

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 11/27/2019	Time of Crash 12:43 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input checked="" type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			EAST 215 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Feet N S E W of _____ Landmark _____							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street										
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001216	
License # --- St MA DOB/Age ---			Reg # 488RP3 Reg Type PAN Reg State MA			Veh Year 2017 Veh Make LEXUS Veh Config. 2				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017 Veh Make LEXUS Veh Config. 2			Owner TOYOTA LEASE TRU				
Operator COOPER BARBARA			Owner TOYOTA LEASE TRU			Address PO BX 105386				
Address 411C DEDHAM ST			Address PO BX 105386			City ATLANTA State GA Zip 30348				
City NEWTON State MA Zip 02459			City ATLANTA State GA Zip 30348			Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)				
Insurance Company BANKERS STANDARD INSURANCE COMPANY			Event Sequence 4 22 22 22 22 2			10 Undercarriage				
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 4 23			5 11 Totaled				
Citation # (If Issued) _____			Driver Contributing Code 18 24 24			Underride/Override 25 Towed N				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed N							
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	
Operator			See Above			-----			---	
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			Veh Year Veh Make Veh Config. 20				
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year Veh Make Veh Config. 20			Owner				
Operator BROUSSEAU MERISSA C			Owner			Address				
Address 217 BROOKLINE ST			Address			City State Zip				
City CAMBRIDGE State MA Zip 02139			City State Zip			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)				
Insurance Company			Event Sequence 22 22 22 22 2			10 Undercarriage				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Most Harmful Event 23			5 11 Totaled				
Citation # (If Issued) _____			Driver Contributing Code 24 24			Underride/Override 25 Towed _____				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed _____							
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	
Operator/Non-Motorist			See Above			-----			---	



→ 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:

Operator of the bicyclist (Merissa Brousseau) states she traveling westbound in the bicycle lane on the right side near 215 Needham Street when she observed the large truck mentioned above suddenly stop. She states that she was also visibly blocked from seeing ahead due to the truck. She then kept peddling straight through and struck MV # 1 in the passenger side rear end as it was making its left turn. The operator was evaluated by Cataldo Ambulance but refused medical attention. I observed no apparent damage to the bicycle. Ms. Brousseau was wearing a bicycle helmet, black and red Boston University bicycle suit, and red BU sock covers over her shoes.

Digital photos taken by Ofc. Ferguson.

(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

11/27/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

➔ Direction    1 = Vehicle 1    2 = Vehicle 2    ♀ Pedestrian

### Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

[illegible]

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:

[illegible]

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 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate \_\_\_\_\_

Cargo Body Type Code	37	Gross Vehicle Weight	38
----------------------	----	----------------------	----

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length \_\_\_\_\_

Hazmat Information:

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

JEREMY L WILSON

25227

NEWTON POLICE DEPARTMENT

11/27/2019

---

Police Officer Name (Please Print)

Signature \_\_\_\_\_

ID/Badge #

Department

Precinct/Barracks

Date \_\_\_\_\_