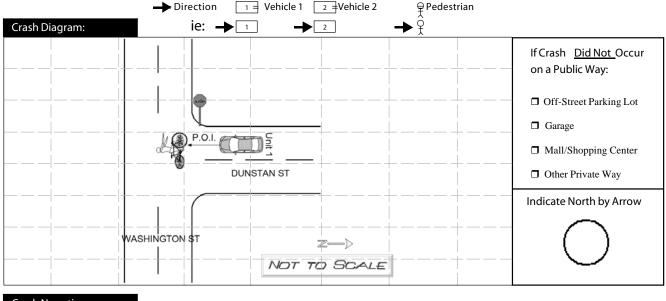
	Poli	ice Use Only		Common	wealth	of Mass	achu	setts			RMV	Docume	ent Number	
	Date of Crash 08/16/2019	Time of Crash 18:40	City/Tow NEWTON	n Mo		hicle Cra	ash [Number Vehicles			d Limit	25	State Police Local Police MBTA Police	NA NA
	09192019	24HR	NEWTON			Report		1	1		itude_		Other:	
		AT INTER	SECTION:	<	LOCA	TION	>		NOT	AT	INTE	RSEC	TION:	
	SOU	TH DUNST	AN ST											
¹ 3	Route# Direc	tion		loadway/Street		Route# Direct	ion Add	dress #		Nan	ne of Ro	oadway/S	treet	$ 2^1$
	At WEST WASHINGTON ST					Feet NSEW of or or						- -		
	Route# Direc	ction N	Vame of Intersecting	Roadway/Street			vialel		Mile N	Iarker			Exit Number	_
			Also at Interse	ection with		Feet	N S E	w of	Route#	——Ir	ntersecti	ing Roadv	vay/Street	- 1
2 1	Route# Direc		Nome of Intercept	in a Dandunar/Ctmast		Feet	N S E	w of						3
3	Route# Direc	tion	Name of Intersect	ing Roadway/Street		Landmark								_
3	XVehicle1	#Occupants	Hit/Run	Moped	Case Numbe	r	19	00000841						
	License#		St_MA	_ DOB/Age	Reg	294NZ5			Reg Ty	pe_PAN	I	Reg St	ate_MA	
	Sex_F_ Lic.	Class D 18 1	8 Lic. Restrictions	19		Year 2011							20	
4		BANSKAYA	ISOBELLA	Endorsmer	nt Own	er (Same as ope	erator)		First					- 1
2	Address 393 L		First	Middle		ress						Middle		_
	City NEWTO		Stat	MA Zip 02460								Zi	p	
	Insurance Com	pany GOVT EM				Vahiola Action Prior to Crack 21 Damaged Area Code: (Circle Up to Three)								
5	1	Direction: N		nding to Emergency?		22 22 22 2								
1]	ssued)				Harmful Event	4 23				\bigvee		10 Undercarr	iage
	,	,		2: ChSec		er Contributing C		8 24	24 (1)	←	9	\	5 11 Totaled	
⁶ 1	1			: Ch Sec		erride/Override	25	Towe	8`		7	\mathcal{L}	5	
			ator and all occup			Jiride, 3 verride		26 27 eat Safety	28 2 Airbag Airb	9 30 ng Eject	31 Trap I	32 3 njury Trans	3	1
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex P		Status Swit	ch Code	Code 5	status Code	Medical Facili	4
	Орегатог			Sec Above	,			1	4 99	0	0	10 1		
⁷ 3	Please Select C of the Followi		# Occupants	Non-Motorist	A Type 2	Action 2	15 Loca		16 Cond	ition 1	17	Hit/l	Run Mop	ed
	License#	License#StDOB/Age				Reg # Reg Type Reg State						ate	_	
	Sex_M Lic. Class 18 18 Lic. Restrictions 19 CDL					Veh Year Veh Make Veh Config.								
⁸ 2	Operator RUAN YAO FENG Endorsment					Owner								
2	Address 79 CHESTNUT ST (apt. 2)					Last First Middle Address								
	City NEWTO	N	City											
	Insurance Company					Domogod Aron Code: (Cirola IIn to Three)								ee)
	Vehicle Travel Direction: NSEW Responding to Emergency?					22 22 22 2								
Citation # (If Issued) Most Harmful Event 23							/	10 Undercarr	iage					
	Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code							24 1						
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	Name (Last Fi	rst Middle) Non-Motorist	<u> </u>	Address See Above	:	Age/DOB		os. System	Status Swi	tch Code	Code	Status Cod		lity
	Орегают/	1 TOTAL INTO COLLEGE		See Above								0 1		



Crash Narrative:

On Friday, August 16th 2019, at approximately 6:40pm, I, Officer Brooks, responded to Dunstan street at Washington street for a MVA pedestrian. Upon my arrival I spoke with the operator of MV1(294NZ5), who stated she was traveling southbound on Dunstan street and was attempting to pull out onto Washington street, when she made contact with a bicyclist traveling westbound on Washington street. The operator stated she never saw the bicyclist, and that she was traveling less than a mile per hour when she made contact. It should be noted that the sun was setting and the operators vision would have been impaired by the sun at the location of the accident. MV1 had a minor scuff mark on the front bumper.

I spoke with the bicyclist who stated he was traveling westbound on Washington street and was crossing over
Dunstan street when he was struck by MV1. He stated he was knocked off the bike, scraped his arm, and had

(Continued on next page)

<u> </u>							
Witnesses:							
Name (Last, First, Middle)		Address			Phone #	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			
Carrier Name					Carrier Issu	uing Authority Coc	35 le
Address		(City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gross	s Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length		
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	Release code	42

Cash Diagram: It Crash Did Not Occur on a Public Way:		→ Direction	1 = Vehic	le 1 2 =	:Vehicle 2	₽ Pedestri	ian		
Cardi Narrative: Cardi Narra	Crash Diagram:	ie: →□	1	2	_	₽Ŷ			
Crash Narrative: minor back pain. The mirror on the right side of his bike was broken. The bicyclist was wearing greenish gray clothing, and was not wearing protective equipment such as a halmst. The bicyclist signed a refusal from Cataldo and was given a copy of the report number. Pictures were taken of the scene and all parties were sent on their way. Witnesses: Name (Last, First, Middle) Address Phone # Statement Truck and Sts Information: Carrier Name Carrier N							I		Occur
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Indicate North by Arrow Crash Narrative: Indicate North by Arrow								Mall/Shopping Co	enter
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Truck and Bus Information: Registration #	Property Damage:						1		1
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ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)