

Police Use Only						Commonwealth of Massachusetts								RMV Document Number							
Date of Crash 06/23/2021		Time of Crash 08:47 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:			
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:													
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						NORTH 12 MYRTLE ST															
						Route# Direction Address # Name of Roadway/Street Feet N S E W of . or Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark															
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000460													
License # --- St MA DOB/Age ---						Reg # S46005 Reg Type CON Reg State MA															
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment						Veh Year 2017 Veh Make ISU Veh Config. 6 20															
Operator WILKEY DUANE HYKEEM Last First Middle						Owner RYDER TRUCK Last First Middle															
Address 15 MAPLE STREET (apt. 402)						Address 329 JEFFERSON RD															
City BOSTON State MA Zip 02121						City ROCHESTER State NY Zip 14623															
Insurance Company ACE AMERICAN INSURANCE COMPANY						Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)															
Vehicle Travel Direction: X S E W Responding to Emergency? N						Event Sequence 21 22 22 22 22 22 21 23 Most Harmful Event						10 Undercarriage 5 11 Totaled									
Citation # (If Issued)						Driver Contributing Code 1 24 24 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 ----- - - - 1 4 99 0 0 10 1 NONE																					
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 --- CDL Endorsment						Veh Year --- Veh Make --- Veh Config. 20															
Operator --- Last First Middle						Owner --- Last First Middle															
Address ---						Address ---															
City --- State --- Zip ---						City --- State --- Zip ---															
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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:

Motor vehicle 1 (MV1) was traveling northbound on Myrtle Street when it crashed into a low hanging City of Newton tree in front of 12 Myrtle Street. As a result of the crash the tree completely uprooted and ripped out the telephone/internet services to 10 and 12 Myrtle Street, as well as 1560 and 1554 Washington Street. MV1 sustained moderate front/top passengers side damage. The City of Newton Forestry division was able to respond and remove the downed tree. I took five pictures of the damage to City property and submitted them to the IT bureau.

Witnesses:

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

Property Damage:

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

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