

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 07/20/2022	Time of Crash 13:12 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>				
<b>EAST</b> Route# _____ Direction _____ Name of Roadway/Street _____ At _____ <b>SOUTH</b> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			<b>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</b> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000660		
License # _____ St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>B</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____ Operator <u>FENTON</u> <u>DAVID</u> <u>ANDREW</u> Address <u>11 CLINTON ST</u> City <u>MARLBOROUGH</u> State <u>MA</u> Zip <u>01752</u> Insurance Company <u>MOTORISTS COMMERCIAL MUTUAL INS CO</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u> Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # <u>9456A</u> Reg Type <u>APN</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>INTERNATIONAL</u> Veh Config. <u>6</u> <u>20</u> Owner <u>WILMINGTON BUILD SUPPLY CO.</u> Address <u>334 MAIN ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u> Vehicle Action Prior to Crash <u>3</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>20</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>8</u> <u>4</u> Most Harmful Event <u>22</u> <u>23</u> <u>1</u> <u>9</u> <u>5</u> <u>11</u> <u>Totaled</u> Driver Contributing Code <u>12</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u>								
Please fill out for operator and all occupants involved			13 22								
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											
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants <input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped											
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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. <u>20</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>23</u> <u>1</u> <u>9</u> <u>5</u> <u>11</u> <u>Totaled</u> Driver Contributing Code <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed _____								
Please fill out for operator and all occupants involved			13 22								
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:**

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:**

During the morning hours of 07/20/22 I responded to the intersection of Chestnut St. and Berkeley St. because the set of lights in the intersection were out. The power was restored and at approximately 1310 I was returning to the intersection to remove four temporary stop signs which had been placed there. As I was traveling EB on Berkeley St. a yellow box truck (MA apportioned plate 9456A) was ahead of me. As we approached the intersection of Chestnut St. the truck took a right turn onto Chestnut St (SB). Due to cars parked on both sides of Berkeley St. and the stop signs in the intersection the turn was extremely tight causing the truck to bump and knock over the set of lights on the SW corner of the intersection. The light pole landed and caused damage to a wooden fence at 257 Chestnut St. The owner of the fence was notified. I observed very minor scuff marks on the passenger side of the truck and it was driven from the scene.

**Witnesses:**

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

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
ANSCHUETZ, CHRIS,	257 CHESTNUT ST NEWTON, MASSACHUSETTS 0	617-610-0310	97	WOODEN FENCE
CITY OF NEWTON, ,	1000 COMMONWEALTH SVE NEWTON, MASSACHUSETTS 0		3	TRAFFIC POLE

**Truck and Bus Information:**

Registration # 9456A (From Vehicle Section)

Carrier Name WILMINGTON BUILDERS SUPPLY CO Carrier Issuing Authority Code 35

Address 334 MAIN ST City WILMINGTON St MA Zip 01887

US DOT #: 0858955 State Number 132 Issuing State MASSA ICC #:   Interstate 2 36

Cargo Body Type Code 6 37 Gross Vehicle Weight 2 38

Trailer Reg #:   Reg Type   Reg State   Reg Year   Trailer Length 39

**Hazmat Information:**

Placard 2 40 Material 1 digit # 41 Material Name   Material 4 digit #   Release code 42

ALEXANDER C SPINNEY      24734      NEWTON POLICE DEPART      07/20/2022

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

CDP1 11 -24-00