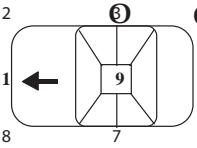
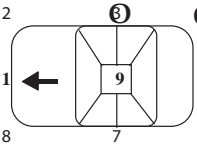
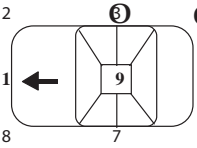
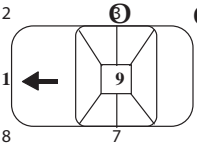
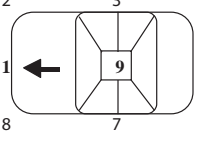
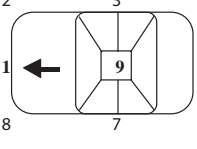
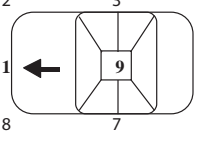
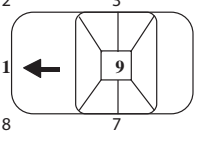


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/06/2019	Time of Crash 16:03 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 435 WOLCOTT ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000691			
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>6WR623</u>		Reg Type <u>PAN</u>		Reg State <u>MA</u>			
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year <u>2016</u>		Veh Make <u>DODG</u>		Veh Config. <u>1</u> <u>20</u>			
Operator <u>CROWE</u> <u>JAMES</u> Last First Middle			Owner <u>(Same as operator)</u> Last First Middle							
Address <u>35 SPRINGHILL RD</u>			Address _____							
City <u>FRAMINGHAM</u> State <u>MA</u> Zip <u>01701</u>			City _____ State _____ Zip _____							
Insurance Company <u>USAA GENERAL INDEM</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>4</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 		10 Undercarriage 5 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event <u>4</u> <u>23</u>		1 					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>		8 					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>		6 					
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			-----		--- --- 1 4 99 0 0 10 1					
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type <u>2</u> <u>14</u> Action <u>1</u> <u>15</u> Location <u>4</u> <u>16</u> Condition <u>1</u> <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____							
Sex <u>M</u> Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Veh Year _____ Veh Make _____ Veh Config. <u>20</u>							
Operator <u>VIVEIROS</u> <u>JACOB</u> Last First Middle			Owner _____ Last First Middle							
Address <u>130 PINE ST</u>			Address _____							
City <u>NEWTON</u> State <u>MA</u> Zip <u>02466</u>			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 		10 Undercarriage 5 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event <u>23</u>		1 					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>24</u> <u>24</u>		8 					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed _____		6 					
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/Non-Motorist See Above			-----		--- --- 8 1					

Direction 1 Vehicle 1 2 Vehicle 2 3 Pedestrian
 ie: 1 2

Crash Diagram:

Wolcott St

MV#1

Bike#1

435 Wolcott Driveway

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:

Operator of MV#1 stated he was travelling westbound on Wolcott St at approximately 25mph. He saw Bicyclist #1 on the sidewalk to his right. He then saw Bicyclist #1 enter the roadway and swerved out of the way to avoid contact. Bicyclist #1 drove into the right side of MV#1. Minor damage to MV#1.

Bicyclist #1 stated he was riding his Trek Multi-sport on the sidewalk on Wolcott St when he "made a mistake" and entered the roadway without seeing MV#1. He stated his handlebars made contact with MV#1 and he fell off his bicycle. Bicyclist#1 suffered minor injuries to his elbows. His mother (Elizabeth Viveiros d.o.b. 10/7/66) responded to the scene and signed a patient refusal with the medics. No defects in the sidewalk or roadway. Pictures submitted to IT.

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

MEGHAN E MCLEAN	38801	NEWTON POLICE DEPT	07/06/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date