

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number					
Date of Crash 09/13/2019	Time of Crash 07:25 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 1	Speed Limit 25 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:					
SOUTH CENTRE ST Route# Direction Name of Roadway/Street At WEST CENTRE AVE Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark									
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000935			
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Operator ROSS SARA Address 40 THE LEDGES RD City NEWTON State MA Zip 02459 Insurance Company BANKERS STANDARD			Reg # 4DG234 Reg Type PAN Reg State MA Veh Year 2015 Veh Make INFI Veh Config. 2 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 4 22 22 22 22 2 Most Harmful Event 4 23 Driver Contributing Code 19 24 18 24 Underride/Override 25 Towed N Citation # (If Issued) T 201650 Violation 1: Ch 003 Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec									
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility									
Operator			See Above									
HANNUM, CHARLES			1335 BOYSTON ST BOSTON, MA 02215									
Please Select One of the Following:			<input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 2 14 Action 2 15 Location 1 16 Condition 1 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped									
License # --- St DOB/Age --- Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL Operator BARON VALENTINE Address 115 GLENWAY ST City DORCHESTER State MA Zip 02221 Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 20 Owner Address City State Zip Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec									
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility									
Operator/Non-Motorist			See Above									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

**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:**

Valentine Baron stated on she was bicycling in the marked crosswalk at Center Ave at Center St from the north side walk to the south side walk. Baron stated that she activated the crosswalk light and had entered the crosswalk when the light was activated. Baron stated that while she was in the marked crosswalk vehicle one began to make a right turn on red . Baron stated that vehicle one struck her on her left side , knocking her off her bike . Baron stated that she had a helmutt but was not wearing it the time of the crash. Baron stated that she did not lose consciousness as result of the crash. Baron was transported via EMS to Mt Auburn Hospital for treatment for possible internal injuries.

Operator of vehicle one Sara Ross stated that she was stopped at a red light on Center Ave at Center St. Ross stated that she was waiting to turn right on a red light and look to her left and then her right and

(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

**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

