

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/06/2021		Time of Crash 08:22 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 41 WOODLAND RD 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	
1 1		2 1		3		<input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 210000008							1
License # _____ St CT DOB/Age _____ Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____ Operator DAMBOISE BROOKE M Address 30 ALEXIS DR City BOLTON State CT Zip 06043 Insurance Company AMICA				Reg # AP54519 Reg Type PAN Reg State CT Veh Year 2014 Veh Make MAZDA Veh Config. 2 20 Owner DAMBOISE TROY Address 30 ALEXIS DR City BOLTON State CT Zip 06043 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 40 22 20 22 22 22 22 2 Most Harmful Event 22 23 Driver Contributing Code 13 24 24 Underride/Override 25 Towed Y								7	
5 1				6 1				13 22				12	
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				Operator See Above ----- 1 4 4 0 0 10 1								22	
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 _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____								8	
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:

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:

The operator of MV#1 stated that she was traveling south on Woodland Rd when she encountered solar glare, lost control of the steering wheel and crashed into a telephone pole in front of #41 Woodland Rd.

The operator was not injured and refused medical treatment. I inspected the pole, which I believe was sideswiped and it appeared to only have minor damage.

MV towed by Tody's and I transported operator to her destination at Lasell College.

Witnesses:

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

Property Damage:

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

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