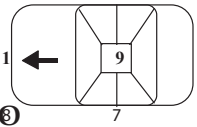
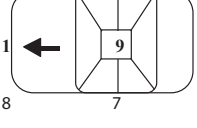


Commonwealth of Massachusetts

| Police Use Only | | | Motor Vehicle Crash Police Report | | | | RMV Document Number | | | | |
|---|--------------------------------|---------------------|--|---------------------|--|---|---|--|--|--|--|
| Date of Crash 06/11/2021 | Time of Crash 15:19 24HR | City/Town NEWTON | 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: | | | | |
| Route# Direction Name of Roadway/Street At | | | WEST 129 ROWE ST Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker Exit Number | | | | Route# Direction Name of Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# Intersecting Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark | | | | |
| Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | | | | | | | | | |
| 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 210000418 | | |
| License # --- St MA DOB/Age --- | | | Reg # 447E10 Reg Type PAN Reg State MA | | | Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> B <input type="checkbox"/> 19 CDL _____ | | | Veh Year 2014 Veh Make JEEP Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20 | | |
| Operator JOHNSON JAMIE | | | Owner (Same as operator) | | | Address _____ | | | City _____ State _____ Zip _____ | | |
| Address 279 WEBSTER ST (apt. 2) | | | Address _____ | | | City _____ State _____ Zip _____ | | | Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21 | | |
| Insurance Company GOVT EMPLOYEE | | | Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 | | | Damaged Area Code: (Circle Up to Three) | | | 10 Undercarriage | | |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <input type="checkbox"/> N | | | Most Harmful Event <input type="checkbox"/> 22 <input type="checkbox"/> 23 | | | Driver Contributing Code <input type="checkbox"/> 14 <input type="checkbox"/> 24 <input type="checkbox"/> 24 | | | 5 11 Totaled | | |
| Citation # (If Issued) _____ | | | Underride/Override <input type="checkbox"/> 25 Towed <input type="checkbox"/> Y | | | Diagram:  | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | | | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | | | | | | | | | |
| License # --- St DOB/Age --- | | | Reg # _____ Reg Type _____ Reg State _____ | | | Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ | | | Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20 | | |
| Operator _____ | | | Owner _____ | | | Address _____ | | | City _____ State _____ Zip _____ | | |
| Address _____ | | | Address _____ | | | City _____ State _____ Zip _____ | | | Vehicle Action Prior to Crash <input type="checkbox"/> 21 | | |
| Insurance Company _____ | | | Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 | | | Damaged Area Code: (Circle Up to Three) | | | 10 Undercarriage | | |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ | | | Most Harmful Event <input type="checkbox"/> 23 | | | Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24 | | | 5 11 Totaled | | |
| Citation # (If Issued) _____ | | | Underride/Override <input type="checkbox"/> 25 Towed _____ | | | Diagram:  | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | | | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | | |
| 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/Non-Motorist See Above | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

129 Rowe St

Eversource Pole 385/15

P.O.I.

Rowe St

V1

NOT TO SCALE

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:

Vehicle 1 was travelling westbound on Rowe St. Operator 1 had a medical emergency, possibly a diabetic issue. Operator 1 lost control of the vehicle, and crashed into Eversource pole 385/15. Operator 1 was transported to NWH by Newton Medic 2, with minor injuries. I observed heavy damage to the front left of vehicle 1. Vehicle 1 was towed by Tody's to their lot. Eversource was notified to fix the pole, and arrived on scene.

Witnesses:

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

Property Damage:

| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|-----------------------------|---------|---------|---------|---------------------------------|
| EVERSOURCE POLE,, | , | | 4 | EVERSOURCE UTILITY POLE 385/15 |
| | | | | |

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

TIMOTHY ROCHE **NEWTON POLICE DEPTA** **06/11/2021**

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

CDP1 11 -24:00