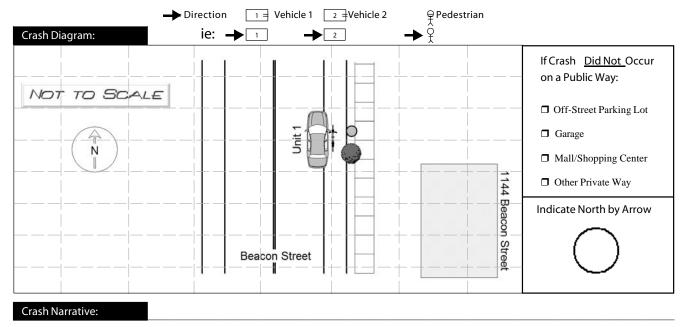
	Poli	ice Use Only		Commonwea	lth o	f Massa	achu	setts	}		RMV	/ Docum	ent Number	
	Date of Crash 09/10/2019	Time of Crash 09:32 24HR	NEWTON	MIOTOI		icle Cra Report	sh [	Number Vehicles		ed Latit	d Limit ude gitude_		State Police Local Police MBTA Police Other:	N N
			RSECTION:		OCAT	_	>						TION:	2
						WEST	141	1	BEAC	ON ST				2
1 <b>1</b>	Route# Direc	tion		padway/Street	I	Route# Direction	n Ad	dress #		Na	me of R	oadway/S	Street	$ \frac{1}{2}$
	At					Feet NSEW of or Mile Marker Exit Number							-   -	
	Route# Direc	etion 1	Name of Intersecting I			Feet N	I S E	W of	IVIII	Warker			Exit Number	
2.			Also at intersec	uon wiii		Feet N		_	Rout	e# I	ntersect	ting Road	way/Street	4
2 1	Route# Direc	tion ———	Name of Intersection	ng Roadway/Street			.1~1-1	o.			Lan	ıdmark		
3	X Vehicle 1	_1_#Occupants	Hit/Run	Moped Case N	Number		19	00000926						
	_		St MA			581VH1				ь РАТ	NT.	ъ с	МА	
	License # Sex_F Lic. 0	18	18	DOB/Age	_	581YH1 ear 2008			_	Гуре <u>РА</u> Г		_	20	-
4	Operator BO		Lic. Restrictions SARAH	Endorsment		(Same as oper							ng.	- 1
1			First ot. RIGHT SIDE)	Middle		Lasi						Middle		- 1
	City NEWTO			MA Zip 02461								Z	ip	
		pany GARRISO				Action Prior to			21				ircle Up to Thre	
5	Vehicle Travel	Direction: N	S E X Respon	ding to Emergency? N	Event S	Sequence 4 2	2 22	22	22	2	Ø		4	
	Citation # (If I	ssued)			Most H	Iarmful Event	4 23				9		10 Undercarri 5 11 Totaled	iage
	Violation	1: ChSe	c Violation 2:	ChSec	Driver	Contributing Co	ode 1	9 24 9			ŹŹ			
<sup>6</sup> 1	Violation	3: ChSe	c Violation 4:	ChSec	Underr	ide/Override	25	Towe	ed N	8	7		6	
	Please t		ator and all occupa	nts involved Address	26   27   28   29   30   31   32   33   32   34   35   35   35   35   35   35   35					1v 4				
	Operator	st Middle)		See Above				<mark>99</mark>		99 0	0	10 1	N/A	
7 <b>1</b>	Please Select C	I Venici	e# Occupants	Non-Motorist A Type	e 2	4 Action 2	5 Loca	tion 8	16 Co	ndition	17 1	☐ Hit/	/Run Mop	ed
	License#_		St	DOB/Age	Reg#				Reg '	Гуре		Reg S	tate.	
	Sex_M Lic. 0	18	18 Lic. Restrictions	19 CDL	_	ear			_			Veh Con	20	_
<sup>8</sup> <b>2</b>	Operator GRI	EENZANG	STEVEN	S Endorsment									8	
2	Address 7 CL	Last	First	Middle	Addres	Last			First			Middle		
	City BROOK	LINE	State	MA Zip 02445	City						_State_	Z	ip	
	Insurance Com	pany			Vehicle	Action Prior to	Crash	2	21	Damage			ircle Up to Thre	ee)
	Vehicle Travel	/ehicle Travel Direction: NSEW Responding to Emergency?				22 22 22 2								
	Citation # (If Issued) N/A				Most Harmful Event 23					iage				
	Violatio	n 1: ChS	ec Violation 2	2: ChSec	Driver Contributing Code 24 24 5 11 Totaled									
	Violatio	n 3: ChS	ec Violation 4	4: ChSec	Underr	ide/Override	25	Tower	i	8	7		6	
	Pl Name (Last Fi		r operator and all o	ccupants involved		Age/DOB		26 27 eat Safety Pos. System	28 Airbag A n Status S	29 30 Eject Switch Cod	31 Trap 1	Injury Tran		lity
İ		Non-Motorist		See Above		Age/DOB			ii status 2	witch Cod	Code	10 1	N/A	ıty
									$\dagger \dagger$					
-														$\blacksquare$



On Tuesday, September 10, 2019 while assigned to Traffic unit N525, I responded to the area of Beacon Street and Roslyn Road, Newton for a report of a motor vehicle/bicycle crash. The weather at the time of the crash was overcast. The road surface was dry. Beacon Street and Roslyn Road are both public ways maintained by the City of Newton.

I spoke with the bicyclist involved in the crash, Steven Greenzang (S96615185). Greenzang stated he was traveling Westbound on Beacon Street in the shoulder lane on his black Specialized bicycle. Greenzang had a yellow reflective vest on and was wearing a helmet at this time. Greenzang stated a vehicle in the travel lane to his left drove by him and hit the mirror located on his left handlebar. I observed damage to the mirror. Greenzang report no injuries.

(Continued o	n next page)							
Witnesses:								
Name (Last, First, Middle)	Addr	ress				Phone #	‡	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descrip	tion of Dama	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)				25
Truck and Bus Information:  Carrier Name			(From Vehic			_ Carrier Issu	ning Authority Co	ode 35
								ode
Carrier Name		C:	ity			St	Zip	ode
Carrier NameAddressUS DOT #:	State Number38	C:	ity			St	Zip	ode
Carrier NameAddressUS DOT #:	State Number	C:	ity			St	Zip	ode
Carrier NameAddressUS DOT #:	State Number	C:	ity Issuing State	ICC #:_		St	Zip	ode
Carrier Name  Address US DOT #: Cargo Body Type Code 37 Gros	State Number	C:	ity Issuing State	ICC #:_		St	Zip	ode
Carrier Name	State Number	eg State	ity Issuing State	ICC #: Tr	railer Lenş	St	Zip Interstate	ode

MICHAEL R GAUDET			NEWTON POLICE DEPARTM		09/10/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

_	Direction 1	Vehicle 1	2 Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: → 🗆	<b>→</b> □	2	<b>→</b> ĝ			
						Crash <u>Did Not</u> Occur n a Public Way:	
		<u> </u>				Off-Street Parking Lot	
		 				Garage	
		į į	į	İ		Mall/Shopping Center	
			+	+		Other Private Way	
					Inc	licate North by Arrow	
Crash Narrative:							
I spoke with the ope	rator of MV1,	Sarah Bonfan	ti (S6681137	2). Bonfan	ti stated she	was parked in	
front of 1411 Beacon Stree	t waiting to p	ick up a co-v	worker that	resides at	that address.	Bonfanti stated a	<u> </u>
bicycle traveling on the	sidewalk to he	r right crasl	hed into the	passenger	side door mir	ror of her 2008	
Toyota Scion (MA: 681YH1).	Bonfanti sta	ted the bicy	clist was ac	ting "crazy	during her	interaction	
with him and he was trying	to take her p	icture. Bonfa	anti stated	she got bac	k into her vel	nicle and moved up	
the roadway to wait for po	lice to arrive	on scene.					
I canvassed the area	where the acc	ident occurre	ed with Sgt.	Dempsey. T	here was glas	ss from the passence	jer
side mirror of MV1 and Gre	enzang's bicyc	le in the ma	ain travel 1	ane of the	roadway and th	ne shoulder lane	
where Greenzang stated he	was traveling.	We also obs	served a lar	ge tree and	a telephone p	pole on the sidewal	.k
(Continued o	on next page)						
Witnesses:		1					
Name (Last, First, Middle)		Address			Phone	e# Statem	ent
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property	
Truck and Bus Information:	Registration #		(From	Vehicle Section)			
Carrier Name					Carrier Is	suing Authority Code	35
Address			City		St	Zip	
US DOT #:	State Number		Issuing State _	ICC #:_		Interstate 36	
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38			20	1	
Trailer Reg #:	Reg Type	Reg State	Reg Yea	r Tra	ailer Length		
Hazmat Information:						-	
Placard Material 1 digit	# Material N	Jame		Material 4	ligit #	Release code 42	

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

09/10/2019

Date

Precinct/Barracks

CDP1 11 ·24·00

MICHAEL R GAUDET

Police Officer Name (Please Print)

_	▶ Direction	1 = Vehicle 1	2 =Vehicle 2	₽ Pedestrian		
Crash Diagram:	ie: →□	1 -	2 →	<b>&gt;</b> Ŷ		
	 				If Crash <u>Did Not</u> on a Public Way:	Occur
		<u> </u>			☐ Off-Street Parking	g Lot
					☐ Garage	
					☐ Mall/Shopping Co	enter
					Other Private Way	
	 -	 				
				į	Indicate North by A	rrow
			<u>-</u>			
Crash Narrative:						
next to the roadway where	the accident	is alleged to	have occurred.	•		
After speaking with all pa	arties involved	d, observing t	the location of	f the glass in t	he roadway from the	crash,
and the location of the tr	ee and telepho	one pole on th	ne sidewalk whe	ere he accident	occurred; Greenzang	would
not have been able to open	ate his bicycl	le on the side	ewalk and be cl	lose enough to t	he roadway to make	contact
with MV1.	,					
Prior to clearing th	ne accident, I	asked Bonfant	ti if she had a	any questions a	nd if she wanted to	report
any injuries. Bonfanti s	stated she was	hit by the h	oicyclist durin	ng her exchange	with him and began	grabbing
her left leg. I asked Bor	fanti why she	did not info	rm the officers	on scene that	she was assaulted.	
Bonfanti stated she said s	something to ou	ır Dispatch wh	nen she called	. I asked Bonfa	nti if her leg was	injured.
(Continued o	on next page)					
Witnesses:						Î
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Description	on of Damaged Property	
Truck and Bus Information:	-		(From Veh			35
Carrier Name					Carrier Issuing Authority Cod	e
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Lengtl	39 h	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material 1	Name		_ Material 4 digit #	Release code	42

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

09/10/2019

Date

Precinct/Barracks

MICHAEL R GAUDET

Police Officer Name (Please Print)

	→ Direction	1 = Vehicle 1	2 =Vehicle 2	₽Pedestri	an	
Crash Diagram:	ie: →[	1	2	→ 9		
		   			If Crash <u>Did N</u> on a Public Wa	
					Off-Street Pa	rking Lot
					Garage	
	į	į			☐ Mall/Shoppir	ng Center
		_  			☐ Other Private	Way
		_ 			Indicate North	by Arrow
		     				)
Crash Narrative:  Bonfanti stated I was pustated she was hit in the					cching her leg. Bonfan	
and evaluate her. Bonfa						
if she wanted to pursue						
					cident. Bonfanti stated	
pedestrian busted out he						
his bicycle and smashed						
witnesses:	Southern Sy of					
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	,		35
Carrier Name					Carrier Issuing Authority	Code
Address			City		St Zip_	36
US DOT #:	State Number	38	Issuing State	ICC#:	Interstate	30
Cargo Body Type Code	Gross Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg Star	te Reg Ye	ar Tra		
Hazmat Information:  Placard 40 Material 1 dig	rit # 41 Material	Name		Material 4 d	igit # Release cod	de 42
MICHAEL R GAUDET				NEWTON POLICE DEPARTA	09	/10/2019

ID/Badge #

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)

Signature