

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/22/2021	Time of Crash 17:48 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:					
WEST COMMONWEALTH AVE Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
NORTH WOODBINE ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000205			
License # _____ St MA DOB/Age _____			Reg # K635		Reg Type PAR		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2018		Veh Make MAZDA		Veh Config. 1 20			
Operator HUGHES PAUL S Last First Middle			Owner (Same as operator)		Last First Middle					
Address 74 EDMOND AVE.			Address		Last First Middle					
City WELLESLEY State MA Zip 02482-2239			City _____ State _____ Zip _____		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)			
Insurance Company GARRISON PROPERTY CASUALTY			Event Sequence 23 22 22 22 22		23 23		10 Undercarriage 5 11 Totaled			
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N			Most Harmful Event 23		Driver Contributing Code 13 24 24		Underride/Override 25 Towed N			
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			See Above		-----		---		1 4 4 0 0 10 1 N/A	
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 _____ Last First Middle			Owner _____ Last First Middle		Address _____ Last First Middle					
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: [N][S][E][W] Responding to Emergency? _____			Event Sequence 22 22 22 22 22		23 23		10 Undercarriage 5 11 Totaled			
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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		-----		---			

→ 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:

On 3/22/21 I responded to the intersection of Commonwealth Ave and Woodbine St for a single motor vehicle accident.

On arrival, I had noticed the street sign to have been hit and slightly leaning. As I was observing, motor vehicle operator had pulled up and stated that he had hit the sign. He stated that the glare of the sun had caused him to not be able to see the sign. His stated he was okay and did not medical attention. His vehicle had some damage to the front end but was able to drive it home.

I took photographs of the sign and vehicle.

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,	, MASSACHUSETTS		3	ISLAND TRAFFIC SIGN

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 03/22/2021

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

CDP1 11 -24:00