

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 02/17/2021	Time of Crash 14:14 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 1	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			SOUTH 38 ELLIS ST				Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number				Feet N S E W of				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of				Route# Intersecting Roadway/Street				
			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000129		
License # --- St MA DOB/Age ---			Reg # 9GN152 Reg Type PAN Reg State MA			Veh Year 2020 Veh Make HONDA Veh Config. 2					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Owner ZIP CAR			Address 375 MCCOLLAN HWY					
Operator CHUNG HYUNJEE			City E BOSTON State MA Zip 02128			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)		
Address 15 NORTH BEACON STREET (apt. 225)			Event Sequence 20 22 22 22 22 22			Most Harmful Event 22 23			Driver Contributing Code 12 24 24		
City ALLSTON State MA Zip 02134			Underride/Override 25 Towed Y			Citation # (If Issued)			10 Undercarriage 5 11 Totaled		
Insurance Company THE TRAVELERS INDEMNITY COMPANY						Vehicle Travel Direction: N X E W Responding to Emergency? N					
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 See Above			-----			1 1 1 0 0 8 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		
License # --- St DOB/Age ---			Reg # --- Reg Type --- Reg State ---			Veh Year --- Veh Make --- Veh Config. 20					
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Owner ---			Address ---					
Operator ---			City --- State --- Zip ---			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)		
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Operator/Non-Motorist See Above			-----			1 1 1 0 0 8 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Motor Vehicle 1

Ellis Street

38 Ellis 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

↑ N

Crash Narrative:

Motor vehicle 1 (MV1) was traveling southbound on Ellis St. when the operator lost control of the vehicle, hit the curb and then crashed into a telephone pole in front of 38 Ellis St. As a result of the crash MV1 sustained significant front end damage. There did not appear to be any damage to the telephone pole, however, dispatch notified Eversource to come out to check the integrity of the pole. The Fallon medics responded to the scene, and the operator of MV1 signed a patient refusal. MV1 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

ALEXANDER COLETTI 28070 NEWTON POLICE DEPART 02/17/2021

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

CDP1 11 -24:00