

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/17/2022		Time of Crash 21:55 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:							
<div><div>NORTH</div><div>AUBURNDALE AVE</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>RIVER</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 Exit Number</div><div>Feet N S E W of</div><div>Feet N S E W of Route# Intersecting Roadway/Street</div><div>Landmark</div></div>								9	
<div><input checked="" type="checkbox"/> Vehicle 1 Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div>Case Number 22000416</div>												10	
License # St MA DOB/Age --- Sex M Lic. Class D M Lic. Restrictions 1 19 CDL Endorsment Operator ROY JASON Address 256 WEBSTER STREET City NEWTON State MA Zip 02466 Insurance Company COMMERCE				Reg # 47ES60 Reg Type PAN Reg State MA Veh Year 2011 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 20 22 22 22 22 22 2 3 4 Most Harmful Event 22 23 10 Undercarriage Driver Contributing Code 10 24 24 5 11 Totaled Underride/Override 25 Towed Y								11	
Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) T2014758 Violation 1: Ch 90/244 Sec Violation 2: Ch 89/4A Sec Violation 3: Ch Sec Violation 4: Ch Sec												12	
Please fill out for operator and all occupants involved												13	
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				Operator See Above --- --- 99 4 99 0 0 10 1								22	
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 Endorsment 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 3 4 Most Harmful Event 23 10 Undercarriage Driver Contributing Code 24 24 5 11 Totaled Underride/Override 25 Towed									
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Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				Operator/Non-Motorist See Above --- ---									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

NOT TO SCALE

Unit 1

River Street

Auburndale Avenue

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:**

MV1 was traveling North on Auburndale Ave. It appears as if MV1 was attempting a left hand turn to travel West on River Street. MV1 left the roadway, striking a telephone pole. MV1 towed from scene by Todys. Operator of MV1 was evaluated by medics and signed a patient refusal.

**Witnesses:**

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

**Property Damage:**

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

**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

ALLAN L CICCONE, III

NEWTON POLICE DEPART

05/17/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date