

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/21/2021	Time of Crash 19:51 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 30 Latitude Longitude	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			WEST 2240 COMMONWEALTH AVE Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000038	
License # St MA DOB/Age			Reg # 457RC6 Reg Type PAN Reg State MA			Veh Year 2011 Veh Make NISSIAN Veh Config. 1				
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Owner (Same as operator)			Address				
Operator ALEXANDER CLARK			Address			City State Zip				
Address 20 ASH ST			City State Zip			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)				
Insurance Company AMICA			Event Sequence 21 22 22 22 22			Most Harmful Event 21 23				
Vehicle Travel Direction: N S E W Responding to Emergency? N			Driver Contributing Code 18 24 24			Underride/Override 25 Towed Y				
Citation # (If Issued)			8			9				
Violation 1: Ch Sec Violation 2: Ch Sec			10 Undercarriage			11 Totaled				
Violation 3: Ch Sec Violation 4: Ch Sec			12			13				
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 1 0 1 8 2 MASS GENERAL				
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			18				
License # St DOB/Age			Reg # Reg Type Reg State			Veh Year Veh Make Veh Config. 20				
Sex Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Owner			Address				
Operator			Address			City State Zip				
Address			City State Zip			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)				
Insurance Company			Event Sequence 22 22 22 22			Most Harmful Event 23				
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Operator/Non-Motorist			See Above			1 1 1 0 1 8 2				

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

commonwealth ave

1

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:

On 1/21/21 at approximately 1950 hours, I responded to 2240 Commonwealth Ave for a car into a tree with entrapment.

On arrival, I observed MA reg 457RC6 into a tree. Firefighters used jaws of life to gain access to the operator. Operator stated he was driving westbound and his windshield was fogging up and could not see. He stated that he saw the oncoming traffic and swerved and hit the tree. The operator suffered minor injuries and was transported to Mass General.

The vehicle was towed by Todys.

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

TIFFANY L HAMANN

NEWTON POLICE DEPART

01/21/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date