

Commonwealth of Massachusetts

| Police Use Only | | | Motor Vehicle Crash Police Report | | | | RMV Document Number | | | | |
|---|--------------------------------|---------------------|--|---------------------|--|---|----------------------|--|---|--|--|
| Date of Crash 09/18/2021 | Time of Crash 01:16 24HR | City/Town NEWTON | Number Vehicles 1 | Number Injured 0 | Speed Limit 30 Latitude Longitude | State Police Local Police MBTA Police Other: | | | | | |
| AT INTERSECTION: | | | < LOCATION > | | | | NOT AT INTERSECTION: | | | | |
| Route# Direction Name of Roadway/Street At | | | WEST 324 CRAFTS 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 210000724 | | |
| License # --- St MA DOB/Age --- | | | Reg # 2YBT79 Reg Type PAN Reg State MA | | | | | | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment | | | Veh Year 2015 Veh Make HONDA Veh Config. 1 20 | | | | | | | | |
| Operator SALGUERO NOLBER F | | | Owner (Same as operator) | | | | | | | | |
| Address 34 CEDAR ST | | | Address | | | | | | | | |
| City WALTHAM State MA Zip 02453 | | | City State Zip | | | | | | | | |
| Insurance Company PROGRESSIVE | | | 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 22 22 22 22 22 | | | 10 Undercarriage | | | | | |
| Citation # (If Issued) T2014397 | | | Most Harmful Event 22 23 | | | 5 11 Totaled | | | | | |
| Violation 1: Ch 90/24K Sec Violation 2: Ch 90/24K Sec | | | Driver Contributing Code 97 24 10 24 | | | | | | | | |
| Violation 3: Ch 89/4A 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 1 1 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 Last First Middle | | | Owner Last First Middle | | | | | | | | |
| Address | | | Address | | | | | | | | |
| City State Zip | | | City State Zip | | | | | | | | |
| Insurance Company | | | Vehicle Action Prior to Crash 21 | | | Damaged Area Code: (Circle Up to Three) | | | | | |
| Vehicle Travel Direction: N S E W Responding to Emergency? --- | | | Event Sequence 22 22 22 22 22 | | | 10 Undercarriage | | | | | |
| Citation # (If Issued) | | | Most Harmful Event 23 | | | 5 11 Totaled | | | | | |
| Violation 1: Ch Sec Violation 2: Ch Sec | | | Driver Contributing Code 24 24 | | | | | | | | |
| Violation 3: Ch Sec Violation 4: Ch Sec | | | Underride/Override 25 Towed | | | | | | | | |
| 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/Non-Motorist See Above | | | ----- | | | 1 1 1 0 0 10 1 | | | | | |
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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:

MV1 was traveling Westbound on Crafts St. when MV1 crossed the double yellow solid line, hopped the curb and crashed into a telephone pole just prior to the intersection of Crafts St. and California St. Owner/operator of MV1 stated he was rear ended causing him to crash. Located in front of 324 Crafts St. There were no indications of a second vehicle and the operator was concluded to be under the influence of alcohol. See incident report 21039916 for further information. The vehicle had not been towed yet, since the vehicle was trapped under a broken/ hanging part of the telephone pole. The vehicle will be towed as soon as the power company is able to replace the pole.

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

JEREMY FAY **NEWTON POLICE DEPT.** **09/18/2021**

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

CDP1 11 -24:00