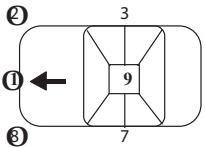
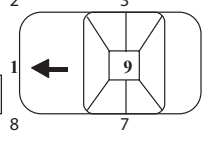


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/21/2022	Time of Crash 23:52 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 318 CRAFTS ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 #Occupants _____			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000330			
License # _____ St MA DOB/Age _____			Reg # 1SZB34		Reg Type PAN		Reg State MA			
Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year 2019		Veh Make MASERATI		Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20			
Operator JONES ANDREW S			Owner (Same as operator)		First _____ Middle _____		Address _____			
Address 199 LINWOOD AVE (apt. 1)			City NEWTON		State MA Zip 02460		City _____ State _____ Zip _____			
Insurance Company GEICO			Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <input type="checkbox"/> N			Event Sequence <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22							
Citation # (If Issued) T1447995			Most Harmful Event <input type="checkbox"/> 21 <input type="checkbox"/> 23		10 Undercarriage					
Violation 1: Ch 89/4A Sec _____ Violation 2: Ch 90/24B Sec _____			Driver Contributing Code <input type="checkbox"/> 10 <input type="checkbox"/> 24 <input type="checkbox"/> 24		5 11 Totaled					
Violation 3: Ch 90/24B Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed Y		6					
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		Age/DOB 99 Sex 3		26 99 30 0 31 0 32 8 33 2 Medical Facility NEWTON-WELLESLEY			
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants _____			<input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped			
License # _____ St _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State _____			
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____			Veh Year _____		Veh Make _____		Veh Config. <input type="checkbox"/> 20			
Operator _____			Owner _____		First _____ Middle _____		Address _____			
Address _____			City _____		State _____ Zip _____		City _____ State _____ Zip _____			
Insurance Company _____			Vehicle Action Prior to Crash <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22							
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 23		10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24		5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed _____		6					
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		Age/DOB 99 Sex 3		26 99 30 0 31 0 32 8 33 2 Medical Facility NEWTON-WELLESLEY			

→ Direction

ie: → 1 → 2 →

1 Vehicle 1 2 Vehicle 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:

On 4/21/22, I was dispatched to the intersection of Crafts St./California St. for a motor vehicle collision involving a single vehicle into a tree. Upon arrival, I observed MV#1 had crashed into a tree in front of 315 Craft St. The operator stated the "road was slippery" and he veered off the roadway, hitting the curb, before traveling 20-25 yards on the sidewalk, hitting two tree's. MV#1 sustained heavy front end damage and air bag deployment consistent with colliding into a tree at a decent rate of speed. MV#1 was removed from the roadway by Tody's Tow Service. The operator of Mv#1 was transported to Newton-Wellesley Hospital with injuries. Charges pending at this time for OUI Liquor 2nd Offense, Marked Lanes Violation and Negligent Operation of a Motor 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 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