

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 02/12/2021	Time of Crash 23:25 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit <u>30</u> 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 _____			NORTH 996 WALNUT ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000113				
License # _____ St MA DOB/Age _____			Reg # 1MX482		Reg Type PAN		Reg State MA				
Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 1996		Veh Make TOYOTA		Veh Config. <u>1</u> <u>20</u>				
Operator DYER MATTHEW L			Owner (Same as operator)		First _____ Middle _____		Last _____				
Address 100 CEDAR ST (apt. 1-1)			Address _____		First _____ Middle _____		Last _____				
City WALTHAM State MA Zip 02453			City _____ State _____ Zip _____		Vehicle Action Prior to Crash <u>1</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)				
Insurance Company INTEGON NATIONAL INSURANCE CO			Event Sequence <u>40</u> <u>22</u> <u>27</u> <u>22</u> <u>22</u> <u>43</u> <u>22</u>		Most Harmful Event <u>27</u> <u>23</u>		Driver Contributing Code <u>10</u> <u>24</u> <u>2</u> <u>24</u>				
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Underride/Override <u>25</u>		Towed <u>Y</u>		10 Undercarriage 5 11 Totaled				
Citation # (If Issued) T2012865			Violation 1: Ch <u>90/244</u> Sec _____ Violation 2: Ch <u>90/244</u> Sec _____		Violation 3: Ch <u>89/4A</u> Sec _____ Violation 4: Ch <u>90/17/4</u> Sec _____						
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 4 0 0 8 2		NEWTON WELLESLEY H		
Please Select One of the Following:			<input type="checkbox"/> Vehicle _____ #Occupants		<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # _____ St _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State _____				
Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Veh Year _____		Veh Make _____		Veh Config. <u>20</u>				
Operator _____			Owner _____		First _____ Middle _____		Last _____				
Address _____			Address _____		First _____ Middle _____		Last _____				
City _____ State _____ Zip _____			City _____ State _____ Zip _____		Vehicle Action Prior to Crash <u>21</u>		Damaged Area Code: (Circle Up to Three)				
Insurance Company _____			Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u>		Most Harmful Event <u>23</u>		Driver Contributing Code <u>24</u> <u>24</u>		Underride/Override <u>25</u>		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Underride/Override <u>25</u>		Towed _____		10 Undercarriage 5 11 Totaled				
Citation # (If Issued) _____			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			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		-----		1 1 4 0 0 8 2		NEWTON WELLESLEY H		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Unit 1

Utility Pole

Snow Embankment

Walnut Street

996 Walnut Street

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:

Operator of MV1 states he was traveling northbound on Walnut Street at a speed of approximately 45mph when he struck the snowbank with the front right tire causing the vehicle to leave the roadway, hit the utility pole and come to rest on the hood of the vehicle in the front yard of 996 Walnut Street.

Operator of MV1 stated he was coming from a friends house where he consumed two alcoholic beverages.

Operator of MV1 sustained injuries to his hand and forehead and was evaluated by Fallon medics who recommended transport to the hospital due to the severity of the crash.

Pictures were taken of the scene. Tody's towing responded and took possession of the vehicle. Towed motor vehicle inventory form completed. Verizon and Eversource were notified for the utility pole.

I issued Massachusetts Uniform Citation #T2012865 for the following: MGL Ch. 90 Sec. 24 OUI Alcohol, MGL Ch.

(Continued on next page)

Witnesses:

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

Property Damage:

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

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

TIMOTHY F KEEFE **NEWTON POLICE DEPT** **02/13/2021**

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

CDP1 11 -24:00

♀ Pedestrian

90 Sec. 17 Speeding greater than reasonable

CDP1 11 -24:00