

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 07/27/2021	Time of Crash 18:46 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 20 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			EAST 171 WATERTOWN ST Route# Direction Address # Name of Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street				Landmark				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000562		
License # --- St MA DOB/Age ---			Reg # 1ERF14 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions J 19 CDL Endorsment			Veh Year 2007 Veh Make FORD Veh Config. 1 20								
Operator MURRAY JARVIS			Owner GORDON TABATHA								
Address 198 UNION AVE (apt. 5)			Address 185 (apt. 5) UNION ST								
City FRAMINGHAM State MA Zip 01701			City FRAMINGHAM State MA Zip 01702								
Insurance Company THE COMMERCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 23 22 22 22 22			10 Undercarriage					
Citation # (If Issued) T1445839			Most Harmful Event 23 23			5 11 Totaled					
Violation 1: Ch 90/234 Sec Violation 2: Ch Sec			Driver Contributing Code 19 24 24								
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			-----			1 99 99 0 0 10 1					
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 Endorsment			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)					
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Operator/Non-Motorist See Above			-----			1 99 99 0 0 10 1					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

### Crash Diagram:

NOT TO SCALE

Planet Fitness

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:

Operator of MV1 stated that they were going southbound towards the exit of the parking lot when a Motorcycle stopped to talk to another MV. MV1 looked at the Motorcycle and went around it and struck the light pole. MV1 had front end damage and got a private tow. Operator of MV1 stated that they were not injured.

I did not observe any damage to the light pole.

A licensed operator arrived on scene and took possession of the MV.

### Witnesses:

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

### Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, STOP&SHOP,	171 WATERTOWN ST WATERTOWN, MASSACHUSET			LIGHT POLE

### 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

ELMER ACUNA

NEWTON POLICE DEPARTM

07/27/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date