

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number					
Date of Crash 10/13/2021	Time of Crash 18:33 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 2	Speed Limit 25 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:					
Route# Direction Name of Roadway/Street At			WEST 40 MYRTLE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				Route# Direction Name of Roadway/Street Feet N S E W of Intersecting Roadway/Street Landmark					
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Direction Name of Intersecting Roadway/Street				Route# Direction Name of Intersecting Roadway/Street					
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Name of Intersecting Roadway/Street				Route# Direction Name of Intersecting Roadway/Street					
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000822			
License # --- St MA DOB/Age ---			Reg # 2M8129 Reg Type MCN Reg State MA			Sex M Lic. Class B 18 M 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2009 Veh Make YAMA Veh Config. 3 20			
Operator VENTURA ROBERTO CARLOS			Owner (Same as operator)			Address			Address			
Address 31 VIRGINIA RD			Address			City TEWKSBURY State MA Zip 01876			City State Zip			
Insurance Company GEICO			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 26 22 22 22 22 2 3 4			
Vehicle Travel Direction: N S E W Responding to Emergency? N			Most Harmful Event 26 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N			
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			10 Undercarriage 11 Totaled			
Please fill out for operator and all occupants involved			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			MENDOZA, MELISSA 70 CODMAN HILL AVE DORCHESTER, MA 02124			
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			License # --- St DOB/Age ---			Reg # --- Reg Type --- Reg State ---			Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			
Operator ---			Owner ---			Address ---			Address ---			
City --- State --- Zip ---			City --- State --- Zip ---			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)			
Insurance Company ---			Event Sequence 22 22 22 22 2 3 4			Most Harmful Event 23			Driver Contributing Code 24 24			
Vehicle Travel Direction: N S E W Responding to Emergency? ---			Underride/Override 25 Towed ---			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			
Citation # (If Issued)			Please fill out for operator and all occupants involved			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			
Violation 1: Ch Sec Violation 2: Ch Sec			Operator/Non-Motorist See Above			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			
Violation 3: Ch Sec Violation 4: Ch Sec			Operator/Non-Motorist See Above			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			
Violation 3: Ch Sec Violation 4: Ch Sec			Operator/Non-Motorist See Above			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 → Pedestrian

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 10/13/2021 at 18:33 hours I responded to 30 Myrtle St for a report of a single vehicle crash involving a motorcycle that had a driver and a passenger. Myrtle St is a public way in the City of Newton. Upon my arrival I spoke with Roberto Ventura who stated that he and his passenger Melissa Mendoza were ridding westbound on Myrtle St on his 2009 Yamaha Raider motorcycle. Ventura and Mendoza were both wearing DOT approved helmets at the time of the crash. Ventura stated that as he approached 30 Myrtle St he drove over a patch of compacted dirt and gravel that was approximately three feet wide and four feet long. The patch was not coved by asphalt and was dug out and filled by the City of Newton Utilities Department. The patch of dirt and gravel was not marked by any cones, barrels or barricades. There were no street lights in the area so the roadway was not lit. There was a similar patch approximately 10 feet east that had four cones around it.

(Continued on next page)

Witnesses:

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

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

MICHAEL A MCSWEENEY

NEWTON POLICE DEPART

10/13/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

