

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/16/2022		Time of Crash 09:09 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:						9	
Route# Direction Name of Roadway/Street At				SOUTH 97 ELIOT AVE		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 _____ Route# Intersecting Roadway/Street _____						10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Landmark _____						11	
<input checked="" type="checkbox"/> Vehicle 1 # Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000533						1	
License # --- St MA DOB/Age ---				Reg # 2922523 Reg Type APP Reg State IN		Sex M Lic. Class A 18 B 18 Lic. Restrictions 1 19 CDL _____ Veh Year UNK Veh Make UNK Veh Config. 13 20						12	
Operator BURCH WAYNE				Owner RYDER TRUCK REN		Address 101 RHODE ISLAND RD Address 11690 NW 105 ST 1E						1	
City EAST TAUNTON State MA Zip 02718				City MIAMI State FL Zip 33178		Insurance Company RYDER 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 21 22 22 22 22		Most Harmful Event 21 23							
Citation # (If Issued) _____				Driver Contributing Code 1 24 24		Underride/Override 25 Towed N							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____													
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
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		21			
Operator				See Above		-----		---					
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)							
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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:

100 ELIOT AVE

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:

THE OPERATOR OF MV 1 STATED HE WAS TRAVELING SOUTH ON ELIOT AVE AND AS HE WAS DRIVING DOWN THE ROAD THERE WAS A LOW HANGING TREE BRANCH WHICH STRUCK THE TOP OF HIS DELIVERY TRUCK CAUSING DAMAGE TO THE ROOF. NO INJURIES WERE REPORTED AND FORESTRY WAS ADVISED TO CLEAN UP THE BRANCHES.

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

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