

Commonwealth of Massachusetts

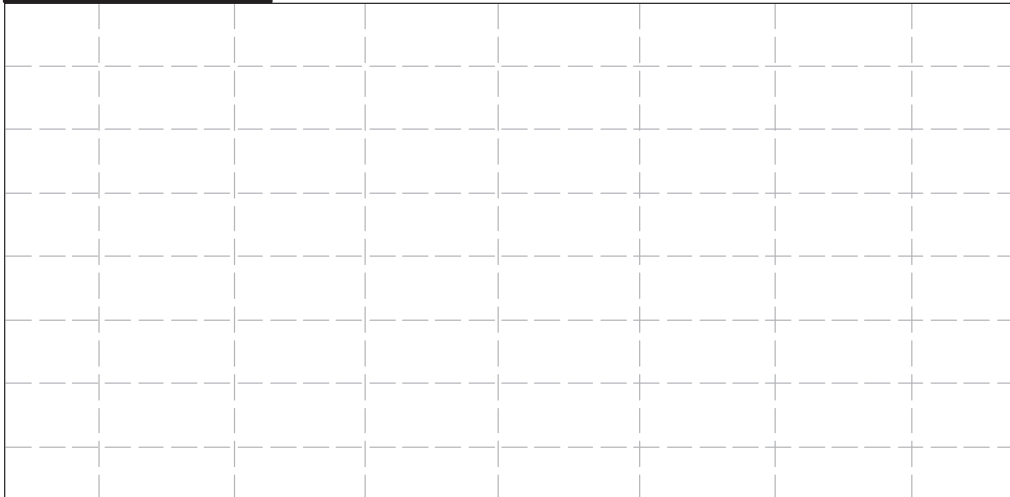
Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/16/2019	Time of Crash 17:50 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 749 BEACON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____				2 9			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____				2 10			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____				11 4			
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000947	
License # _____ St MA DOB/Age _____			Reg # 1542 Reg Type PAR Reg State MA			Veh Year 2019 Veh Make MINI Veh Config. 1 20			12	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Operator WALCOTT DIANA PERRY			Owner (Same as operator)			1	
Address 97 CHESTNUT ST			City BOSTON State MA Zip 02108			Vehicle Action Prior to Crash 11 21			13	
Insurance Company NORFOLK DEDHAM MUTUAL			Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 4 22 22 22 22 2			4	
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event 4 23			10 Undercarriage	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N			11 Totaled	
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility			Operator See Above			13 4	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				
License # _____ St MA DOB/Age _____			Reg # 6AX485 Reg Type PAN Reg State MA			Veh Year 2016 Veh Make AUDI Veh Config. 1 20				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Operator SIMS AMANDA			Owner (Same as operator)				
Address 65 BOTHFELD RD			City NEWTON State MA Zip 02459			Vehicle Action Prior to Crash 2 21				
Insurance Company COMMERCE INS			Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 4 22 22 22 22 2				
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event 4 23				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 1 24 1 24			Underride/Override 25 Towed N				
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility			Operator/Non-Motorist See Above				

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash	Time of Crash	City/Town	Motor Vehicle Crash Police Report				Number Vehicles	Number Injured	Speed Limit	State Police	<input type="checkbox"/>	
	24HR								Latitude	Local Police	<input type="checkbox"/>	
									Longitude	MBTA Police	<input type="checkbox"/>	
										Other:	<input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:					9
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street									10
At			Feet N S E W of or Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street									11
Also at Intersection with			Feet N S E W of				Landmark					
Route# Direction Name of Intersecting Roadway/Street												
<input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped						
License # St DOB/Age			Reg # Reg Type Reg State									
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year Veh Make Veh Config. 20									
Endorsment			Operator Last First Middle			Owner Last First Middle						12
Address			Address									
City State Zip			City State Zip									
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 22 22 22 22			2 3 4						
Citation # (If Issued)			Most Harmful Event 23			1 9 10 Undercarriage						
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24			5 11 Totaled						
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed			8 7 6						
Please fill out for operator and all occupants involved			Name (Last First Middle) Address			Age/DOB Sex			26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code			13
Operator			See Above			-----						
Please Select One of the Following:			<input type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 14			2 Action 2 Location 4 Condition 99			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped
License # St DOB/Age			Reg # Reg Type Reg State									
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year Veh Make Veh Config. 20									
Endorsment			Operator ADAMS BRUCE			Owner Last First Middle						
Address 52 PURITAN RD			Address									
City NEWTON State MA Zip			City State Zip									
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 22 22 22 22			2 3 4						
Citation # (If Issued)			Most Harmful Event 23			1 9 10 Undercarriage						
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Operator/Non-Motorist			See Above			-----			7 2			NEWTON-WELLESLEY H

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

the bicycle coming.

Officer D. Siegal transported the bicycle to the Newton Police Department and secured it in support services.

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

CHARLES P GUARINO

38802

NEWTON POLICE DEPART

09/16/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date