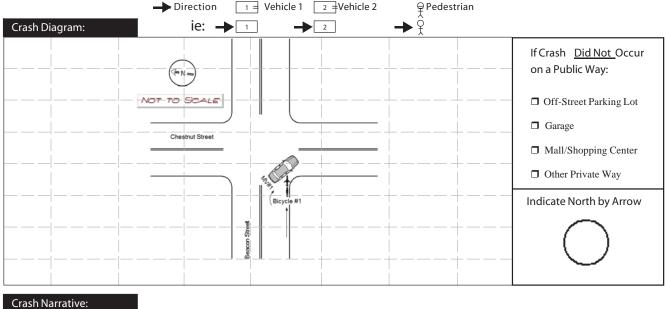
	Poli	ice Use Only		Commonw	vealth	of Ma	ssac	huse	etts			RM	V Docu	ument	t Number	
	Date of Crash 05/01/2019	Time of Crash	City/To	Mot	tor Vel	hicle (Crasl	h $\begin{bmatrix} N_1 \\ V_2 \end{bmatrix}$	mber	Numb		d Limi		St	ate Police ocal Police BTA Police	<u> </u>
	05/01/2019	19:18 24HR	NEWTON		Police	Repor	t	1		1		gitude_			BTA Police ther:	
		AT INTER	SECTION:	<	LOCA	TION	>			NO	T AT	INTI	ERSI	ECTI	ION:	2
	EAST	г веасо	N ST													2
¹ 3	Route# Direc	tion	Name of	Roadway/Street		Route# Di	rection	Addres	ss #		Nai	me of F	Roadwa	ay/Stre	et	
	SOU	TH CHEST	NUT ST	At		Fe	et N S	S E W	of -		•		or			
	Route# Direc			ng Roadway/Street		<u> </u>					Marker				kit Number	_
			Also at Inter	section with		Fe	eet N S	S E W	of	Route		ntersec	ting Ro	oadway	y/Street	
²						Fe	et N	S E W	of						,	3
	Route# Direc	tion	Name of Interse	cting Roadway/Street								Laı	ndmark			
3	XVehicle1	2_#Occupants	Hit/Run	Moped	Case Numbe	r		19000	00441							1
	License#		St M	A DOB/Age	Reg #	998TD9				Reg T	vne PAI	V	Re	o State	a MA	_
	Sex_F_ Lic.	18 1		19		Year_2015									20	_
4			□ MARGARET	Endorsment A		er (Same as								Ü		- 1
3	Address 71 AV		First	Middle		ess							Mide	dle		
	City NEWTO		St.	ate MA Zin 02468									:	Zin		·
	City NEWTON State MA Zip 02468 Insurance Company USAA CASUALTY					Vahiela Action Prior to Cresh 21 Damaged Area Code; (Circle Up to Thr										
5	1	Direction: N		oonding to Emergency?_		t Sequence	22	22	22	22 2	!	3		4		
1]	ssued)		onding to Emergency:_		Harmful Ev		23				M	Λ		10 Undercarri	age
				2: ChSec		er Contributii			24	24	—	9		5	11 Totaled	
⁶ 1	1			4: ChSec		erride/Overri		25	Towe			7		6		
1			ator and all occu		_ Office	inde/Overn	ie	26 Seat		28 Airbag Ai	29 30 bag Eject	31 Trap	32 Injury	33		1
	Name (Last Fir		1	Address		Age/DC		ex Pos.	\$ystem	Status Sw	itch Code	Code	Status	Fransp. Code	Medical Facilit	4 4
	Operator	_	71	See Above AVALON RD					1	4 4		0	+	1		
	SPITZ, ADELI	E	N	EWTON, MA 02468			F	3	1	4 4	0	0	10	1		
⁷ 2	Please Select C of the Followi	Vehicle	# Occupan	ts Non-Motorist A	Type 2	14 Action	15	Location		Con	dition 1	17		Hit/Ru	n Mope	ed
	License#		St		Reg#							g State	ate			
	Sex_M_ Lic. Class 18 18 Lic. Restrictions 19 CDL					Veh Year Veh Make Veh Config. 20										
⁸ 2	Operator SOI	LTAN	DANIEL	Endorsment		OwnerLast First Middle										-
	Address 2039	COMMONWEA	LTH AVE (apt.	2)	Addr	ess				1 11 51			Wild			
	City BRIGHT	ON	St	ate MA Zip 02135	City	City State Zip										
	Insurance Com	pany			Vehic	cle Action Pr	rior to C	rash	2	1	Damage	d Area	Code:	(Circl	e Up to Thre	ee)
	Vehicle Travel	avel Direction: NSEW Responding to Emergency?				_ Event Sequence 22 22 22 22 3 4										
	Citation # (If I	ssued)			Most	Harmful Ev	ent	23			_	9	$\langle $	- 1	10 Undercarri 11 Totaled	age
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 24 24 24															
	Violatio	n 3: ChSe	ec Violatio	on 4: ChSec	Unde	erride/Overri	de	25	Γowed	8		7		6		
			operator and al	occupants involved				26 Seat	27 Safety	28 Airbag Ai	29 30 bag Eject	31 Trap		33 Fransp.	M-2 12 "	
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/D		Sex Pos.	System	Status S	witch Cod	e Code	Status 9	Code 1	Medical Facil	ity
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The OP. of MV#1 states she was travelling on Beacon Street eastbound with a steady green light and was making a right turn onto Chestnut Street. That's when there was a collision with Bicyclist#1.

Bicyclist#1 was travelling eastbound on Beacon Street and approaching the intersection of Chestnut Street. He noticed a non-involved vehicle in the intersection stopped there trying to make a left turn. He observed MV#1 slowly moving around that vehicle and thought MV#1 was going to continue going straight on Beacon Street so he pedaled through. That's when MV#1 was actually making a right turn and they collided together.

Bicyclist#1 sustained some mouth injury and unknown bodily injuries. His bicycle sustained some damage to the front wheel and right handle bar. He signed a patient refusal with the medics. The OP. of MV#1 gave Bicyclist#1 a ride and transported his bicycle home.

(Continued on next page)

Witnesses:		A -1 -1				Dl #	Chahamana
Name (Last, First, Middle)		Address				Phone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			25
Carrier Name					Ca	rrier Issuing Authority	Code 35
Address			City		S	t Zip_	
US DOT #:	State Number		_ Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gros	s Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	39	
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Nat	me		Material 4	digit #	Release cod	e 42

	Direction 1	∃ Vehicle 1 2	=Vehicle 2	₹ Pedestria	n	
Crash Diagram:	ie: 🕕 🛚	2	□ →	₽		
					on a Pu	Did Not Occur blic Way: Street Parking Lot ge /Shopping Center r Private Way North by Arrow
				T		_
Crash Narrative:						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
0						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type [Description of Damaged	Property
ocr (Easy raisy Middle)	/iddicss		. Hone #	эттурс Т	zezenpaon or burnagea	
Truck and Bus Information:	Registration #		(From Vel	hicle Section)		
Carrier Name					Carrier Issuing	Authority Code 35
Address			City		St	Zip
US DOT #:	State Number		Issuing State	ICC #:	I	nterstate 36
37	Gross Vehicle Weight	38	ŭ <u>—</u>			
		D. G	D **		39	
Trailer Reg #: Hazmat Information:	Reg Type	Reg State	Keg Year	Trai	ler Length	
40	41					. 42
Placard Material 1 di	git # Material Na	ame		_ Material 4 di	git # Re	lease code
RAYMOND H CHIEU				TON POLICE DEPARTM		05/01/2019
Police Officer Name (Please Print)	Signature		ID/Badge # De	partment	Precinct/Barracks	Date

CDP1 11 ·24·00