

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 04/07/2021		Time of Crash 23:07 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	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		
Route# Direction Name of Roadway/Street At				EAST 50 JEFFERSON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2 10		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11		
Route# Direction Name of Intersecting Roadway/Street												2		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000241						3		
License # --- St MA DOB/Age ---				Reg # 2DG911 Reg Type PAN Reg State MA								12		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make INFINITI Veh Config. 1 20										
Operator POWELL ASHLEY Last First Middle				Owner (Same as operator) Last First Middle								1		
Address 22 PRATT LN				Address _____										
City N ATTELBORO State MA Zip 02760				City _____ State _____ Zip _____										
Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)										
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 2 22 22 22 22 2 23 3 4 10 Undercarriage										
Citation # (If Issued) T2012956				Most Harmful Event 2 23 0 9 5 11 Totaled										
Violation 1: Ch 90/24 Sec Violation 2: Ch 90/24 Sec				Driver Contributing Code 19 24 7 24										
Violation 3: Ch _____ Sec Violation 4: Ch _____ Sec				Underride/Override 25 Towed Y										
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												2		
Operator See Above														
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 2 0 #Occupants		<input type="checkbox"/> Non-Motorist A Type 14		Action 15		Location 16		Condition 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		7
License # _____ St _____ DOB/Age _____				Reg # 9EC371 Reg Type PAN Reg State MA								8		
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2005 Veh Make MERCEDES Veh Config. 1 20										
Operator _____ Last First Middle				Owner ROYAL DELINA Last First Middle								4		
Address _____				Address 54 JEFFERSON ST										
City _____ State _____ Zip _____				City NEWTON State MA Zip 02458										
Insurance Company GEICO				Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)										
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22 1 23 3 4 10 Undercarriage										
Citation # (If Issued) _____				Most Harmful Event 1 23 0 9 5 11 Totaled										
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N										
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:

MV1 was travelling e/b on Jefferson St subsequently rear ending MV2 which was parked. MV1 pushed MV2 from 54 Jefferson St to 50 Jefferson St where it jumped the curb and crashed into a telephone pole (pole not damaged).

MV1 sustained passenger side front end damage and MV2 sustained both front and rear end damage. MV1 was removed from the scene by Todys.

Operator of MV1 was charged with the following:

M.G.L. 90/24 Leaving the Scene of Property Damage

M.G.L. 90/24 Negligent Operation

See incident report 21015061 for more info.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, VERIZON,	,		4	POLE 6

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

GREGORY P HELMS NEWTON POLICE DEPTA 04/07/2021

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

CDP1 11 24:00