

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/28/2021	Time of Crash 10:07 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:			
Route# Direction Name of Roadway/Street At			EAST 386 WOLCOTT ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street _____							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000768	
License # --- St MA DOB/Age ---			Reg # M4921A Reg Type PAN Reg State MA			Veh Year 2019 Veh Make MAC Veh Config. 13				
Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019 Veh Make MAC Veh Config. 13			Operator CARROLL JOHN				
Address 23 BINGHAM AVE			Owner CITY OF NEWTON			Address 110 CRAFTS ST				
City DEDHAM State MA Zip 02026			City NEWTON State MA Zip 02458			Insurance Company CITY OF NEWTON				
Vehicle Travel Direction: N S X W Responding to Emergency? N			Vehicle Action Prior to Crash 1 21			Event Sequence 22 22 22 22 22				
Citation # (If Issued) _____			Most Harmful Event 22 23			Driver Contributing Code 99 24 24				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed N			Damaged Area Code: (Circle Up to Three)				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						10 Undercarriage 5 11 Totaled				
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 4 4 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			Veh Year Veh Make Veh Config. 20				
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year Veh Make Veh Config. 20			Operator				
Address			Owner			Address				
City State Zip			City State Zip			Insurance Company				
Vehicle Travel Direction: N S E W Responding to Emergency? _____			Vehicle Action Prior to Crash 21			Event Sequence 22 22 22 22 22				
Citation # (If Issued) _____			Most Harmful Event 23			Driver Contributing Code 24 24				
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Operator/Non-Motorist See Above			-----			1 4 4 0 0 10 1				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

386 wolcott st

wolcott st

M4921A

Pole 472/7

N

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:

On 9/28/21m at approx 1007Hrs while assigned to 497 I responded to the area of 386 Wolcott St for a report of downed wires. Upon arrival I observed a City of Newton DPW dump truck Ma Reg M4921A with the dump up and wires from 386 Wolcott St to pole 472/7 entangled in it. I spoke with the operator, John Carroll who stated he was raising the rear to drop the asphalt and due to heavy downpour didn't see the wires. Power company notified and responded. 2 pictures taken and turned into IT.

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

JO A GOURDEAU NEWTON POLICE DEPARTM 09/28/2021

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

CDP1 11 -24:00