

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/06/2021		Time of Crash 12:20 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:						9	
HARVARD ST												2	
Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street								10	
EAST NEWTONVILLE AVE						Feet N S E W of _____ or _____ 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						11	
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of _____ Landmark						99	
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000236							
License # _____ St _____ DOB/Age _____				Reg # 261934		Reg Type UNKNOWN		Reg State IN					
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year UNKN		Veh Make UNKNOWN		Veh Config. 2 20					
Operator _____ Last _____ First _____ Middle _____				Owner _____ Last _____ First _____ Middle _____									12
Address _____				Address _____									
City _____ State _____ Zip _____				City _____ State _____ Zip _____									
Insurance Company _____				Vehicle Action Prior to Crash 99 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 23 22 31 22 22 22		2		3 4		10 Undercarriage			
Citation # (If Issued) _____				Most Harmful Event 99 23		1		9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 9 24 24		8		7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved													13
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													23
Operator See Above													
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 14 97 Action 15 97 Location 16 99 Condition 17 99 <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 CITY OF NEWTON				Owner _____ Last _____ First _____ Middle _____									
Address 1000 COMM AVE				Address _____									
City NEWTON State MA Zip _____				City _____ State _____ Zip _____									
Insurance Company _____				Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)							
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Operator/Non-Motorist See Above										10 1			

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		24HR								Latitude		Local Police <input type="checkbox"/>	
										Longitude		MBTA Police <input type="checkbox"/>	
												Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:							
1 Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street						9	
At						Feet N S E W of or Mile Marker Exit Number						10	
2 Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street						11	
Also at Intersection with						Landmark							
3 Route# Direction Name of Intersecting Roadway/Street													
<input type="checkbox"/> Vehicle #Occupants						<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 Endorsment						Veh Year Veh Make Veh Config. 20							
4 Operator Last First Middle						Owner Last First Middle						12	
Address						Address							
City State Zip						City State Zip							
Insurance Company						Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)							
5 Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 22 22 22 22 2 Most Harmful Event 23						13	
Citation # (If Issued)						Driver Contributing Code 24 24 Underride/Override 25 Towed							
6 Violation 1: Ch Sec Violation 2: Ch Sec						10 Undercarriage 5 11 Totaled							
Violation 3: Ch Sec Violation 4: Ch Sec													
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Name (Last First Middle) Address						Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility							
Operator See Above													
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License # St DOB/Age						Reg # Reg Type Reg State							
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment						Veh Year Veh Make Veh Config. 20							
8 Operator USPS						Owner Last First Middle							
Address 897 WASHINGTON ST						Address							
City NEWTONVILLE State MA Zip 02460						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 2 Most Harmful Event 23						13	
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Operator/Non-Motorist See Above						10 1							

Crash Narrative:

The reporting person(unknown) said that a truck with a crane on the back struck the mailbox and traffic lights at Harvard and Newtonville. The truck kept going towards Newton Corner. RP stated Indiana Plate 261934, didn't come back to anything.

Dagle was called over a broken traffic light.

USPS was called due to green mailbox being knocked over and opened. Postal worker responded to take possession of the mail.

526 took pictures.

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, ,	1000 COMMONWEALTH AVE NEWTON,MASSACHUSETTS 02	617-796-1999	3	ONE STREET LAMP POLE
USPS, ,	897 WASHINGTON ST NEWTON,MASSACHUSETTS 02		97	ONE MAILBOX

Truck and Bus Information:		Registration # _____ (From Vehicle Section)	
Carrier Name _____	Carrier Issuing Authority Code _____		<div>35</div>
Address _____	City _____	St _____	Zip _____
US DOT #: _____	State Number _____	Issuing State _____	ICC #: _____ Interstate <div>36</div>
Cargo Body Type Code <div>37</div>	Gross Vehicle Weight <div>38</div>		
Trailer Reg #: _____	Reg Type _____	Reg State _____	Reg Year _____ Trailer Length <div>39</div>
Hazmat Information:			
Placard <div>40</div>	Material 1 digit # <div>41</div>	Material Name _____	Material 4 digit # _____ Release code <div>42</div>