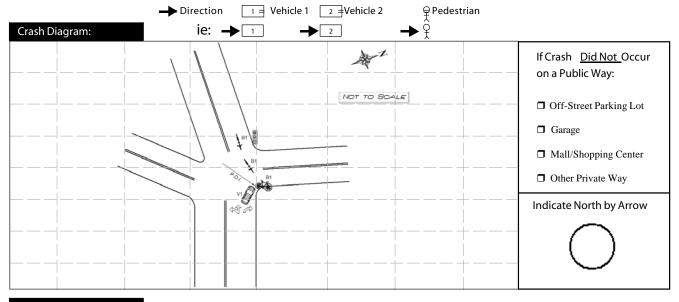
	Poli	ice Use Only		Commonwea	alth d	of Massa	achus	setts			RMV	Docum	ent Number	
	Date of Crash 09/08/2019	Time of Crash 16:46 24HR	NEWTON	MIOIOI		icle Cra Report	'	Number Vehicles	Numbe Injured	Latitu	d Limit ude itude_		State Police Local Police MBTA Police Other:	Xi O
			SECTION:		LOCA'		>						TION:	\lnot
		BRIDG	F ST											2
$egin{pmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc			oadway/Street		Route# Direction	n Add	ress #		Nan	ne of R	oadway/S	Street	2
		CALIFO	A ORNIA ST	t		Feet NSEW of or					_ 2			
	Route# Direc	ction N	Name of Intersecting	Roadway/Street				<u> </u>	Mile N				Exit Number	_
			Also at Interse	ction with			N S E V	_	Route#	— Ir	ntersect	ing Road	way/Street	-
2 1	Route# Direc		Name of Intersect	ing Roadway/Street		Feet N	N S E V	of						3
3			I								Lan	dmark		\dashv
	X Vehicle 1	#Occupants	Hit/Run	☐ Moped Case	Number		190	0000920						
	License#	18 1	St MA		Reg#	7018VZ			_Reg Ty	pe_PAN	1	Reg S	State MA	-
	Sex_F_ Lic.	Class D 16 1	Lic. Restrictions	9 CDL	Veh Y	ear_2016	Veh !	Make_TC	OYT			Veh Con	fig. 1	
⁴ 3	Operator TRI	Last	MARGARET	Middle	Owner	(Same as open	ator)		First			Middle		$- 1^1$
سّ	Address 1 RE					ss								-
	City WATER			e MA Zip 02472	City_				_				•	
5	1	npany_AMICA M				e Action Prior to		3 2			l Area (,	ircle Up to Thro	:e)
1		Direction:		nding to Emergency? N		Sequence 10 ²	22 22 23	2.2	22 ($\overrightarrow{\Box}$		10 Undercarr	iage
	,	ssued)				Harmful Event	10	24	24 1	←	9		5 11 Totaled	lage
⁶ 1				:: ChSec		Contributing Co	25				4		6	
1			ator and all occup	: ChSec	Under	ride/Override		Tower		9 30	31 Trap I	32	33	
	Name (Last Fir			Address		Age/DOB	Sex Pos	s. System	28 2 Airbag Airb Status Swit	ch Code	Code .	njury Tran Status Cod	ısp.	1 1
	Operator			See Above				1	4	0	0	10 1		
⁷ 2	Please Select (of the Followi	I Vehicle	e# Occupants	Non-Motorist A Ty	/pe 2	Action 2	5 Locati		Cond	ition 1	17	☐ Hit/	/Run Mop	ed
	License#StDOB/Age				Reg#	eg#Reg TypeReg State						_		
	Sex_M_ Lic. Class				Veh Y	eh YearVeh MakeVeh Config.								
⁸ 2	Operator <u>LAI</u>	Last	KENNETH First	J Middle	Owner Last First Middle							-		
	Address 459 C				Addre	SS								-
	City NEWTO	N	State	<u>MA</u> Zip <u>02458</u>	City_						_State_		ip	-
	Insurance Com	npany			Vehicl	e Action Prior to		2		amaged		`	ircle Up to Thre	e)
	Vehicle Travel	Direction: N	S E W Resp	onding to Emergency?	Event	Sequence 2	2 22	22	22 2		3		4 10 Undercarr	inga
	Citation # (If I	ssued)			Most I	Harmful Event	23	24	24 1	←	9		5 11 Totaled	lage
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code Violation 3: ChSec Violation 4: ChSec Underride/Override Please fill out for operator and all occupants involved Violation 2: ChSec Underride/Override 25							6						
									_					
	Name (Last Fi		operator and all o	Address		Age/DOB	Sex Po	s. Safety System	Airbag Airb Status Swi	ag Eject tch Code	Trap I Code	njury Tran Status Co	isp.	lity
	Operator/	Non-Motorist		See Above				-				9 2	NWH	
										1				



Crash Narrative:

Opr of V1 stated she was in the right turn lane on California Street waiting to turn right onto Bridge

Street. Opr stated the green arrow signal came on and she started to turn. At this time, B1 cut in front of her to beat the light and made contact with the vehicle. V1 sustained light damage to the front right. V1 was not towed.

Opr of B1 stated he was on California Street waiting to turn left onto Bridge Street. At this time, he stated he saw no cars moving, rode across the street, and tried to beat the light. B1 made contact with V1. Opr of B1 suffered minor injuries and was transported to NWH.

Bike was put in the property room for safekeeping. I was unable to secure bike, but helmet, bike pump, and mirror were placed in locker number 8.

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
	20 WASHBURN ST		Y
ROGERS, ROBERT, F	NEWTON,MA 02458		

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

Truck and Bus Information:	Registration #	(From Vehic	le Section)			
Carrier Name			Carrier Issuing Authority Code 35			
Address		City		St	Zip	
	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	Trailer Leng			
Hazmat Information:						
Placard 40 Material 1 digit #	41 Material Name		Material 4 digit #		Release code 42	