

Police Use Only						Commonwealth of Massachusetts								RMV Document Number					
Date of Crash 06/27/2021	Time of Crash 14:06 24HR	City/Town NEWTON				Motor Vehicle Crash Police Report						Number Vehicles 1	Number Injured 1	Speed Limit 25 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:							
																		2	
Route# Direction Name of Roadway/Street At						NORTH 275 DUDLEY RD						Route# Direction Address # Name of Roadway/Street						10	
						Feet N S E W of Mile Marker or Exit Number												2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street												11	
						Feet N S E W of Landmark												1	
Vehicle 1 1 #Occupants						Hit/Run		Moped		Case Number 2100000469									
License # --- St MA DOB/Age ---						Reg # 1DDE35 Reg Type PAS Reg State MA													
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment						Veh Year 2012 Veh Make VOLKSWAGON Veh Config. 1 20													
Operator LEVEY ISSAC Last First Middle						Owner LEVEY RICHARD B Last First Middle												12	
Address 30 JACOBS TERR.						Address 30 JACOBS TERR.												3	
City NEWTON State MA Zip 02459						City NEWTON State MA Zip 02459													
Insurance Company AMICA MUTUAL INSURANCE						Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)													
Vehicle Travel Direction: X S E W Responding to Emergency? N						Event Sequence 22 22 22 22 22 2						10 Undercarriage 5 11 Totalled							
Citation # (If Issued) T2080856						Most Harmful Event 22 23													
Violation 1: Ch 90/17 Sec Violation 2: Ch Sec						Driver Contributing Code 7 24 24													
Violation 3: Ch Sec Violation 4: Ch Sec						Underride/Override 25 Towed Y													
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																		23	
Operator See Above						----- -- 1 3 99 0 0 9 1													
Please Select One of the Following:						Vehicle #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped													
License # --- St DOB/Age ---						Reg # --- Reg Type --- Reg State ---													
Sex --- Lic. Class 18 18 Lic. Restrictions --- CDL Endorsment						Veh Year --- Veh Make --- Veh Config. 20													
Operator --- Last First Middle						Owner --- Last First Middle													
Address ---						Address ---													
City --- State --- Zip ---						City --- State --- Zip ---													
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Operator/Non-Motorist See Above						----- --													

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**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

Diagram labels: DUDLEY RD, EVERSOURCE POLE #34, #295 DUDLEY RD, Veh #1, Veh #2, Pedestrian.

**Crash Narrative:**

On 06/27/21 at approximately 14:06 I responded across from #295 Dudley Rd. for a single vehicle crash. When I arrived I witnessed Veh #1 was on its drivers side resting against pole #34. The operator was already out of the car sitting on the stone wall next to it. The Operator of veh #1 stated he was driving due North on Dudley Rd. driving the speed limit when he saw a jogger (witness #2) in his lane. He then swerved into the left lane when he saw an oncoming car. He then swerved back to the right and rolled his vehicle coming to rest beside Eversource Pole #34. The vehicle was towed by Tody's towing. The operators father showed up on scene before he signed a patient refusal to go to the hospital. Father stated he would take his son later by car to have his right forearm checked out because of airbag rash. Operator of veh #1 cited in hand Mass. #T2080856 for Ch 90/ Sec 17 Speeding estimated 50mph in a 25 Zone.

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
PERKINS, JOSEPH, H	58 COUNTRYCLUB RD NEWTON, MA 02459	-----	Y
KRAFT, REBECCA,	295 DUDLEY RD NEWTON, MA 02459	-----	Y

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 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

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

**Hazmat Information:**

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