

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 09/04/2021	Time of Crash 00:03 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:				
EAST Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				HALCYON RD Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____				
SOUTH Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			PARKER ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				NOT AT INTERSECTION: Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____				
<input checked="" type="checkbox"/> Vehicle 1 <u>0</u> #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000666		
License # _____ St _____ DOB/Age _____			Reg # UNK			Reg Type _____			Reg State MA		
Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Veh Year UNK			Veh Make UNK			Veh Config. <u>13</u> <u>20</u>		
Operator _____ Last _____ First _____ Middle _____			Owner _____ Last _____ First _____ Middle _____			Address _____			Address _____		
City _____ State _____ Zip _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash <u>99</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)		
Insurance Company _____			Event Sequence <u>31</u> <u>22</u> <u>31</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>31</u> <u>23</u>			Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>			Underride/Override <u>25</u> Towed <u>N</u>			Citation # (If Issued) _____			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 _____		
Operator _____			See Above			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 _____					
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>			Action <u>15</u>			Location <u>16</u>		
License # _____ St _____ DOB/Age _____			Reg # _____			Reg Type _____			Reg State <u>20</u>		
Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Veh Year _____			Veh Make _____			Veh Config. <u>20</u>		
Operator _____ Last _____ First _____ Middle _____			Owner _____ Last _____ First _____ Middle _____			Address _____			Address _____		
City _____ State _____ Zip _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash <u>21</u>			Damaged Area Code: (Circle Up to Three)		
Insurance Company _____			Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>23</u>			Driver Contributing Code <u>24</u> <u>24</u>		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Underride/Override <u>25</u> Towed _____			Citation # (If Issued) _____			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 _____		
Operator/Non-Motorist _____			See Above			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 _____					

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Halcyon Road

Parker Street

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:

MV-1 traveling Eastbound Halcyon struck USPS mailbox and mail storage box. MV-1 then dragged boxes into Boston Edison telephone pole, pole #20. MV-1 continued Southbound Parker Street. Photos taken of damage and sent to IT bureau.

On 9/4/21 at 1650 hours I went to 5 Halcyon Road to see if the home owner's Ring doorbell captured the incident. Lawrence Friedman was able to provide footage of the crash. The footage shows a 18 wheeler attempting to complete the right hand turn from Halcyon Road onto Parker Street. The footage will be sent to the IT bureau and attached to this report.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
,	,		4	EDISON POLE #20
, USPS,	,		97	MAIL BOX, MAIL STORAGE BOX

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

ISAIAH JELLINEK

NEWTON POLICE DEPT.

09/04/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date