

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 12/13/2021	Time of Crash 11:04 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 15 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			NORTH 777 DEDHAM ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Feet [N S E W] of _____ Mile Marker _____ Exit Number _____							
			Feet [N S E W] of _____ Route# _____ 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 2100001045	
License # --- St MA DOB/Age ---			Reg # M2534A Reg Type MVN Reg State MA			Veh Year 2016 Veh Make FORD Veh Config. 2				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner CITY OF NEWTON DPW			Address 110 CRAFTS ST				
Operator BERTRAND WILLIAM J			City NEWTON State MA Zip 02458			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)	
Address 95 OAK ST			Event Sequence 23 22 22 22 22			Most Harmful Event 23			Driver Contributing Code 1 24 24	
City NATICK State MA Zip 01760-1935			Underride/Override 25 Towed N			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	
Insurance Company SELF INSURED			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Vehicle Travel Direction: [X] S [ ] E [ ] W Responding to Emergency? N			Citation # (If Issued) _____	
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			Operator/Non-Motorist 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 ---			Veh Year --- Veh Make --- Veh Config. 20				
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Owner ---			Address ---				
Operator ---			City --- State --- Zip ---			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)	
Address ---			Event Sequence 22 22 22 22 22			Most Harmful Event 23			Driver Contributing Code 24 24	
City --- State --- Zip ---			Underride/Override 25 Towed ---			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	
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JEREMY L WILSON		25227	NEWTON POLICE DEPT#1		12/13/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

**Crash Diagram:**

ie: → 1 → 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:**

to the brake and he struck a light pole near the edge of the driveway. He says the back up sensors never alerted him of the pole either. The Ford Escape sustained minor scrape marks to the driver's side rear bumper area. As a result of the impact, the light pole cracked at the base and was knocked over on to the ground.

Campus Security was on scene and will notify school administration regarding the damage to the pole. I took digital photos of the scene and submitted them to the I.T. Bureau.

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**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 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 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

JEREMY L WILSON

25227

NEWTON POLICE DEPART

12/13/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date