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|--|--|--------------------------------|-------------------------------|--|---|--|----------------------|---|---------------------|---|----|--|----|----------------------------------|--------------------------------|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | | | |
| Date of Crash 02/08/2022 | | Time of Crash 22:26 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 | | | |
| EAST MILL ST Route# Direction Name of Roadway/Street At | | | | Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number | | | | | | | | 2 | | | |
| SOUTH MORTON ST 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 | | | | Landmark | | | | | | | | 11 | | | |
| 97 | | | | <input checked="" type="checkbox"/> Vehicle 1 #Occupants | <input type="checkbox"/> Hit/Run | <input type="checkbox"/> Moped | Case Number 22000123 | | | | | | 1 | | |
| License # --- St MA DOB/Age --- | | | | Reg # 1FP548 Reg Type PAN Reg State MA | | | | | | | | 12 | | | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | | Veh Year 2004 Veh Make HONDA Veh Config. 1 20 | | | | | | | | 1 | | | |
| Operator BREWSTER NATHANIEL Last First Middle | | | | Owner (Same as operator) Last First Middle | | | | | | | | 1 | | | |
| Address 12 ELLIS ST (apt. 1) | | | | Address _____ | | | | | | | | 1 | | | |
| City HIDEPAK State MA Zip 02136 | | | | City _____ State _____ Zip _____ | | | | | | | | 1 | | | |
| Insurance Company GOVERNMENT EMPLOYEE | | | | Vehicle Action Prior to Crash 1 21 | | | | Damaged Area Code: (Circle Up to Three) | | | | 13 | | | |
| Vehicle Travel Direction: N S X W Responding to Emergency? N | | | | Event Sequence 27 22 22 22 22 2 | | | | 3 4 | | | | 10 Undercarriage | | | |
| Citation # (If Issued) _____ | | | | Most Harmful Event 27 23 | | | | 5 11 Totaled | | | | 11 | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 1 24 24 | | | | 6 | | | | 11 | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override 25 Towed N | | | | 7 6 | | | | 11 | | | |
| 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 | | | | Medical Facility | | | |
| Operator See Above | | | | ----- | | | | 1 4 4 0 0 10 1 | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 7 4 | | | | 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 _____ | | | | | | | | 20 | | | |
| Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ | | | | Veh Year _____ Veh Make _____ Veh Config. _____ | | | | | | | | | | | |
| Operator _____ Last First Middle | | | | Owner _____ Last First Middle | | | | | | | | | | | |
| Address _____ | | | | Address _____ | | | | | | | | | | | |
| City _____ State _____ Zip _____ | | | | City _____ State _____ Zip _____ | | | | | | | | | | | |
| Insurance Company _____ | | | | Vehicle Action Prior to Crash 21 | | | | Damaged Area Code: (Circle Up to Three) | | | | | | | |
| Vehicle Travel Direction: N S E W Responding to Emergency? _____ | | | | Event Sequence 22 22 22 22 2 | | | | 3 4 | | | | 10 Undercarriage | | | |
| Citation # (If Issued) _____ | | | | Most Harmful Event 23 | | | | 5 11 Totaled | | | | 11 | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 24 24 | | | | 6 | | | | 11 | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override 25 Towed _____ | | | | 7 6 | | | | 11 | | | |
| 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/Non-Motorist See Above | | | | ----- | | | | ----- | | | | | | | |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Mill St Morton St

Unit 1

NOT TO SCALE

== N ==>

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:

MV1 was traveling eastbound on Mill St when bearing to the left to continue straight on Mill St. MV1 Operator lost control of the vehicle due to black ice on the road way. MV1 came to a stop in a snowbank at Mill St and Morton St. Todys came and removed the vehicle.

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

KATELYN MARY POHLMAN NEWTON POLICE DEPART 02/08/2022

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

CDP1 11 -24:00