

Commonwealth of Massachusetts

Police Use Only		RMV Document Number										
Date of Crash 10/24/2019	Time of Crash 08:19 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 25	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:							
NORTH CEDAR ST												
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								
At												
EAST COMMONWEALTH AVE												
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Mile Marker Exit Number								
Also at Intersection with												
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Route# Intersecting Roadway/Street								
				Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001090						
License # --- St MA DOB/Age ---				Reg # 192VH6 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment				Veh Year 2009 Veh Make NISSAN Veh Config. 2 20								
Operator NTONME SAMUEL K				Owner (Same as operator)								
Address 1082 CENTRE STREET				Address								
City NEWTON State MA Zip 02459				City State Zip								
Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 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 2 3 4								
Citation # (If Issued) N/A				Most Harmful Event 4 23 1 9 5 11 Totaled								
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24								
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N ⑧								
Please fill out for operator and all occupants involved										13		
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	N/A	4
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 --- CDL Endorsment				Veh Year --- Veh Make --- Veh Config. 20								
Operator ROBISON EZRA J				Owner								
Address 28 MANEMET RD				Address								
City NEWTON State MA Zip 02459				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								
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Operator/Non-Motorist	See Above	---	---	---	---	---	---	---	---	8	2	NEWTON WELLESLEY

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian
 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:

On Thursday, October 24, 2019, while assigned to Traffic unit N525, I responded to the intersection of Commonwealth Avenue and Cedar Street, Newton for a report of a motor vehicle crash involving a bicyclist. The weather at the time of the crash was clear and sunny. The road surface was dry. Commonwealth Avenue and Cedar Street are both public ways maintained by the City of Newton.

I spoke with the operator of MV1, Samuel Ntonme (S52001288). Samuel Ntonme stated he was operating his 2009 Nissan Murano (MA: 192VH6) Northbound on Cedar Street at Commonwealth Avenue. Ntonme stated he crossed Commonwealth Avenue and entered the carriage road area of Commonwealth Avenue to continue onto Cedar Street when a bicyclist crashed into the front driver side bumper/fender area of his vehicle. Ntonme stated there was a delivery truck partially blocking the intersection of Cedar Street (S

(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

→ 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:

) at the Commonwealth Avenue carriage road. Ntonme stated he did not see the bicyclist until it crashed into his vehicle and stated the vehicle was traveling Eastbound on the roadway in the Westbound lane. I observed minor damage to the front driver side bumper/fender area of MV1. Ntonme reported no injuries.

The operator of the bicycle, Ezra Robison (S83132607), was transported to Newton Wellesley Hospital with a leg injury prior to my arrival. I observed damage to the front and rear wheels on the Robison's bicycle on scene. Robison's bicycle was transported to the Newton Police Station for safe keeping. I went to Newton Wellesley Hospital to obtain a statement from Robison but he was discharged prior to my arrival. I spoke with Robison at his residence later in the day. Robison stated he was operating his bicycle on the Commonwealth Avenue carriage road (E) towards Cedar Street. Robison stated there was a

(Continued on next page)

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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

MICHAEL R GAUDET

NEWTON POLICE DEPART

10/24/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

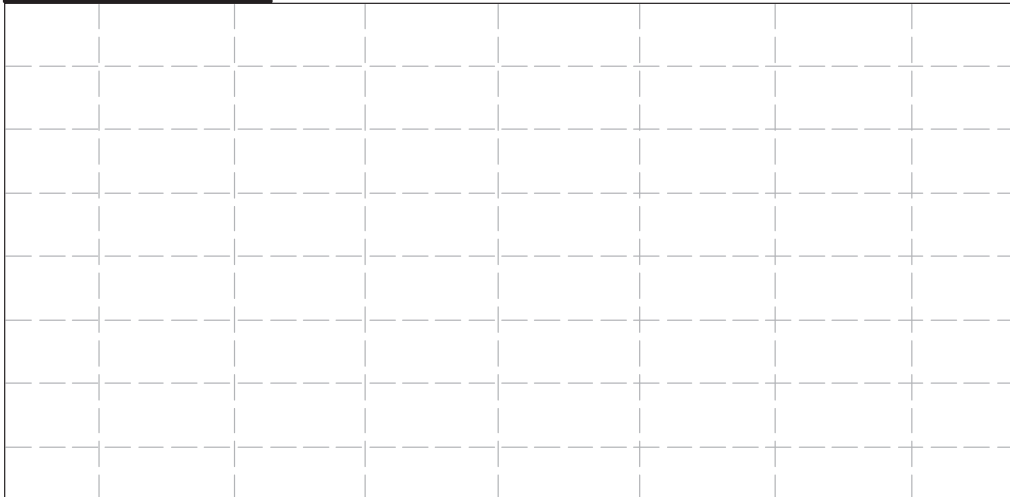
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



If Crash Did Not Occur
on a Public Way:

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- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

delivery truck stationary on Cedar Street partially in the carriage lane. Robison stated he went around the delivery truck and didn't see MV1 until impact. Robison stated he crashed into the front driver side wheel area. Robison stated the front wheel of his bicycle went under the front driver tire of MV1 and he fell to the roadway with his bicycle. Robison stated he has minor injuries as a result of the crash.

Pictures were taken of the crash scene and submitted to the IT Bureau.

Witnesses:

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Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

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Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

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Hazmat Information:

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

MICHAEL R GAUDET

NEWTON POLICE DEPT

10/24/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date