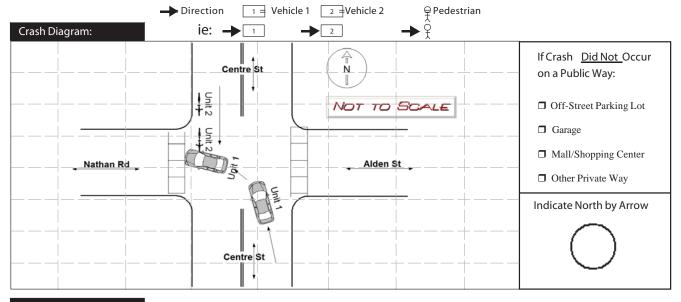
	Poli	ice Use Only		Com	monwea	lth o	of Mas	sach	iuse	etts			RMV	/ Doci	umen	t Number	
	Date of Crash 10/04/2019	Time of Crash 11:49	City/ NEWTON	Γown	Motor					mber nicles	Numbe Injured	Latit	d Limi ude		St L	tate Police ocal Police IBTA Police	AN N
		24HR					Report		1		1		gitude_		$- ^{o}$	ther:	_
		AT INTER	<]	LOCAT	ΓΙΟΝ	>			NO.	ГАТ	INTE	ERSI	ECT	ION:	\dashv		
	NOR	TH CENTR	RE ST														╁
1 1	Route# Direc	tion	Name	eet	Route# Direction Address # Name of Roadway/Street									_			
	WES	T NATHA		-	Feet	N S	E W	of -		• Marker		or		'. N 1	_		
	Route# Direc	etion N		ting Roadway/St	reet		End	N C	E W	·c	Mile	viarker			E:	xit Number	_
			Also at In	tersection with		-	Feet	N S	E W	ΟI	Route	-	ntersec	ting Ro	oadwa	y/Street	- -
²					[-	Feet	N S	E W	of							_	
	Route# Direct	tion	Name of Inter	secting Roadway	y/Street								Lar	ndmark			_
3	XVehicle1	2_#Occupants	Hit/Ru	n Moj	ped Case 1	Number			190000	01007							
	License#		St _	MA DOB/Age	e	Reg#_	6PH264				_ Reg Ty	pe_PAN	1	Re	g Stat	e_MA	
	Sex_F_ Lic. 0	Class D 18 1	8 Lic. Restricti	ons 1 19	CDL	Veh Ye	ear_2012	7	/eh Ma	ke HC	ONDA			Veh (Config	1 20	
4	1		DARLENE		Endorsment		BONFA			ІІСНА			w				-
1	Operator MA	Last MOUNT VERNO	First		Middle	OWITE	201 (apt. 2	Last 6) COM	MERC		First			Mid	dle		-
				MA	00140												-
	City MALDEN			State_MAZip	02148												-
	Insurance Com	pany PROGRES	SSIVE DIRECT			_ Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)											ee)
5	Vehicle Travel	Direction:	S E W R	esponding to En	nergency? N	Event Sequence 4 22 22 22 22 22 4 4											
	Citation # (If Is	ssued) T2012393				Most F	Harmful Even	t 4	23		1	_	9			10 Undercarr 11 Totaled	iage
	Violation	1: Ch90/10/sec	Violati	on 2: Ch_89/8	Sec	Driver Contributing Code 4 24 24											
⁶ 1	Violation	3: ChSec	Violati	on 4: Ch	Sec	Underride/Override 25 Towed N 8 7 6											
	Please f	fill out for opera	ator and all oc	cupants involve	ed			Т				9 30 ag Eject	31 Trap Code	32 Injury	33 Fransp.		\dashv
	Name (Last Fir		1									Medical Facili	ity				
	Operator			See Above						10	1		_				
	DIAS, ROSAN	IGELA			DMERVILLE, MA 02145						10	1					
7								1-1					1=1				_
2	Please Select C of the Followi	Vehicle	e#Occup	ants Non-	Motorist A Typ	pe 2	Action 2	15 Lo	ocation	4	Conc	lition 1	17 L	Ō	Hit/Ru	ın Mop	ed
	License#		St_	DOB/As	ge	Reg#_		Reg Type_						Re	g Stat	e	
	Sex M Lic. 0	Class 18 1	8 Lic. Restricti	ons 19	CDL	Veh Year Veh Make Veh C							onfig	20			
8	Operator GO		MARVIN		Endorsment												
2	Address 36 BU	Last	First		Middle						First			Mid	dle		-
	l			3//			SS										-
	City NEWTO	N		State_MA_Zip	02458	City					_						-
	Insurance Com	pany				Vehicle	e Action Prior	r to Cras	sh	21		Damageo		Code:	`	le Up to Thre	ee)
	Vehicle Travel	nergency?	Event S	Sequence	22	22	22	22 2		3	$\overline{}$	4					
	Citation # (If Is		Most F	Harmful Even	t	23		1	_	9	$ \cdot $	- 1	10 Undercarr 11 Totaled	rage			
	Violation	Contributing	Code	2	4	24		ľΤ									
	Violation	n 3: ChSe	ec Viola	tion 4: Ch	_Sec_	Underr	ride/Override		25 T	owed.	8		7		6		
		ease fill out for					1				28 2 Airbag Airt	9 30	31 Trap	32 Injury	33 Fransp.		\dashv
	Name (Last Fi	rst Middle)	1		Address		Age/DOB		Pos.	System	Status Sw	itch Code	e Code	Status	Code	Medical Faci	
	Operator/	Non-Motorist		Se	ee Above			-						8	1	REFUSAL WITH C.	ATALD
							+	+									$\overline{}$
	ii				1	1		1	1	1				- 1			



Crash Narrative:

On 10/04/19 at 11:49 hours while assigned to Traffic Unit 523, I responded to a motor vehicle/bicyclist accident at Centre Street and Nathan Road. The weather at the time was cloudy. The road surface was dry and Centre Street and Nathan Road are public ways maintained by the City of Newton. Traffic conditions were heavy and Centre Street was congested with vehicles at the time. There is no dedicated bicycle lane in this area but there are bicycle indicators painted on the roadway to make drivers aware of bicyclists traveling. I spoke to the bicyclist involved (Unit 2), Marvin Goldman (S67373495). Goldman was wearing a helmet, gray sweatshirt, gray shorts, and black/orange reflective sneakers. Mr. Goldman stated that he was traveling southbound on Centre Street on the right side of the road on his black Fuji Sagres bicycle. He further says that he was peddling fast at the time while crossing over Nathan Road and that is when he

(Continued on next page)

Witnesses:					
Name (Last, First, Middle)	Address			Phone #	Statement
MINER, MATTHEW, C		STON STREET AM,MA 02093		N	
Property Damage:	-				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information: Carrier Name	Registration #	`	,	Carrier Issuing Authority Co	de 35
Address		City		St Zip	
US DOT#:St	38	Issuing State	ICC #:	Interstate	36
	Vehicle Weight			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trai	iler Length	
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 di	igit # Release code	42

-	Direction	1 =	Vehicle	1 2	⊻ ≢Vehicle 2	₽Pe	destrian	1		
Crash Diagram:	ie: →	1	_	2	!	→ 9				
					 				rash <u>Did Not</u> (a Public Way:	Occur
		_ _					_		Off-Street Parking	g Lot
									Garage	
		_ -					_ + -		Mall/Shopping Ce	ntar
		_ _		-			- + -		11 0	
									Other Private Way	
		_						Indi	cate North by A	rrow
		— - - -		- 			- † - - † -		\bigcirc	
Crash Narrative:										
suddenly struck Unit 1 on	it's passeng	er s	ide fr	ont q	uarter pane	el/door a	area.	He does not :	recall any o	ther
details of the incident a	long with Uni	t 1	attemp	ting	to turn lei	t toward	ds him	. Goldman s	ustained scr	aped up
knees and a small lacerat	ion below his	lef	t eye.	He	refused med	lical at	centio	n signing a p	patient refu	sal with
Cataldo Medic One. I obs	erved that hi	s fr	ont who	eel w	as bent as	a result	of t	he accident.	The rest o	f the
bicycle appeared to be in	tact.									
I then spoke to the opera	tor of Unit 1	, Da	rlene 1	Marti	ns (S279664	154). Ms	s. Mar	tins spoke w	ith the	
assistance of Ofc. Calder	on who was tr	ansl	ating :	for h	er. She sa	ys that	she w	as traveling	northbound o	on
Centre Street and was att	empting to t	urn	left or	n to	Nathan Road	l in orde	er to	turn around	and travel th	he other
way on Centre Street. Sh	e says that a	veh	icle i	n the	southbound	l travel	lane	left space fo	or her to mal	ke her
(Continued	on next page)									
Witnesses:										
Name (Last, First, Middle)			Address					Phone :	#	Statement
Property Damage:										
Owner (Last, First, Middle)	Address				Phone #	34-T ₃	vpe De	escription of Dama	ged Property	
Truck and Bus Information: Carrier Name	Registration #				(From	Vehicle Sect	,	Carrier Issu	uing Authority Cod	e 35
Address					City			St	Zip	
US DOT#:	_ State Number				Issuing State	IC	C#:		Interstate	36
Cargo Body Type Code 37 Gr	oss Vehicle Weight		38							
Trailer Reg #:			Pag St	nto	Pag Va	ar.	Traile	r Length		
Hazmat Information:	Keg Type		Keg St	atc	Keg 1e	au	_ 11ane	Lengui		
Placard 40 Material 1 digit	# 41 Materia	al Nan	ne			Mater	ial 4 digi	it #	Release code	42
LEDENOVI VIII CON				2500	,					24.0
JEREMY L WILSON				25227	'	NEWTON POLICE I	DEPARTN		10/04/20	J19

Department

Signature

Precinct/Barracks

Date

→	Direction	1 = Vehicle 1	2 =Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →□	1 -	2	₽ Â			
	-			<u> </u> 		Crash <u>Did Not</u> Oo a Public Way:	ccur
		<u> </u>				Off-Street Parking I	Lot
						Garage	
	į	į		ĺ		Mall/Shopping Cen	iter
						Other Private Way	
		-		+	Ind	icate North by Arr	row
		-				\bigcirc	
Crash Narrative:							
left turn. She then proce	eded to turn t	thinking it wa	as clear and the	hat is wh	en the bicycli	st suddenly	
approached and struck her		-					
of vehicles waiting in the							
front quarter panel area a							
be from the bicyclist rubb					-	the passenger	door
frame. It is unknown if t							
Ofc. Calderon spoke to Ros	angela Dias (I	Passenger in	Unit 1), who s	tated tha	t everything h	appened so	
quick but she never saw th	e bicyclist ar	oproaching who	en Martins atte	empted to	turn left.		
I then spoke to a witness	on scene ident	tified as Mat	thew Miner. H	e says th	at he was two	vehicles behir	nd an
(Continued o	n next page)						
Witnesses:		Address			Dleane	"	Ct-t
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	Registration #		(From Vel	nicle Section)			25
Carrier Name					Carrier Iss	suing Authority Code	35
Address			City		St	Zip	
US DOT#:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38					
		D 64.4	D. W	Tr.	39		
Trailer Reg #: Hazmat Information:	Keg Type	Reg State	Keg Year	Tr	mier Length		
Placard 40 Material 1 digit #	41 Material l	Name		_ Material 4	ligit #	_ Release code	42
JEREMY L WILSON		2522		ON POLICE DEPARTI		10/04/201	

Department

Signature

Precinct/Barracks

Date

→	Direction	1 =	Vehicle 1	2 = V	ehicle 2	P.	Pedestri	an		
Crash Diagram:	ie: →[1	→	2		→ ♀				
	·							. — —	If Crash <u>Did Not</u> O	Occur
				_					☐ Off-Street Parking	g Lot
									☐ Garage	
	. — — — — –	_ _			+		+			
		_ _		_					☐ Mall/Shopping Ce	enter
									☐ Other Private Way	/
	· — — — — –	- -		_					Indicate North by A	rrow
		_		-						
		į		į			į		()	
Crash Narrative:	+hhamad +mana	.1 1-	0		Chmanh		+b		hhiala lafe	
for Unit 1 to turn left and										
bicyclist.			r co cur	n rero	. He do	765 110		LI WIIG		
As a result of the accident	t it was det	ermi	ned tha	t Mart	ins did	not v	ield tl	ne ria	ht of way to the high	volist
while she was turning left										
She was issued MA Uniform									_	
Operation of a Motor Vehic	le.									
Digital photos taken by me	of the scene	· .								
(Continued or	n next page)									
Witnesses:										
Name (Last, First, Middle)		A	Address						Phone #	Statement
Property Damage:										
Owner (Last, First, Middle)	Address			Р	hone #	34	4-Туре	Descript	tion of Damaged Property	
Truck and Bus Information:	Registration # _				(From	Vehicle S	Section)			35
Carrier Name									_ Carrier Issuing Authority Cod	
Address				City	/				St Zip	
US DOT #:	State Number			Is	suing State_		ICC #:_		Interstate	36
Cargo Body Type Code 37 Gros	s Vehicle Weight	38	8							
Trailer Reg #:	Reg Type		_ _ Reg State	:	Reg Ye	ar	Tra	iler Leng	eth 39	
Hazmat Information:			<u> </u>		5			-		
Placard 40 Material 1 digit #	41 Material	l Name	e			Ma	aterial 4 d	ligit#_	Release code	42
JEREMY L WILSON	· · · · ·			5227		NEWTON POI	ICE DEPARTA		10/04/20	

Department

Signature

Precinct/Barracks

Date

	→ Direction	1 = Vehicl	e 1 2 Vehicl	e 2	rian	
Crash Diagram:	ie: → [1	2	→Ŷ		
			 		- I	rash <u>Did Not</u> Occur a Public Way:
						Off-Street Parking Lot
						Garage
						Mall/Shopping Center
						Other Private Way
	· — — — -					cate North by Arrow
	. — — — — .	_	_			
		_				
Crash Narrative:						
Clasificative.						
Witnesses:						
Name (Last, First, Middle)		Address	;		Phone i	# Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone	# 34-Type	Description of Dama	ged Property
Truck and Bus Information:	Registration #		<u>'</u>	_(From Vehicle Section)	ı	
Carrier Name					Carrier Issu	uing Authority Code
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 I	Reg Year Tr	railer Length 39	
Hazmat Information:						
Placard 40 Material 1 dig	git # 41 Materia	l Name		Material 4	digit #	Release code 42
JEREMY L WILSON			25227	NEWTON POLICE DEPART	N.	10/04/2019

Department

Signature

Precinct/Barracks

Date