

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number					
Date of Crash 01/11/2020	Time of Crash 22:28 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 1	Speed Limit 45 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:					
NORTH MEREDITH AVE Route# Direction Name of Roadway/Street At WEST ROUTE 9 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark									
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000043			
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL Endorsment Operator DALLMAN SEAMUS Address 128 ALLERTON RD City NEWTON State MA Zip 02461 Insurance Company PROGRESSIVE INS			Reg # 631ZZ8 Reg Type PAN Reg State MA Veh Year 2017 Veh Make VOLKSWAGON Veh Config. 1 20 Owner LA GRACE E Address 128 ALLERTON RD City NEWTON State MA Zip 02461 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 23 22 26 22 30 22 22 2 3 4 Most Harmful Event 23 23 10 Undercarriage Driver Contributing Code 10 24 7 24 5 11 Totaled Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved			13 23									
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												
Operator												
Operator												
Operator												
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 14 97 Action 15 97 Location 16 99 Condition 17 97 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												
License # --- St --- DOB/Age --- Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment Operator LI SIMING Address 4 MEREDITH AVE City NEWTON State MA Zip 02461 Insurance Company			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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Operator/Non-Motorist See Above												
Operator/Non-Motorist												
Operator/Non-Motorist												
Operator/Non-Motorist												

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

BACKYARD OF HOUSE

HOUSE

4 MEREDITH AVE

RT. 9 WESTBOUND

MV1

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

Operator of MV1 was traveling Westbound on Rt. 9 at a high rate of speed and veered off the road colliding with a street sign then landing in the backyard of 4 Meredith Ave damaging a fence. It should be noted MV1 failed to stop for police previously in a motor vehicle pursuit. MV1 sustained heavy front end damage. Operator sustained minor injuries and was transported to Newton Wellesley Hospital on a section 12. The vehicle was then towed by Tody's. A motor vehicle inventory form was filled out in regards. A message was left for the city to repair the street sign. Pictures were taken and placed into property and evidence. It should be noted a fence had to be removed at 4 Meredith Ave in order to removed the vehicle. I was able to get permission by the owner of the home to remove the fence.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0		3	CITY STREET SIGN DAMAGED.
LI, SIMING,	4 MEREDITH AVE NEWTON, MASSACHUSETTS 0		97	WOODEN FENCE DAMAGED

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

JUSTIN MARCH **NEWTON POLICE DEPART** **01/12/2020**

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

CDP1 11 -24:00