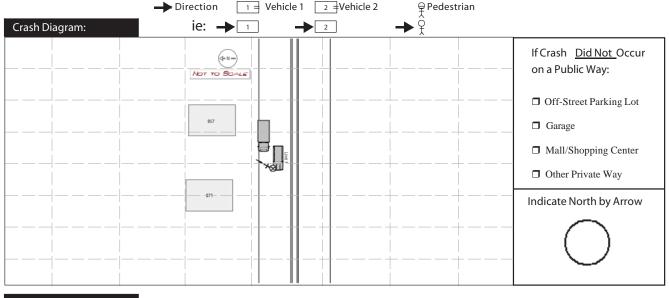
	Poli	ice Use Only		Commonwea	alth o	of Massa	achu	isetts	5		RMV	/ Docur	nent Number	
	Date of Crash 06/24/2019	Time of Crash 15:55	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		ed Latit	d Limit ude gitude_		State Police Local Police MBTA Police Other:	XI E
		AT INTER	RSECTION:		LOCA'		>	1					CTION:	\dashv
						WEST 871 WATERTOWN ST								
1	Route# Direct	tion	Name of R	oadway/Street		Route# Direction		dress #				oadway	/Street	
1	At					Feet NSEW of or								
	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of or Exit Number								_
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street							- L	
² 1						Feet NSEW of								
3	Route# Direction Name of Intersecting Roadway/Street					Landmark								
3	XVehicle1	#Occupants	Hit/Run	Moped Case	Number	Number 190000647								
	License#		St_MA		_ Reg#	8SP529			Reg T	ype_PAN	J	Reg	State_MA	
	Sex_F_ Lic. 0	Class D 18 1	Lic. Restrictions	19 CDL	20									
4	Operator FOR	RGIONE	MARIA First	R Endorsment	Owner (Same as operator) Last First Middle							_ 1		
1		MEWOODS DR		Middle								Middle		_
	City_SAUGUS	3	State	MA Zip 01906	Address City State Zip								_	
	Insurance Com	pany STANDA	RD FIRE INS		Vehicle	e Action Prior to	Crash	1	21	Damageo	d Area	Code: (0	Circle Up to Th	ree)
5	Vehicle Travel	Direction: N	S E X Respon	nding to Emergency?	Event	Sequence 4 2	22 22	22	22	2)	3		4	
	Citation # (If Is	ssued)			Most I	Harmful Event	4 23			4	9		10 Undercar 5 11 Totaled	rriage
-	Violation	1: ChSec	c Violation 2	: ChSec	Driver	Contributing Co	ode 1	1 24	24					
⁶ 1	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 8 7 6								
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility							ility 4	
	Operator	,		See Above				1		9 0	0	10 1		
7 1	Please Select C	Vehicle	e# Occupants	X Non-Motorist A Ty	/pe 2	4 Action 1	5 Loca	ation 4	16 Cor	ndition 1	17	Hi	t/Run Mo	ped
	License#StDOB/Age				Reg#	Reg # Reg Type Reg State						_		
	Sex F Lic. Class 18 18 Lic. Restrictions CDL CDL				_	Reg Type								
8 1	Operator HOWELL TASKER Endorsment					Owner								
1	Address 871 WATERTOWN ST				Last First Middle Address									
	City NEWTON State MA Zip 02465				City State Zip									
	Insurance Company_				Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ree)	
	Vehicle Travel Direction: NSEW Responding to Emergency?				Event Sequence 22 22 22 22 3 4									
	Citation # (If Issued)				Most Harmful Event 23 10 Undercarriage 5 11 Totaled							rriage		
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24								
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed 8 7 6								
	Ple Name (Last Fi		operator and all o	ccupants involved		A (DOD		26 27 Seat Safety Pos. System	28 Airbag A	29 30 rbag Eject	31 Trap		33 ansp. Code Medical Fac	ailite:
		Non-Motorist		See Above		Age/DOB		Pos. System	n Status S	witch Code	Code	Status C		LIHLY
-														



Crash Narrative:

Bicyclist, Tasker Howell, was traveling SOUTH on Watertown St, entering the lane of traffic when MV1 collided with her handlebars and front tire. MV1 (MA Reg: 8SP529, 2018 Ford SUV) was traveling WEST on Watertown

St when she collided with the Tasker on the bicycle. MV1 operator, Maria Forgione, stated that while she was traveling on Watertown St, she had a passed a large landscaping truck parked at 857 Watertown St which hindered her seeing Tasker pulling out into traffic on the bicycle. Tasker stated the same, that she saw traffic clear and believed it would be safe to pull out into traffic but the landscaping truck created a blindspot.

Tasker was not wearing a helmet. There was damage to MV1 on the passenger front end. Tasker was transported to Newton Wellesley Hospital. Tasker's bicycle was left in her possession at her residence at 871 Watertown

(Continued on next page)										
Witnesses:										
Name (Last, First, Middle)	F	Address		Pho	ne # Statement					
Property Damage:					I	l				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Da	amaged Property				
Truck and Bus Information: Carrier Name	_		(From Vehic		Carrier	Issuing Authority Code 35				
			· 			Issuing Authority Code				
Carrier Name			City		St	Issuing Authority Code Zip				
Carrier NameAddressUS DOT #:			City		St	Issuing Authority Code Zip Interstate 36				
Carrier NameAddressUS DOT #:	State Number	8	City Issuing State	ICC#:_	St	Issuing Authority Code Zip				
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Gro	State Number	8	City Issuing State	ICC#:_	St	Issuing Authority Code Zip Interstate 36				
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Gro	State Number	8 Reg State	City Issuing State	ICC #:_	ailer Length	Issuing Authority Code Zip Interstate 36				

'	Direction 1	☐ Vehicle 1 ☐ 2	+Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →□		□ →				
					If o	Crash Did Not On a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way dicate North by A	g Lot enter
St. Pictures were sumbit	ted to IT.						
Witnesses:							
Name (Last, First, Middle)		Address			Phon	e #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dan	naged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)			
Carrier Name	-		(rioni ven		Carrier I	ssuing Authority Cod	e 35
Address			City		St	Zip	26
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38					
		D C/ /	D. W	m	3	P	
Trailer Reg #:	Keg Type	Keg State	Keg Year	Tra	aner Length		
Hazmat Information:	41						42
Placard 40 Material 1 dig	it # 41 Material N	Name		_ Material 4 o	digit #	Release code	74
ALEX N KANE		38800	NEWTO	ON POLICE DEPARTM		06/24/20	119

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)