

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 08/30/2021		Time of Crash 09:07 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				EAST 16 DUDLEY RD								2			
				Route# Direction Address # Name of Roadway/Street								10			
				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 _____								11			
Route# Direction Name of Intersecting Roadway/Street				Landmark _____								1			
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000645									
License # --- St MA DOB/Age ---				Reg # 97AASP Reg Type PAS Reg State FL											
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2021 Veh Make HINO Veh Config. 2 20											
Operator BOUCHARD ALESSANDRA				Owner EASY MOVES HOLD:								12			
Address 1111 BOYLSTON ST (apt. 30)				Address 535 (apt. 201) S HERCULES AVE											
City BOSTON State MA Zip 02215				City CLEARWATER State FL Zip 33764											
Insurance Company NATIONAL INDEMNITY CO IF THE SOUTH				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 97 22 22 22 22				10 Undercarriage							
Citation # (If Issued) _____				Most Harmful Event 97 23				5 11 Totaled							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N											
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
Operator See Above				-----		---	---	1	4	4	0	0	10	1	97
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)							
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Citation # (If Issued) _____				Most Harmful Event 23				5 11 Totaled							
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Operator/Non-Motorist See Above				-----		---	---								

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Maplewood Ave

Dudley Rd

Boylston St

Caught wires and pulled down pole

Unit 1

Unit 1

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 vehicle 1 turned off of Boylston St(WB) onto Dudley Rd(NB) and caught a low hanging wire which stretched across Dudley Rd. Operator was unaware the truck had snagged the wire and continued forward pulling Verizon pole #124/3 out of the ground and bringing down wires. There was no damage to the vehicle and the operator reported no injuries. While on scene several neighbors came out and stated that the wires had been low hanging for awhile now. All utilities companies were notified.

**Witnesses:**

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

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

**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

MICHAEL ANTHONY IAROSSO

NEWTON POLICE DEPART

08/30/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date