

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/19/2021		Time of Crash 09:11 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 30 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	
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>				<div>2</div> <div>NORTH 197 CALIFORNIA ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of _____</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div> <div>10</div>								2	
												11	
												1	
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000194							
License # --- St CT DOB/Age ---				Reg # 2802069 Reg Type APPORTION Reg State IN									
Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2014 Veh Make VOLVO Veh Config. 10 20									
Operator CRUZ RICHARD				Owner MARTIN BREWER C								12	
Address 16 MAYRAND WAY				Address 5959 COCA COLA AVE									
City WINDSOR LOCKS State CT Zip 66096				City PORTAGE State IN Zip 46368									
Insurance Company SELF INSURED				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 97 22 22 22 22				2 3 4					
Citation # (If Issued) _____				Most Harmful Event 97 23				1 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6					
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator				See Above				-----				---	
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 _____									
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____ Veh Make _____ Veh Config. 20									
Operator _____				Owner _____									
Address _____				Address _____									
City _____ State _____ Zip _____				City _____ State _____ Zip _____									
Insurance Company _____				Vehicle Action Prior to Crash 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence 22 22 22 22				2 3 4					
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed _____				8 7 6					
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator/Non-Motorist				See Above				-----				---	

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

utility pole

Unit 1

McDonalds #197 California St

California St

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**Crash Narrative:**

On March 19th, 2021 at approximately 09:11 hours while working N491 I responded to a report of a truck that struck some utility wires. The vehicle was entering #197 California St, McDonalds restaurant when it struck the wires.

Captain Dowling arrived first on scene and quickly assessed the situation. He requested several addition units due to the accident scene being unsafe with a utility pole splintered and several high tension wires hanging dangerously low between the parking lot and the street.

Dispatch notified all affected utility companies. Additionally the city DPW was contacted to bring out some barricades for the affected area of California St that had to be closed off and traffic detoured around other side streets. McDonalds restaurant also had to be temporarily closed until the scene was deemed safe by

(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

**Truck and Bus Information:**

Registration # 2802069 (From Vehicle Section)

Carrier Name MARTIN BREWER COMPANY Carrier Issuing Authority Code 35

Address 5959 COCA COLA AVE City PORTAGE St IN Zip 46368

US DOT #: State Number Issuing State INDIAN ICC #: Interstate 99 36

Cargo Body Type Code 97 37 Gross Vehicle Weight 2 38

Trailer Reg #: 41578T Reg Type TRAILER Reg State KENTUCI Reg Year 2009 Trailer Length 97 39

**Hazmat Information:**

Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42


THOMAS J MCCARTHY    NEWTON POLICE DEPTA    03/19/2021

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

CDP1 11 -24-00

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:    ie: → 1    → 2    →

	If Crash <u>Did Not</u> Occur on a Public Way:	
	<input type="checkbox"/> Off-Street Parking Lot	
	<input type="checkbox"/> Garage	
	<input type="checkbox"/> Mall/Shopping Center	
	<input type="checkbox"/> Other Private Way	
	Indicate North by Arrow	
		

Crash Narrative:

Eversource.

The operator of the truck was later identified as Richard Cruz, DOB 08/10/1972. He was operating the 2014 Volvo tractor trailer, INDIANA apportioned plate 2802069, owned by the Martin Brewer Company. According to Mr Cruz he was entering the NW side to McDonalds when the cab of his truck caught some low hanging wires from a utility pole that was on the property of #197 California St (McDonalds) As a result the pole had been compromised and the power lines were left hanging dangerously low.

The police had the entire area cordoned off with police caution tape. Eversource was responding with two crews to replace the damaged pole. Two police details were hired to free up all police units that had responded to this accident.

(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

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

➔ Direction    1 = Vehicle 1    2 = Vehicle 2    ♀ Pedestrian

### Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

[illegible]

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:

Officer Marini had also responded at the request of Captain Dowling and performed a level one inspection on the involved truck. Officer Marini later issued a MV citation for minor offenses unrelated to the cause of the accident.

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 \_\_\_\_\_

35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate \_\_\_\_\_

36

Cargo Body Type Code

Gross Vehicle Weight

Cargo Body Type Code	37	Gross Vehicle Weight	38
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Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length \_\_\_\_\_

39

Hazmat Information:

Placard	40
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Material 1 digit #

41	Material Name
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Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code \_\_\_\_\_

Release code

42

THOMAS J MCCARTHY

NEWTON POLICE DEPARTMENT

03/19/2021

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Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date \_\_\_\_\_