

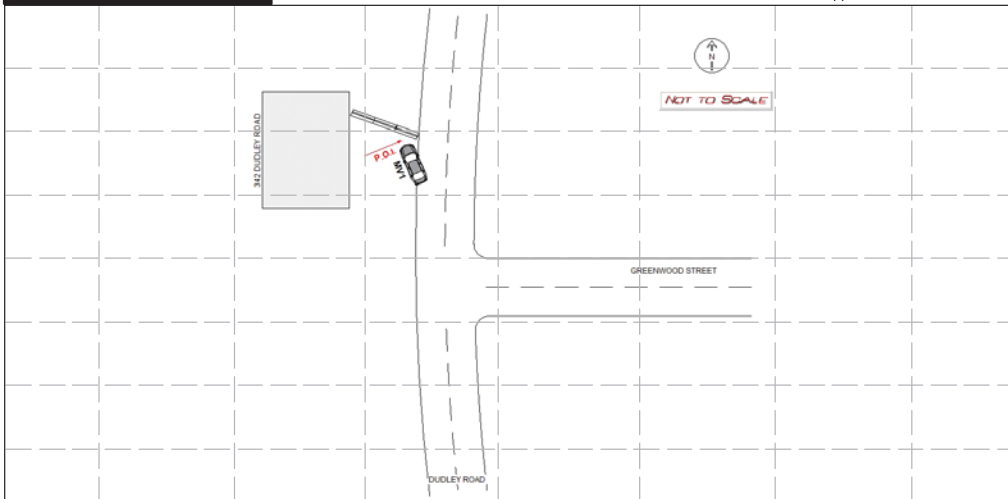
## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 01/10/2020	Time of Crash 15:10 24HR	City/Town NEWTON	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 DUDLEY ROAD 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 _____ Mile Marker _____ Exit Number _____				10				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			.1 Feet <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of GREENWOOD STREET Route# Intersecting Roadway/Street				11				
Route# Direction Name of Intersecting Roadway/Street			Landmark				1				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000039		
License # --- St MA DOB/Age ---			Reg # 57DD13 Reg Type PAN Reg State MA			Veh Year 2012 Veh Make VOLVO Veh Config. 1 20			12		
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Owner (Same as operator)			Address _____			3		
Operator RASHBA ALLAN Last First Middle			Address _____			City _____ State _____ Zip _____			13		
Address 411 DUDLEY RD			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			10 Undercarriage		
City NEWTON State MA Zip 02459			Event Sequence 97 22 22 22 22 2			Most Harmful Event 97 23			5 11 Totaled		
Insurance Company SAFETY			Driver Contributing Code 16 24 24			Underride/Override 25 Towed N			6		
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			1		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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			97		
Operator			See Above			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			3		
License # --- St DOB/Age ---			Reg # Reg Type Reg State			Veh Year Veh Make Veh Config. 20			8		
Sex Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Owner			Address _____			2		
Operator			Address _____			City _____ State _____ Zip _____			1		
Address _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)			10 Undercarriage		
City _____ State _____ Zip _____			Event Sequence 22 22 22 22 2			Most Harmful Event 23			5 11 Totaled		
Insurance Company			Driver Contributing Code 24 24			Underride/Override 25 Towed _____			6		
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 _____			1		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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			97		
Operator/Non-Motorist			See Above			Operator/Non-Motorist			See Above		

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

### Crash Diagram:

ie: → 1 → 2 →



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 Friday January 10, 2020 at approximately 3:10pm operator of MV1 (Mass. registration 57DD13) was traveling southbound on Dudley Road when he approached the 3 way stop sign at Greenwood Street. Operator of MV1 states he stopped at the stop sign and proceeded through the intersection but lost consciousness. He states he awoke when his MV struck the stone wall at 342 Dudley Road.

### Witnesses:

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

### Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
WEILHEIMER, MICHAEL/JANIS,	342 DUDLEY ROAD NEWTON, MASSACHUSETTS 0	6172441757	97	STONE 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

JUAN M GARCIA

NEWTON POLICE DEPART

01/10/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date