

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/10/2022		Time of Crash 01:40 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	
Route# Direction Name of Roadway/Street At				SOUTH 1164 CENTRE ST		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 _____ Mile Marker _____ Exit Number _____		Feet N S E W of _____						10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Route# Intersecting Roadway/Street Landmark						11	
<input checked="" type="checkbox"/> Vehicle 1 # Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000295					1
License # --- St MA DOB/Age ---				Reg # 6SAG60		Reg Type PAN		Reg State MA					3
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2014		Veh Make NISSAN		Veh Config. 2 20					12
Operator YU JOCELYN JIAXUAN				Owner JIANG YAN									1
Address 119 ROSALIE RD				Address 119 ROSALIE RD									
City NEWTON State MA Zip 02459				City NEWTON		State MA		Zip 02459					
Insurance Company FARMERS INSURANCE				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 22 22 22 22		9		10 Undercarriage 5 11 Totaled					
Citation # (If Issued) _____				Most Harmful Event 22 23									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
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													22
Operator See Above				-----		---		1 4 4 0 0 10 1					
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 ---				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		10 Undercarriage 5 11 Totaled					
Citation # (If Issued) _____				Most Harmful Event 23									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed ---									
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				-----		---		-----					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

1164 CENTRE STREET

CENTRE STREET

NOT TO SCALE

Unit 1

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:

Operator of MV1 said she was traveling southbound on Centre Street and she looked at her GPS and crashed into the telephone pole. MV1 suffered heavy front end damage to the front passenger side of the vehicle.

Eversource was contacted due to the damage done to pole 73 which caused the immediate area to lose power.

Fallon Medics responded to the scene and evaluated the operator of MV1 to which she signed a patient refusal.

Tody's responded to the scene and took possession of the vehicle. I took photographs of pole 73 and sent those images to IT to be attached to this report. I filled out a Towed Motor Vehicle Inventory Form and placed it in it's proper location.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, EVERSOURCE,	,		4	POLE 73

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