

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/07/2021	Time of Crash 16:23 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
EAST Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____							
SOUTH Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 # Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000408				
License # _____ St TN DOB/Age _____			Reg # 3072534		Reg Type CON		Reg State OR			
Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2018		Veh Make INTERNATIONAL		Veh Config. 7 20			
Operator HALL JR. HAYES			Owner MVT LEASING							
Address 1228 OLD BRIGHTON ROAD			Address 3590 WEST PICACHO AVENUE							
City COVINGTON State TN Zip 38019			City LAS CRUCES State NM Zip 88007							
Insurance Company ATTIC RRG			Vehicle Action Prior to Crash 3 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 10 22 22 22 22		2 10 Undercarriage					
Citation # (If Issued) N/A			Most Harmful Event 10 23		1 5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 6 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										
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		99 4 99 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 _____			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 3 4					
Citation # (If Issued) _____			Most Harmful Event 23		1 5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24		8 7 6					
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:

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:

At approximately 1620 HRs on Monday, June 07, 2021, I was dispatched to a report of a fallen traffic light pole at the intersection of Oak St. and Chestnut St. Upon arrival, I observed said light pole down and observed what appeared to be a fresh side-swipe mark on one of the green light lenses, as if it had been in contact with a large vehicle. While on scene, I was contacted by passing motorist, Witness 1, who stated that they were traveling South Bound on Oak St., when they observed the offending tractor/trailer attempt to make a right hand turn from Chestnut St. (East Bound) onto Oak St. (South Bound), striking the traffic light. Witness 1 additionally provided me with a picture of said trailer (ME Semi Plate: 273605C (Trailer #6673), which has been attached to this report.

I contacted Amber, the company which is registered as leasing the trailer and spoke with their Risk

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
KANSAL, MOHIT,	59 (apt A) HIGH ST NEWTON, MA	-----	N

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
NEWTON, CITY, OF	1000 COMM AVE NEWTON, MASSACHUSETTS		3	TRAFFIC LIGHT POLE

Truck and Bus Information:

Registration # 3072534 (From Vehicle Section)

Carrier Name MESILLA VALLEY TRANSPORTATION Carrier Issuing Authority Code 35

Address 3590 WEST PICACHO AVENUE City LAS CRUCES St Zip 88007

US DOT #: State Number Issuing State NEW ME ICC #: Interstate 1 36

Cargo Body Type Code 97 37 Gross Vehicle Weight 3 38

Trailer Reg #: 273605C Reg Type SEM Reg State MAINE Reg Year 2016 Trailer Length 97 39

Hazmat Information:

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

CHRISTOPHER G HOWES	38804	NEWTON POLICE DEPART	06/07/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00

