

Commonwealth of Massachusetts

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | |
|---|--------------------------------|---------------------|---|--|--|---|---|---------------------|---|---|
| Date of Crash 07/19/2022 | Time of Crash 09:43 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | | | Number Vehicles 1 | Number Injured 0 | Speed Limit <u>45</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: | | | |
| NORTH DUDLEY RD | | | | | | | | | | |
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | | | Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ | | | | Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____ Mile Marker _____ Exit Number _____ | | | |
| WEST BOYLSTON STREET | | | | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | | | Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ | | | | Route# _____ Intersecting Roadway/Street _____ | | | |
| N _____ | | | | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | | | | | Landmark _____ | | | |
| <input checked="" type="checkbox"/> Vehicle 1 # Occupants _____ | | | <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 22000648 | |
| License # _____ St NY DOB/Age _____ | | | Reg # GUY9216 Reg Type PAN Reg State NY | | | Veh Year 2015 Veh Make BMW Veh Config. 1 20 | | | | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | Veh Year 2015 Veh Make BMW Veh Config. 1 20 | | | Owner (Same as operator) | | | | |
| Operator WU TIFFANY | | | Owner (Same as operator) | | | Address _____ | | | | |
| Address 34 SHERWOOD LANE | | | Address _____ | | | City _____ State _____ Zip _____ | | | | |
| City ROSLYN State NY Zip 11577 | | | City _____ State _____ Zip _____ | | | Vehicle Action Prior to Crash 3 21 | | | Damaged Area Code: (Circle Up to Three) | |
| Insurance Company PROGRESSIVE | | | Event Sequence 35 22 22 22 22 | | | Most Harmful Event 35 23 | | | Driver Contributing Code 7 24 24 | |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N | | | Underride/Override 25 Towed Y | | | Event Sequence 35 22 22 22 22 | | | Most Harmful Event 35 23 | |
| Citation # (If Issued) N/A | | | Driver Contributing Code 7 24 24 | | | Underride/Override 25 Towed Y | | | Event Sequence 35 22 22 22 22 | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Underride/Override 25 Towed Y | | | Event Sequence 35 22 22 22 22 | | | Most Harmful Event 35 23 | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override 25 Towed Y | | | Event Sequence 35 22 22 22 22 | | | Most Harmful Event 35 23 | |
| Please fill out for operator and all occupants involved | | | Underride/Override 25 Towed Y | | | Event Sequence 35 22 22 22 22 | | | Most Harmful Event 35 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 See Above | | | Operator See Above | |
| Operator | | | Operator | | | Operator | | | Operator | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 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 | | | 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 | | | 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 | | | 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 _____ | | | Veh Year _____ Veh Make _____ Veh Config. 20 | | | | |
| Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ | | | Veh Year _____ Veh Make _____ Veh Config. 20 | | | Owner _____ | | | | |
| Operator _____ | | | Owner _____ | | | Address _____ | | | | |
| Address _____ | | | Address _____ | | | City _____ State _____ Zip _____ | | | | |
| 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 | | | Most Harmful Event 23 | | | Driver Contributing Code 24 24 | |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ | | | Underride/Override 25 Towed _____ | | | Event Sequence 22 22 22 22 | | | Most Harmful Event 23 | |
| Citation # (If Issued) _____ | | | Driver Contributing Code 24 24 | | | Underride/Override 25 Towed _____ | | | Event Sequence 22 22 22 22 | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Underride/Override 25 Towed _____ | | | Event Sequence 22 22 22 22 | | | Most Harmful Event 23 | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override 25 Towed _____ | | | Event Sequence 22 22 22 22 | | | Most Harmful Event 23 | |
| Please fill out for operator and all occupants involved | | | Underride/Override 25 Towed _____ | | | Event Sequence 22 22 22 22 | | | Most Harmful Event 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/Non-Motorist See Above | | | Operator/Non-Motorist See Above | | | Operator/Non-Motorist See Above | |
| Operator/Non-Motorist | | | Operator/Non-Motorist | | | Operator/Non-Motorist | | | Operator/Non-Motorist | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Boylston Street (E)

25 Dudley Road

Dudley Road

Boylston Street (W)

Unit

→ N →

NOT TO SCALE

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 Tuesday, July 19, 2022, while assigned to unit N496, I responded to the area of Boylston Street (W) @ Dudley Road for a report of a head on collision. The weather at the time of the crash was clear and sunny. The road surface was dry. Boylston Street and Dudley Road are both public ways in the City of Newton.

I observed a blue 2015 BMW 550I (NY: GUY9216) resting on the sidewalk in front of 25 Dudley Road after it crashed into the stone retaining wall in front of this address. The lone occupant of the vehicle, Ms. Tiffany Wu, was out of the vehicle when I arrived and reported no injuries. Ms. Wu stated she was operating her vehicle on Boylston Street (W) towards Dudley Road and attempted to take a right turn on to Dudley Road. Ms. Wu stated she took the turn too fast and crashed into the wall.

(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 |
|-----------------------------|---|--------------|---------|---------------------------------|
| LANDAU, DAVID, | 25 DUDLEY ROAD NEWTON, MASSACHUSETTS 0 | 617-955-7000 | 97 | STONE RETAINING 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

MICHAEL R GAUDET

NEWTON POLICE DEPART

07/19/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ 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:

Tody's responded and removed the vehicle from the roadway. The owner of 25 Dudley Road was present on scene and was advised about the damage to his retaining wall. Newton Medics evaluated Ms. Wu and obtained a patient refusal.

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 R GAUDET

NEWTON POLICE DEPART

07/19/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date