

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 10/13/2021	Time of Crash 08:03 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	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 349 AUBURN ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000815		
License # --- St MA DOB/Age ---			Reg # 1FLA38 Reg Type PAN Reg State MA			Veh Year 1999 Veh Make NISS Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions J 19 CDL _____			Veh Year 1999 Veh Make NISS Veh Config. 1 20			Operator MCHUGH JOHN			Owner MCHUGH SHIRLEY		
Address 58 BOURNE ST.			Address 58 BOURNE ST.			City NEWTON State MA Zip 02466			City NEWTON State MA Zip 02466		
Insurance Company SAFETY			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23			Driver Contributing Code 18 24 24		
Citation # (If Issued) T2015320			Underride/Override 25 Towed Y			10 Undercarriage 5 11 Totaled					
Violation 1: Ch 90/234 Sec _____ Violation 2: Ch _____ Sec _____											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
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	
Operator			See Above			99		3		4 0 0 7 2 NEWTON WELLSLEY	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										13	
License # --- St DOB/Age ---			Reg # UNK Reg Type CON Reg State MA			Veh Year UNK Veh Make UNK Veh Config. 8 20					
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year UNK Veh Make UNK Veh Config. 8 20			Operator _____			Owner _____		
Address _____			Address _____			City _____ State _____ Zip _____			City _____ State _____ Zip _____		
Insurance Company _____			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23			Driver Contributing Code 24 24		
Citation # (If Issued) _____			Underride/Override 25 Towed N			10 Undercarriage 5 11 Totaled					
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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	
Operator/Non-Motorist			See Above			-----		---			

→ 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:

On 10/13/2021 at approx 0803Hrs while assigned to 497 I responded to the area of 349 Auburn St for a report of a two car crash with injury. Upon arrival I observed Ma Reg 1FLA38 disabled in the middle of the road with heavy front passenger side damage, with both front and passenger side airbags deployed. Fallon ambulance was on scene with the operator , John McHugh on the stretcher with a head injury. The Fallon EMT's Alex Honrado and Steve Hough stated they had been parked on Auburn St when McHugh ran into the back of a parked landscape trailer. I spoke with McHugh who stated he could not see out his windshield as he had just left his home on Bourne St and his windshield was not defrosted yet and ran into the trailer. McHugh and Fallon Ambulance personnel said as there had been no damage to the trailer the landscaper had left and nobody got a plate number or company name. McHugh transported to NWH, Todys towed the vehicle. A routine registry check showed

(Continued on next page)

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

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1



2 = Vehicle 2

2

♀ Pedestrian

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:

McHugh has a suspended license. Ma Uniform Citation T2015320 for criminal application for violation of MGL
Chc90 Sec 23 Operating After Suspension mailed to McHugh.

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	37	Gross Vehicle Weight	38
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Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

JO A GOURDEAU

NEWTON POLICE DEPARTMENT

10/13/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____