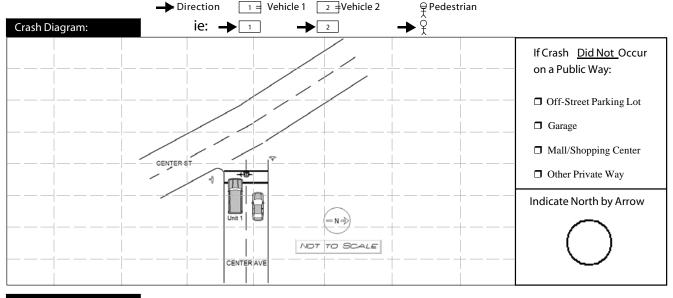
	Poli	ice Use Only		Commonw	ealth	of Ma	assa	chu	ısett	S		RV	IV Do	cumen	nt Number	
	Date of Crash 09/13/2019	Time of Crash 07:25 24HR	NEWTON	MION	or Vel Police			sh [Numbe Vehicle		ired L	peed Lir atitude ongitude			tate Police ocal Police IBTA Police other:	Xi O
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	A Vehicle1	2_#Occupants			ase Numbe	r		19	90000093	55						_
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⁴ 3	Operator ROS	Last	SARA First	Middle	Owne	er (Same a	s opera Last	tor)		Firs	t		Mi	iddle		- 1 1
	Address 40 THE LEDGES RD City NEWTON State MA Zip 02459					ess										-
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5	1	pany BANKERS		. N		cle Action I	22	Crash	2 22	22	2	U	3	. (CIIC 4	ле Ор ю тше	<i>E</i>)
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⁶ 1	1			4: ChSec		rride/Overr		25		ed N	8	<u> </u>	7	6		
	Please fill out for operator and all occupants involved					Seat Safety Airbag Airbag Eject Trap Injury Transp.							1			
	Name (Last Fir	st Middle)		Address See Above		Age/D		Sex I	os. \$yste	m Status	Switch C	Code Code	Status 10	Code 1	Medical Facili	4
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			BO	STON, MA 02215												
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4	Please Select C of the Followi		e# Occupant	s Non-Motorist A	Type 2	Action	15 2		ation 1	16 C	onditior	1 17		Hit/Ru	un Mop	ed
	License#StDOB/Age			Reg#	Reg #Reg TypeReg State						te	_				
	Sex_F Lic. Class 18 18 Lic. Restrictions 19 CDL					Veh Year Veh Make Veh Config.										
8 4	Operator BARON VALENTINE Endorsment Last First Middle				Owne	Owner Last First Middle									_	
_	Address 115 GLENWAY ST Middle						Address									-
	City DORCH	ESTER	Sta	te MA Zip 02221	City	City State Zip									-	
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								e)		
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$				Even	Event Sequence 22 22 22 22 3 4								iogo		
	Citation # (If Issued)					Most Harmful Event 23 10 Undercarriage 5 11 Totaled								age		
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	Operator/	Non-Motorist		See Above				-					7	2	MOUNT AUBURN	
							_	_					-	-		\dashv



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)		Phone #	34-Type	Desc	cription of Damaged Property				
Truck and Bus Information:	Registration #		(From Vehic	le Section)			35		
Carrier Name						Carrier Issuing Authority Code			
Carrier NameAddress			City						
Address			-			St Zip			
AddressUS DOT #:	State Number		-			St Zip Interstate			
AddressUS DOT #:	State Numberss Vehicle Weight	38	_ Issuing State	ICC #:_		St Interstate			
AddressUS DOT #:	State Numberss Vehicle Weight	38	_ Issuing State	ICC #:_		St Interstate			
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→	Direction 1	_ dehicle 1	2 #Vehicle 2	₹ Pedestri	uii	
Crash Diagram:	ie: → 🗆	→	2	▶ ♀		
Crasii Diagram:					If Crash Did Not on a Public Way: Off-Street Parkin Garage Mall/Shopping C Other Private Wa	g Lot enter
			 -			
Crash Narrative:						
drove forward. Ross stated	that she did	not see Baron	in the marke	ed crosswa	lk. Charles Hannum was a	front
seat passenger in vehicle	one and stated	that he did	not see Baron	n in front	of the vehicle until the	crash
occurred. I took photos of	vehicle one a	nd forwarded	d to the NPD I	IT bureau.	I issued Ross M Citation	
T21065501 and cited her fo	r a violation	of CO 19/74	, failure to	use care	while turning.	
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 Ve	ehicle Section)		
Carrier Name			(,	Carrier Issuing Authority Cod	
						35 de
l						35 de
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US DOT #: Gross	State Numberss Vehicle Weight	38	Issuing State	ICC #:	St Zip Interstate	de
US DOT #:	State Numberss Vehicle Weight	38	Issuing State	ICC #:	St Zip Interstate	de
US DOT #: 37 Cargo Body Type Code	State Numberss Vehicle Weight Reg Type	38 Reg State	Issuing State Reg Year_	ICC #: Tra	St Zip Interstate	36
US DOT #:	State Numberss Vehicle Weight Reg Type	38 Reg State	Issuing State Reg Year_	ICC #: Tra	St Zip Interstate	de
US DOT #: 37 Cargo Body Type Code	State Numberss Vehicle Weight Reg Type	38 Reg State	Issuing State Reg Year_	ICC #: Tra	St Zip Interstate	36

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)