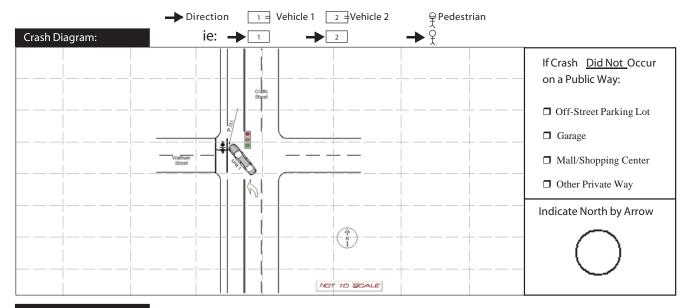
	Poli	ice Use Only		Commonw	ealth	of Mass	sach	usett	S		RMV	Docum	ent Number	
	Date of Crash 04/04/2019	Time of Crash	City/Tow NEWTON	m Moto	or Vel	nicle Cr	ash	Numbe		1 ^	d Limit ude	25	State Police Local Police MBTA Police	N X
	04042017	24HR		I		Report		1	4		gitude_		Other:	
		AT INTER	SECTION:	<	LOCA	TION	>		NO	T AT	INTE	CRSEC	TION:	2
	1 SOU	TH CRAFT	S ST											
$\frac{1}{4}$	Route# Direct	tion		Roadway/Street		Route# Direc	tion A	ddress #		Naı	ne of Ro	oadway/S	Street	_ 2 10
	2 WES	T WALTI	A HAM ST	t		Feet	N S E	W of			— c	or		
	Route# Direc	ction N	Jame of Intersecting	Roadway/Street			St. ale		Mile	Marker			Exit Number	_
			Also at Interse	ection with		Feet	N S E	of of	Route	# <u>I</u>	ntersect	ing Roady	way/Street	- 11
2 <b>1</b>	Route# Direct		Nome of Intercept	in a Dandunay/Stmaat		Feet	N S E	W of						3
3	Route# Direct	tion	Name of Intersect	ing Roadway/Street							Lan	dmark		_
3	XVehicle1	#Occupants	Hit/Run	Moped C	ase Numbe	r	1	190000033	9					
	License#		St MA	_ DOB/Age	Reg #	X9488			Reg T	ype PAN	N.	Reg S	tate_MA	
	Sex_F_ Lic. 0	Class D 18 1	8 Lic. Restrictions	19	Veh '	Year 2015							20	
4		ITE Last		L Endorsment		er (Same as op			First					- <b>1</b>
3	Address 26 HI	Last IGHLAND AVE	First	Middle		ess						Middle		.   1
	City WATERT			e_MA Zip_02472								Zi	ip	
	'	pany COMMER				cle Action Prior	to Crash	4	21	Damage	d Area (	Code: (Ci	ircle Up to Thre	ee)
5	1	Direction: N		nding to Emergency?	Even	t Sequence 10	0 22 2	22 22	22 2		3		4	
1		ssued)				Harmful Event	2	3			9		10 Undercarri	age
	Violation	1: ChSec	Violation 2	2: ChSec	Drive	er Contributing		1 24	24	<b>—</b>		\	5 11 Totaled	
<sup>6</sup> <b>1</b>	Violation	3: ChSec	Violation 4	l: ChSec		rride/Override		5 Tow	red Y		7	<u> </u>	6	
			ator and all occup	ants involved			Т	26 2' Seat Safet		29 30 bag Eject	31 Trap I	32 3 njury Tran	33 sp.	13
	Name (Last Fire	st Middle)		Address See Above		Age/DOB	Sex	Pos. \$yste	m Status \$w	itch Code	Code .	tatus Code	Medical Facilit	4
	op							,,,	7 7		0	10 1	1 4	
									+					
<sup>7</sup> <b>2</b>	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A	Type 2	Action 1	15 Lo	cation 1	16 Con	dition 2	17	☐ Hit/	Run Mop	ed
	License#		St	DOB/Age	Pag t	<u> </u>			Pag T	'vre		Pag S	tate	-
	Sex_M Lic. (	18 1		19		Reg # Reg Veh Year Veh Make				20			20	-
8	Operator SCR		SONOR	Endorsment				on wake_				ven com	iig.	
<sup>8</sup> <b>2</b>		Last ORTH CAROL	First INA AVE	Middle		ess	Last		First			Middle		-
				MD Zin 20003							State	7	in	
	City WASHINGTON DC State MD Zip 20003					City State Zip  Vehicle Action Prior to Crash							ee)	
	Insurance Com Vehicle Travel			onding to Emergency?_		t Sequence		22 22	22 2	Ü	3	`	4	
	Citation # (If Is		Kest Kest	ording to Emergency!_		Harmful Event	7	3			$\backslash \mathbb{I}$		10 Undercarri	age
			Wieleti	2. Ch Saa				24	24	<b>—</b>	9		5 11 Totaled	
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code													
				occupants involved	_ Unde	111uc/Override			7 28 y Airbag Air	29 30	31 Trap I	32 3	33	_
	Name (Last Fi	rst Middle)	-results and an (	Address		Age/DOB	Sex	Pos. Syst	y Airbag Air em Status Sv	bag Eject witch Code	Trap I e Code	njury Fran Status Coo	de Medical Facil	ity
	Operator/	Non-Motorist		See Above			-					9 2	BETH ISREAL	



## 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
	77 WESTLAND AVE		
BASTIANELLI, CHRISTIAN,	W NEWTON,MA 02465		Y
	34 SCHOFIELD RD		
LUCE, EMMA,	NEWTON,MA 02460		Y

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

Truck and Bus Information:	Registration #	(From Vehi	cle Section)		
Carrier Name				_ Carrier Issu	ing Authority Code
Address		City		St	Zip
US DOT #:S		Issuing State	ICC#:		_ Interstate 36
Cargo Body Type Code Gross	s Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

-	Direction 1	Vehicle 1	2 =Vehicle 2	₽ Pedestrian	
Crash Diagram:	ie: → 🗆	] →[	2	▶Ŷ	
					If Crash <u>Did Not</u> Occur on a Public Way:
					☐ Off-Street Parking Lot
 	 	 			☐ Garage
i i	į		į		☐ Mall/Shopping Center
					Other Private Way
					Indicate North by Arrow
	_   -	 			
Coral Name time					
Crash Narrative:					
Vehicle#1 was towed away 1	ov Todv's towing	g due to ext	ensive damage.	Bicvclist was	transported to Beth Israel
hospital for several trau					
Both witness's statements	were the same.	They state	d that they we	re behind vehicl	e 1 in traffic and saw that
she had on her left dirre	ctional signal	and had a gr	een left arrow	signal when veh	nicle 1 went to turn left
onto Waltham Street.					
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:					
Owner (Last, First, Middle)	Address		Phone #	34-Type Descripti	on of Damaged Property
Total and Development's a					
Truck and Bus Information:	Registration #		(From Ve	*	Comion Issuing Authority Code
Carrier Name			City		Carrier Issuing Authority Code
Address					36
US DOT #:		38	Issuing State	1CC#:	Interstate
	oss Vehicle Weight				39
Trailer Reg #: Hazmat Information:	Reg Type	Reg State	Reg Year_	Trailer Lengt	h
40	41	T.		34 / 13 / 12 / 11	42
Placard Material 1 digit	# Material N	lame		Material 4 digit #	Release code
THOMAS BANNON Police Officer Name (Please Print)	Signature			ron Police DEPARTN  epartment P	04/04/2019 recinct/Barracks Date
- once officer rante (1 tease 1 fill)	Signatur	-	La L	разинен Г.	Darracho Datt