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|---|--|----------------------------------|-------------------------------|---|--|--------------------------------------|---------------------|----------------------|---------------------|---|--|--|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
| Date of Crash 10/13/2021 | | Time of Crash 15:23 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 | | | | NORTH 24 ELLIOT ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number | | | | | | | | 2 | |
| Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | | Feet N S E W of _____ Route# Intersecting Roadway/Street | | | | | | | | 10 | |
| Route# Direction Name of Intersecting Roadway/Street | | | | Feet N S E W of _____ Landmark | | | | | | | | 11 | |
| <input checked="" type="checkbox"/> Vehicle 1 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 210000821 | | | | | | 1 | |
| License # --- St MA DOB/Age --- Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL _____ Operator GRIMES MYLES ALBERT Address 83 EMILY JEFFERS RD City RANDOLF State MA Zip 02368 Insurance Company SELF INS | | | | Reg # 2461140 Reg Type COM Reg State IN Veh Year 2019 Veh Make MAC Veh Config. 10 20 Owner FEDEX FREIGHT Address 7306 N. BAKER RD. City FREMONT State IN Zip 46737 Vehicle Action Prior to Crash 1 21 Event Sequence 34 22 22 22 22 2 Most Harmful Event 34 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N | | | | | | | | 12 | |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | 10 Undercarriage 11 Totaled | | | | | | | | 13 | |
| Please fill out for operator and all occupants involved | | | | 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code | | | | | | | | 29 | |
| Name (Last First Middle) Address Age/DOB Sex | | | | Operator See Above ----- --- 1 4 4 0 0 10 1 | | | | | | | | | |
| Operator | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 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 --- Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____ | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code | | | | | | | | | |
| Name (Last First Middle) Address Age/DOB Sex | | | | Operator/Non-Motorist See Above ----- --- --- | | | | | | | | | |
| Operator/Non-Motorist | | | | | | | | | | | | | |
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

MBTA BRIDGE

ELLIOT ST

JOSSELYN PL

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:

M/V #1 was traveling north on Elliot St. As it approached and attempted to pass under the MBTA bridge, the top of the trailer struck the underside of the bridge. It should be noted, that there are no signs of the bridge height, or max. allowable height facing north. The top left corner of the trailer was damaged. There was no visible damage to the bridge.

Witnesses:

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

Property Damage:

| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|-----------------------------|---------|---------|---------|---------------------------------|
| , MBTA, | , | | 1 | TRAIN BRIDGE |
| | | | | |

Truck and Bus Information:

Registration # 2461140 (From Vehicle Section)

Carrier Name FEDEX Carrier Issuing Authority Code 35

Address 7306 N BAHER RD City FREEMONT St IN Zip 46737

US DOT #: 231213 State Number _____ Issuing State INDIAN ICC #: 39426 Interstate 1 36

Cargo Body Type Code 0 37 Gross Vehicle Weight 3 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

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

STEVEN C EMMANUEL NEWTON POLICE DEPTA 10/13/2021

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

CDP1 11 -24:00