

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 08/29/2019	Time of Crash 21:16 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 25 DUDLEY RD Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				1 11				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000891		
License # --- St MA DOB/Age ---			Reg # 1ETW34 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Veh Year 2014 Veh Make CHRYSLER Veh Config. 1 20		
Operator PETROS MEAZA Last First Middle			Owner TESFU PHILMON Last First Middle			Address 623 COLUMBUS AVE (apt. 5)			Address 25 (apt. 18) BROOKS PARK		
City BOSTON State MA Zip 02118			City MEDFORD State MA Zip 02155			Insurance Company GEICO			Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency?			Event Sequence 10 22 22 22 22 2 3 4			Citation # (If Issued)			Most Harmful Event 10 23 10 Undercarriage		
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 99 24 24			Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y 6 11 Totaled		
Please fill out for operator and all occupants involved									13 10		
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			FANTAYE, EMENET 12 WILLARD ST CHELSEA, MA 02150			F 3 1 4 4 0 0 10 1					
Please Select One of the Following:			<input type="checkbox"/> Vehicle # Occupants			<input checked="" 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 M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year Veh Make Veh Config. 20		
Operator LENDAU DAVID Last First Middle			Owner Last First Middle			Address 25 DUDLEY RD			Address		
City NEWTON State MA Zip 02469			City State Zip			Insurance Company			Vehicle Action Prior to Crash 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 22 22 22 22 2 3 4			Citation # (If Issued)			Most Harmful Event 23 10 Undercarriage		
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 8 6 11 Totaled		
Please fill out for operator and all occupants involved									13 10		
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						F 3 1 4 4 0 0 10 1					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    ☹ Pedestrian  
 ie: → 1    → 2    →

### Crash Diagram:

25 Dudley Rd  
 -Rock Wall-  
 Owner:  
 25 Dudley Rd  
 P.O.I.  
 Dudley Rd  
 Boylston St  
 NOT TO SCALE  
 Vehicle 1  
 Indicate North by Arrow

### Crash Narrative:

Vehicle #1 was traveling westbound on Boylston St. and was attempting to take a right turn onto dudley rd.  
 Vehicle #1 was going too fast to make the turn and struck a rock wall belonging to 25 dudley rd. Vehicle #1 then traveled down the road a short ways and pulled over. The owner of the rock wall was notified and stated he was not home at the time of the crash.  
 Vehicle #1 had moderate damage to the front of the vehicle and was towed by AAA.  
 Both the operator and passenger of Vehicle #1 stated they were not injured and declinded any medical attention.

### Witnesses:

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

### Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
LEND AU, DAVID,	25 DUDLEY RD NEWTON, MASSACHUSETTS 0	617-966-7000	97	ROCK WALL

### 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

DERICK ALAN SIEGAL

30878

NEWTON POLICE DEPARTM

08/29/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date