

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/14/2021		Time of Crash 08:24 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				WEST 200 COMMONWEALTH AVE 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 2		3		4 1		5		6 1		12	
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000021							1
License # --- St MA DOB/Age ---				Reg # V75712 Reg Type CON Reg State MA				Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				13	
Operator RUSSELL TYLER				Veh Year 2020 Veh Make FRHT Veh Config. 13 20				Owner TRUCK RENTAL RYDER				12	
Address 4 PEQUOT TER				Address 329 JEFFERSON RD				City ROCHESTER State NY Zip 14623				1	
Insurance Company ACE AMERICAN INSURANCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)				13	
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 21 22 22 22 22				Most Harmful Event 21 23				21	
Citation # (If Issued) _____				Driver Contributing Code 1 24 24				Underride/Override 25 Towed Y				8	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				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 ----- --- 99 4 99 0 0 10 1				Operator				21	
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 _____				Veh Year _____ Veh Make _____ Veh Config. _____				Operator _____				1	
Address _____				Address _____				City _____ State _____ Zip _____				8	
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Citation # (If Issued) _____				Driver Contributing Code 24 24				Underride/Override 25 Towed _____				1	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				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/Non-Motorist See Above ----- ---				Operator				21	

→ 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:

Mv#1 (13'6'' box truck) was travelling on Commonwealth Ave W/B in the area of #200. The passenger side roof struck an overhanging limb from a city tree on the median. The limb ripped off most of the roof in this area leaving shards of unsecured roof and debris sticking upward. The truck was unsafe to operate in this condition. Traffic Ofc Gaudet took photos of the area. Tody's Towing was notified to respond. Tody's was required to cut sections of the protruding roof on scene before being able to safely tow it away.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
CITY OF, NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0	617-796-2100	3	CITY TREE

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

ADAM D GABRIEL	25117	NEWTON POLICE DEPART	01/14/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date