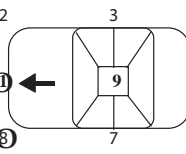
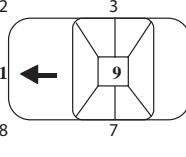


Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts						RMV Document Number						
Date of Crash 04/04/2019	Time of Crash 19:37 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 4	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input checked="" type="checkbox"/> Other: _____					
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:									
1 SOUTH CRAFTS ST Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number										
2 WEST WALTHAM ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of Route# Intersecting Roadway/Street Landmark										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000339								
License # --- St MA DOB/Age ---- Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment Operator WHITE BARBARA L Address 26 HIGHLAND AVE City WATERTOWN State MA Zip 02472 Insurance Company COMMERCE Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # X9488 Reg Type PAN Reg State MA Veh Year 2015 Veh Make SUBARU Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 10 22 22 22 22 2 Most Harmful Event 10 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y 										
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
Operator		See Above		---	---	99	4	4	0	0	10	1	N/A	
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants				<input checked="" type="checkbox"/> Non-Motorist A Type 2 14		Action 1 15	Location 1 16	Condition 2 17	<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 SCREETER SONOR Address 800 NORTH CAROLINA AVE City WASHINGTON DC State MD Zip 20003 Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				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 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed 										
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Operator/Non-Motorist		See Above		---	---	---	---	---	---	---	---	9	2	BETH ISREAL

→ 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

NOT TO SCALE

Crash Narrative:

The operator of vehicle 1 stated that with a green left turn arrow showing, and her left directional on she went to turn onto Waltham Street from Crafts Street when all of the sudden she hit a bicyclist. She stated she did not see the bicyclist at all prior to him hitting her car.

The bicyclist stated does not remember anything from the accident at this time.

The bicyclist was traveling southbound on Crafts Street and appears to have entered the intersection of Crafts and Waltham Street without stopping and while a red light was showing. He was wearing a helmet at the time of the crash, he was not wearing any reflective clothing (dark green jacket), and the bike did not have any lights.

The bike was taken to support services for safe keeping by Ofc. J. March.

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
BASTIANELLI, CHRISTIAN,	77 WESTLAND AVE W NEWTON, MA 02465	-----	Y
LUCE, EMMA,	34 SCHOFIELD RD NEWTON, MA 02460	-----	Y

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
SCREETER, SONOR,	800 NORTH CAROLINA AVE WASHINGTON DC, MARYLAND	6172299380	97	DAMAGED BIKE

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

THOMAS BANNON

NEWTON POLICE DEPART

04/04/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

