

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 02/13/2022		Time of Crash 17:46 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 30 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		
30 EAST COMMONWEALTH AVE Route# Direction Name of Roadway/Street At EAST HOMER ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark								10		
<input checked="" type="checkbox"/> Vehicle 1 Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000141					11	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator OCONNOR JAMES STEPHEN Address 134 PALMER ST City ARLINGTON State MA Zip 02474 Insurance Company AMICA MUTUAL Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # 9LL519 Reg Type PAN Reg State MA Veh Year 2017 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address City _____ State _____ Zip _____ Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 23 22 22 22 22 2 3 4 Most Harmful Event 23 23 10 Undercarriage Driver Contributing Code 7 24 24 5 11 Totaled Underride/Override 25 Towed Y								12		
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility								13		
Operator				See Above		-----		---		1 4 4 0 0 10 1		23		
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 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 2 3 4 Most Harmful Event 23 10 Undercarriage Driver Contributing Code 24 24 5 11 Totaled Underride/Override 25 Towed _____										
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility										
Operator/Non-Motorist				See Above		-----		---						

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Lowell Ave

Commonwealth Ave

Homer St

NOT TO SCALE

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 Sunday 2/13/22 at approximately 1746 hours while assigned to marked unit n501 patrolling division n495, I was dispatched to the intersection of Commonwealth Ave and Homer St. for a report of a single car MVA into a traffic signal.

Upon arrival I observed Ma Reg 9LL519 on the island facing eastbound in the intersection of Commonwealth Ave and Homer St. The vehicle hit and knocked the traffic signal off its base and landed in the eastbound lane of Homer Street. Operator, O'CONNOR James, states he was travelling Eastbound on Commonwealth Ave and attempted to turn right onto Homer Street. He was unable to pull out of the turn due to the snowy and icy conditions and slid into and knocked over the traffic signal.

I was able to move the signal out of the lane of traffic and onto the center island and Dagle Electric was

(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
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0	617-796-1000	97	STANDING TRAFFIC SIGNAL (DAGLE)

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

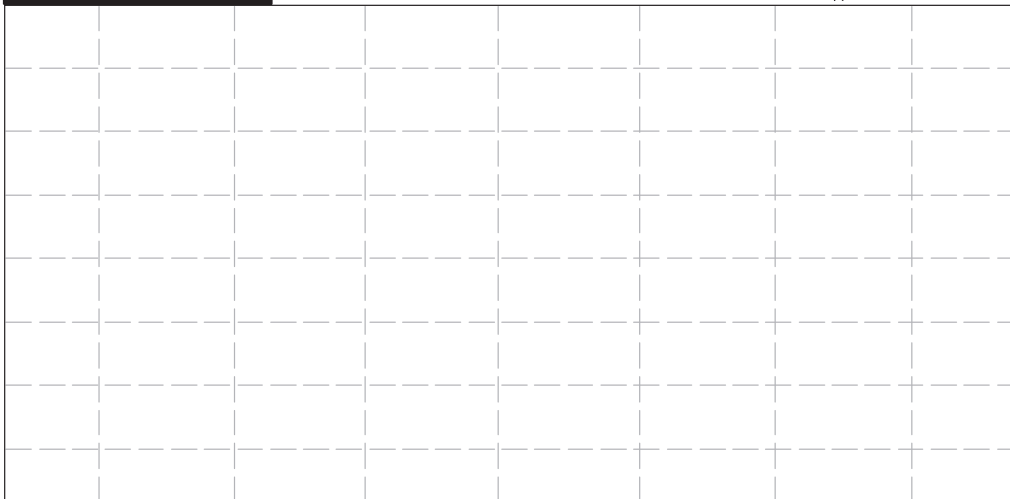
Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

notified. Two pictures were taken and attached to this report. O'CONNOR's vehicle was inoperable and was towed by Tody's. At the time of the accident it was difficult to determine what the damage was. Most serious damage appears to be to the under carriage, rendering the vehicle inoperable.

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

ALAN JR RICHARD SOLOMAN.

NEWTON POLICE DEPART

02/13/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date