

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 05/19/2021	Time of Crash 10:54 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	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:							
CHRISTINA ST												
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street									
At			Feet N S E W of _____ • _____ or _____									
NEEDHAM ST			Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____									
Also at Intersection with			Route# Intersecting Roadway/Street									
Route# Direction Name of Intersecting Roadway/Street			Landmark									
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000359					
License # --- St PA DOB/Age ---			Reg # LFB3348		Reg Type PAN		Reg State PA					
Sex F Lic. Class C 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2008		Veh Make JEEP		Veh Config. 2 20					
Operator PETER ADRIENNA			Owner FURTADE EMMANUELL									
Address 1084 CHESTNUT (apt. 2)			Address 9 SHARPLESS LN									
City NEWTON State MA Zip 02464			City MEDIA State PA Zip 19063									
Insurance Company UNKNOWN			Vehicle Action Prior to Crash 4 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 22 22 22 22 22		2 3 4							
Citation # (If Issued) _____			Most Harmful Event 22 23		10 Undercarriage							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 15 24 24		5 11 Totaled							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y		8 7 6							
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			22									
Operator See Above			NWH									
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 1 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 22		2 3 4							
Citation # (If Issued) _____			Most Harmful Event 23		10 Undercarriage							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24		5 11 Totaled							
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 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			22									
Operator/Non-Motorist See Above												

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

OAK ST

NEEDHAM ST

CHRISTINA ST

Unit 1

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 Wednesday 5/19/2021 at approx 1054hrs, while assigned to N498, I responded to the intersection of Christina St and Needham St for a single vehicle crash into a utility pole.

Upon arrival I observed the operator of MV1, Adrienna Peter, crying hysterically and blood coming down from her forehead. As Fallon medics rendered aid, Peter explained that her dog Louis was just hit by a car (See incident report #21023641). Needham Lt. John McGrath, who was working a detail nearby stated that an officer had already transported the dog to Veterinary Emergency Group at 165 Needham St where Peter was attempting to go.

Peter stated that she was traveling EB on Oak St, attempted to take a left onto Needham St. She said that she lost control and collided with a utility pole. I observed no visible damage to the utility pole.

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
SHEEHY, KEVIN,	63 MARGARET ROAD NEWTON, MA 02461	-----	N

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, VERIZON,	787 WASHINGTON ST NEWTON, MASSACHUSETTS 0		4	UTILITY POLE #305/33

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 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

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

KEVIN DURICKAS NEWTON POLICE DEPT 05/19/2021

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

CDP1 11 -24:00

♀ Pedestrian

[illegible]

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

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

42

CDP1 11 -24:00