

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/18/2021	Time of Crash 08:30 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:				
Route# Direction Name of Roadway/Street At			NORTH 105 RUMFORD AVE Route# Direction Address # Name of Roadway/Street			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			Feet N S E W of _____ 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 210000356	
License # --- St MA DOB/Age ---			Reg # J063HX Reg Type CO Reg State TN			Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____ Endorsement			Veh Year 2017 Veh Make FRHT Veh Config. 10 20	
Operator BURNHAM DAVID R			Owner EXPRESS CORP FEDERAL			Address 2 WING RD			Address 3670 HACKS CROSS RD	
City WILMINGTON State MA Zip 01887			City MEMPHIS State TN Zip 38125			Insurance Company OLD REPUBLIC INS			Vehicle Action Prior to Crash 3 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 10 22 22 22 22 2			Citation # (If Issued) _____			Most Harmful Event 10 23	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y	
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				
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 _____ Endorsement			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			Citation # (If Issued) _____			Most Harmful Event 23	
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 _____	
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:

#105 exit/entrance

Rumford Ave

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:

The operator of MV#1 states that he was exiting #105 Rumford Ave when the top of his freight caught the wires across the driveway to that address. The force of the crash snapped Edison pole #866/6 in half and took down the wires. MV#1 also sustained damage to the front windshield and cab.

The Newton Fire, Waltham Fire and Waltham PD also responded as well as Eversource. There were no tows and no injuries.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
EVERSOURCE, ,	,		4	UTILITY POLE DAMAGED

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

GEORGE M CLAFLIN NEWTON POLICE DEPART 05/18/2021

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

CDP1 11 -24:00