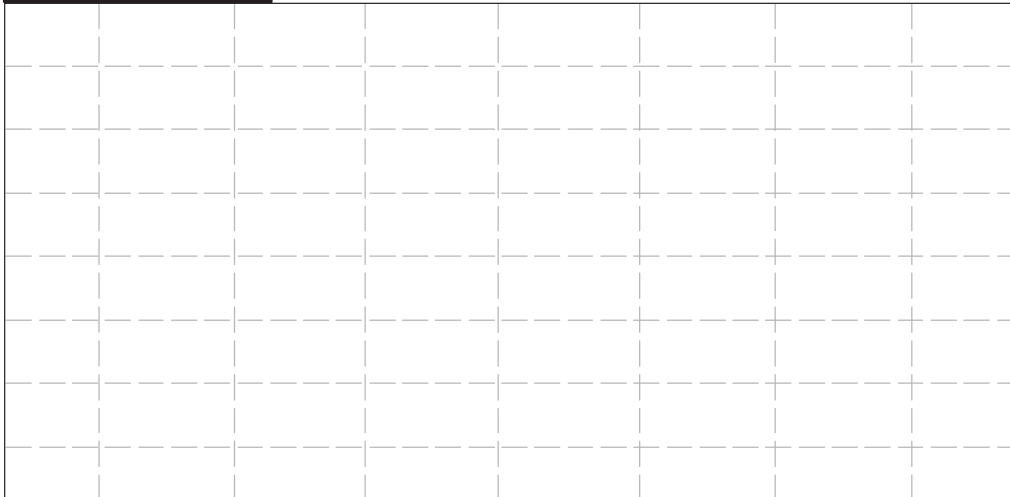


Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 10/04/2019	Time of Crash 11:49 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:						
NORTH CENTRE ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N S E W] of _____ Mile Marker _____ Exit Number _____								
WEST NATHAN RD Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001007		
License # _____ St MA DOB/Age _____			Reg # 6PH264			Reg Type PAN			Reg State MA		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2012			Veh Make HONDA			Veh Config. 1 20		
Operator MARTINS DARLENE Last First Middle			Owner BONFA MICHAEL W Last First Middle			Address 201 (apt. 26) COMMERCIAL STREET					
Address 119 MOUNT VERNON ST			City WEYMOUTH			State MA Zip 02148			City MA Zip 02188		
Insurance Company PROGRESSIVE DIRECT			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: [X] S E W Responding to Emergency? N			Event Sequence 4 22 22 22 22			Most Harmful Event 4 23			Driver Contributing Code 4 24 24		
Citation # (If Issued) T2012393			Underride/Override 25			Towed N			Diagram: 10 Undercarriage, 11 Totaled		
Violation 1: Ch 90/104 Sec _____ Violation 2: Ch 89/8 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			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			1 4 99 0 0 10 1								
DIAS, ROSANGELA 302 LOWELL STREET SOMERVILLE, MA 02145			F								
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 4 16			Condition 1 17		
<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		
Operator GOLDMAN MARVIN Last First Middle			Owner _____			Last First Middle					
Address 36 BUSWELL PK			Address _____			State _____ Zip _____			City _____ State _____ Zip _____		
City NEWTON State MA Zip 02458			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)					
Insurance Company _____			Event Sequence 22 22 22 22			Most Harmful Event 23			Driver Contributing Code 24 24		
Vehicle Travel Direction: [N] S E W Responding to Emergency? _____			Underride/Override 25			Towed _____			Diagram: 10 Undercarriage, 11 Totaled		
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			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			8 1			REFUSAL WITH CATAL					

→ 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:

unknown vehicle in the southbound travel lane of Centre Street. He says that the unknown vehicle left space for Unit 1 to turn left and waved Unit 1 on to turn left. He does not recall what transpired with the bicyclist.

As a result of the accident, it was determined that Martins did not yield the right of way to the bicyclist while she was turning left. She also does not have a license to operate in Massachusetts or any other state.

She was issued MA Uniform Citation # T2012393 for Ch. 89/8 Failure to yield and Ch. 90/10 Unlicensed Operation of a Motor Vehicle.

Digital photos taken by me of the scene.

(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 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

JEREMY L WILSON

25227

NEWTON POLICE DEPART

10/04/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

