

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/03/2021		Time of Crash 12:21 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 _____				SOUTH 112 GORDON RD		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____						2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____		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 210000899					1
License # _____ St NH DOB/Age _____				Reg # 1557A		Reg Type CON		Reg State MA					7
Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2019		Veh Make VOLVO		Veh Config. 10 20					12
Operator GUMS JOAO M				Owner TRANSPORT EAST L GFS		Address 1300 GEZON PKWY		City WYOMING State MI Zip 49509					1
Address 4 HAMLETT DR				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 21 22 22 22 22 2					13
City NASHUA State NH Zip 03062				Most Harmful Event 21 23		Driver Contributing Code 99 24 24		Underride/Override 25 Towed Y					21
Insurance Company OLD REPUBLIC INS				Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N		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 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													
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 _____				Veh Year _____		Veh Make _____		Veh Config. 20					
Operator _____				Owner _____		Address _____		City _____ State _____ Zip _____					
Address _____				Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 22 22 22 22 2					
City _____ State _____ Zip _____				Most Harmful Event 23		Driver Contributing Code 24 24		Underride/Override 25 Towed _____					
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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:

When I arrived on the scene I observed a tractor trailer stopped in the middle of Gordon Rd (#112) with wires across the top of MV#1 and a city owned tree down on the ground next to the roadway.

The operator of MV#1 states that his tractor trailer was detoured to Gordon Rd (south bound) from Chestnut St when he believes the top of his truck caught some low hanging wires and also took down a tree.

After further observations of the downed tree and viewing additional damage to MV#1, it appears to me that the passengers side of MV#1 struck the city owned tree, knocking it down which then took down the wires.

There also appeared to be damage houses (#111) in the area and at least one MV parked in the driveway at #112.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
''	112 GORDON RD NEWTON, MASSACHUSETTS		97	HOUSE DAMAGED BY WIRES BEING PULLED FROM
''	111 GORDON RD NEWTON, MASSACHUSETTS		97	HOUSE DAMAGED BY WIRES BEING PULLED FROM

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

GEORGE M CLAFLIN

NEWTON POLICE DEPT

11/03/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date