

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/19/2021		Time of Crash 12:14 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: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
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 256		ALBEMARLE RD						2	
				Route# Direction Address #		Name of Roadway/Street						10	
				Feet N S E W of		Mile Marker Exit Number							
				Feet N S E W of		Route# Intersecting Roadway/Street						11	
Feet N S E W of		Landmark						1					
<input checked="" type="checkbox"/> Vehicle 1 # Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000613							
License # --- St MA DOB/Age ---				Reg # 796MZ7		Reg Type PAN		Reg State MA					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2012		Veh Make MAZDA		Veh Config. 2 20					
Operator LUSCHER ALEXANDER				Owner LUSCHER SILVIA									12
Address 88 OAK HILL ROAD				Address 88 OAK HILL RD									
City NEEDHAM State MA Zip 02492				City NEEDHAM		State MA		Zip 02492					
Insurance Company USAA CASUALTY				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 97 22 33 22 22 22		2 3 4		10 Undercarriage					
Citation # (If Issued)				Most Harmful Event 97 23		1 24 24		5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24		8 7 6							
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y									
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												28	
Operator See Above				-----		---		1 4 4		0 2 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 4 4		0 2 10 1			

→ 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:

THE OPERATOR OF MV#1 STATED THAT HE WAS TRAVELING N/B DOWN ALBEMARLE RD WHEN HIS VEHICLE FLOATED OFF THE ROADWAY INTO CHEESECAKE BROOKE. THE ROAD WAS COMPLETELY FLOODED AT THE TIME DUE TO HEAVY RAIN. THE VEHICLE WAS ALMOST COMPLETELY SUBMERGED UNDER WATER. THE OPERATOR GOT OUT OF THE VEHICLE THROUGH HIS SUN ROOF BECAUSE HE WAS TRAPPED. THE OPERATOR STATE ED THAT HE WAS NOT INJURED. MV#1 WAS FLOODED INSIDE AND WITH THE CURRENT IT WAS PUSHED UNDER THE FOOT BRIDGE WHICH CAUSED MAJOR DAMAGE TO IT. TRAFFIC RESPONDED AND TOOK PICTURES. TODAY'S RESPONDED WITH THE FIRE DEPARTMENT TO LIFT MV#1 OUT OF THE BROOK. MV#1 WAS TOWED TO THE TOW YARD. MEDICS DID NOT RESPOND SO THERE WAS NO PATIENT REFUSAL.

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 COMM AVE NEWTON, MASSACHUSETTS		3	FOOT BRIDGE

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

MATTHEW C TOCCI **NEWTON POLICE DEPARTM** **08/19/2021**

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

CDP1 11 -24:00