fill out for operator and all occupants involved										13	
1		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	
1		Operator/Non-Motorist See Above		Operator/Non-Motorist									
1													
1													
1													

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

WALTHAM ST

VZ43

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:**

MV1 was driving southbound on Waltham St when he lost control of his vehicle due to the snow on the road.

MV1 struck Verizon pole 43 outside of 420 Waltham St, no damage to the pole. The vehicle then bounced off the pole and back onto Waltham St. Vehicle sustained damage to the front bumper making it inoperable.

Operator and passenger declined medical attention.

MV1 was towed by Todys. Operator of MV1 took all valuables out of the car prior to his departure.

**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