

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/06/2019		Time of Crash 18:20 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 30 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:						9	
NORTH CENTRE 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 COLBY RD Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Landmark								11	
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 190000808								2	
License # --- St MA DOB/Age ---				Reg # FF32CW Reg Type PAS Reg State MA				12					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2014 Veh Make VW Veh Config. 1 20				1					
Operator DUBOVY SVETLANA Last First Middle				Owner DUBOVY DANIEL Last First Middle				1					
Address 8 GREENVIEW ST				Address 100 HILLSIDE AVE				1					
City FRAMINGHAM State MA Zip 01701				City WEST SPRINGFIELD State MA Zip 01089				1					
Insurance Company PLYMOUTH ROCK				Vehicle Action Prior to Crash 7 21 Damaged Area Code: (Circle Up to Three)				13					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence 4 22 22 22 22 2 3 4				10 Undercarriage					
Citation # (If Issued) T1445010				Most Harmful Event 4 23 1 9 5 11 Totalled				1					
Violation 1: Ch 90/24 Sec Violation 2: Ch _____ Sec _____				Driver Contributing Code 10 24 24				1					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				1					
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				13					
Operator See Above				1 4 4 0 0 10 1				4					
7				Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				13					
License # --- St DOB/Age ---				Reg # Reg Type Reg State				20					
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year Veh Make Veh Config. 20				1					
Operator SCHWARTZ JULIA Last First Middle				Owner Last First Middle				1					
Address 417 CEDAR BRIDGE AVE (apt. 404)				Address				1					
City LAKEWOOD State NJ Zip 08701				City State Zip				1					
Insurance Company				Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)				13					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence 22 22 22 22 2 3 4				10 Undercarriage					
Citation # (If Issued)				Most Harmful Event 23 1 9 5 11 Totalled				1					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24				1					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed				1					
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				13					
Operator/Non-Motorist See Above				8 2				4					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Colby Rd.

Centre St.

Unit 2

Unit 1

Unit 1

Unit 1

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:

At approximately 1825HRS on August 06, 2019, I was dispatched to 785 Centre St. (Newton Country Day School) in reference to a motor vehicle vs bicycle crash. Upon arrival, I located both parties on the sidewalk adjacent to the intersection of Centre St. and Colby Rd. The operator of the bicycle was complaining of feeling dizzy, although she stated she did not hit her head, and suffered several abrasions on her left leg and hands; the operator of MV1 stated she was uninjured.

The operator of MV1 stated that as she was traveling northbound on Centre St., she attempted to give the operator of the bicycle room, but the bicyclist made an abrupt left hand turn and struck MV1.

The operator of the bicycle stated she was traveling northbound on Centre St. in the Bicycle Lane. She then signaled a left hand turn and entered the Motor Vehicle Travel Lane to make a second left hand turn to

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
SCHWARTZ, JULIA,	253 CABOT ST NEWTON, MASSACHUSETTS 0	2709962190	97	RED QUICK CANNONDALE BICYCLE

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

CHRISTOPHER G HOWES

38804

NEWTON POLICE DEPART

08/06/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Crash Narrative:

patient refusal.

Todys Services arrived and took custody of MV1, for which I completed and filled an NPD Towed Motor Vehicle Form. All streets mentioned are public ways in the City of Newton.

Due to the potential danger of serious bodily injury caused by the operator of MV1's reckless driving behavior (crossing the solid yellow road divider line and driving on the wrong side of the road against traffic), the actual damage caused (striking and causing the bicycle operator to be transported to the hospital and damage to the bicycle) and that the bicycle operator was clearly visible/in clear contrast with the road (riding a red bicycle and wearing a red shirt) I issued the operator of MV1 MA Criminal citation T1445010, in hand, for violating one count of MGL Ch.90 S. 24 (Operating To Endanger) I

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Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

CHRISTOPHER G HOWES		38804	NEWTON POLICE DEPARTA		08/06/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					

