

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/12/2022		Time of Crash 19:04 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:							
<div><div>SOUTH</div><div>HENSHAW ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST</div><div>RIVER ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>									
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000305							
License # --- St MA DOB/Age ---				Reg # 81WL10 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2004 Veh Make FORD Veh Config. 1 20									
Operator CHASE WALTER				Owner (Same as operator)									
Address 239 AUBURNDALE AVENUE				Address									
City NEWTON State MA Zip 02466				City State Zip									
Insurance Company SAFETY INSURANCE COMPANY				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 97 22 22 22 22				<div><div>1 2 3 4</div><div>5 6 7 8 9 10 11</div></div>					
Citation # (If Issued)				Most Harmful Event 97 23									
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24									
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N									
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				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 D 18 18 Lic. Restrictions 19 CDL Endorsment				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)					
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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				1 1 1 1 1 1 1 1									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

**NOT TO SCALE**

Henshaw St

River St

P.O.I.

Unit 11

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

⊖ N ⊙

**Crash Narrative:**

MV 1 was traveling straight, westbound on River St. MV 1 was approaching the intersection of River St and Henshaw St he was blinded by solar glare and struck the fire hydrant on the corner of the road. MV 1 sustained damage to the right front tire and bumper. The fire hydrant was disabled. Photos of the fire hydrant and damage to MV 1 were taken with the camera in 492 and submitted into IT. The driver of MV 1 was not injured. I assisted the driver of MV 1 with changing his tire and he was able to drive MV 1.

**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		3	FIRE HYDRANT

**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

**DONALD MURPHY**      **NEWTON POLICE DEPARTMENT**      **04/12/2022**

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

CDP1 11 -24:00