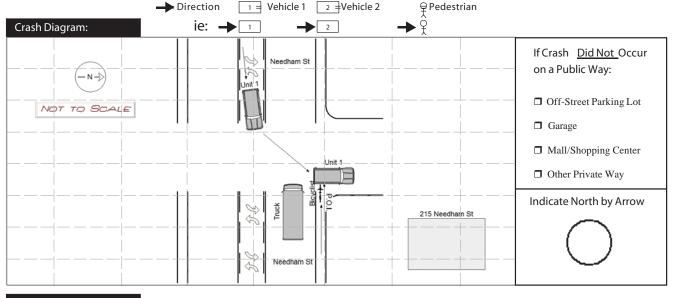
	Poli	ice Use Only		Commonweal	lth o	f Massa	achu	isetts	\$		RMV	/ Docun	ment Number	
	Date of Crash 11/27/2019	Time of Crash 12:43 24HR	City/Town NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		ed Latit	d Limit ude gitude_		State Police Local Police MBTA Police Other:	Xi
			RSECTION:		OCAT		>						CTION:	
						EAST	215	;	NEED	HAM ST	Γ			2
1 1	Route# Direc	tion	Name of R	padway/Street	R	Route# Direction	on Ad	dress #		Nar	ne of R	.oadway/	Street	$ 2^1$
_			At			Feet [N S E	W of		•	(or		2
	Route# Direc	etion N	Name of Intersecting	Roadway/Street	— F				Mile	Marker			Exit Number	_
			Also at Intersec	ction with	-	Feet [N S E	W of	Rout	e# <u>I</u>	ntersect	ting Roa	dway/Street	- 1
² 2	Route# Direc	tion	Name of Intersecti	ng Pondway/Street	-	Feet 1	N S E	W of						3
3			ΙΙ								Lan	ndmark		\dashv
	X Vehicle 1	#Occupants	Hit/Run	Moped Case N	Number		19	900001216	i					
	License#		St MA		Reg # _4	88RP3			Reg T	ype_PAN	1	Reg	State MA	_
	Sex_F_ Lic.	Class D 18 1	Lic. Restrictions	19 CDL	Veh Ye	ar_2017	Vel	Make_L	EXUS			Veh Co	nfig. 20	
4 1	Operator CO	Last	BARBARA	Endorsment		TOYOTA LE		U	First			Middle		- 1 ¹
1	Address 411C	DEDHAM ST				PO BX 10538	6							-
	City NEWTO	N	State	MA Zip 02459	City A	TLANTA							Zip 30348	_
	Insurance Com	pany BANKERS	S STANDARD INS	URANCE COMPANY	Vehicle	Action Prior to	Crash	4			d Area		Circle Up to Thr	ree)
5 2	Vehicle Travel	Direction:	S E W Respon	nding to Emergency? N	Event S	Sequence 4	22 22		22		3		④	
	Citation # (If I	ssued)			Most H	armful Event	4 23		24	—	9		10 Undercari 5 11 Totaled	riage
6	Violation	1: ChSec	Violation 2	ChSec	Driver	Contributing Co		18 24	24		$\sqrt{\frac{1}{7}}$		6	
⁶ 1		Violation 3: ChSec Violation 4: ChSec					Underride/Override Towed N							
	Please t Name (Last Fir		ator and all occupa	nts involved Address		Age/DOB		26 27 Seat Safety Pos. System	28 Airbag Ai Status Sv	29 30 rbag Eject vitch Code	Trap Code	32 Injury Tra Status Co	33 insp. ode Medical Facil	ity 4
	Operator			See Above				1	4 9	9 0	0	10 1		
7 1	Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist A Type	e 2	Action 2	Loca	ation 4	16 Cor	ndition 1	17	Hi	t/Run Mop	ped
	License#		St	DOB/Age	Reg#_				Reg T	ype		Reg		_
	Sex_F_ Lic.	Class 18 1	8 Lic. Restrictions	CDL	Veh Ye	ar	Vel	n Make				Veh Co	nfig.	
⁸ 2	Operator BRO	DUSSEAU	MERISSA First	Endorsment C Middle	Owner Last First Middle							_		
_	Address 217 B	ROOKLINE ST	1 1131	Middle	Address	S			1 1131			wilder		_
	City CAMBRI	IDGE	State	MA Zip 02139	City						_State_	2	Zip	_
	Insurance Com	ipany			Vehicle	Action Prior to	Crash		21	Damageo	d Area	Code: (0	Circle Up to Thr	ree)
	Vehicle Travel	Direction: N	S E W Respo	onding to Emergency?	Event S	Sequence 2	22 22	22	22	2	3		4	
	Citation # (If I	ssued)			Most H	armful Event	23			—	9		10 Undercari 5 11 Totaled	riage
	Violatio	n 1: ChSe	ec Violation	2: ChSec	Driver	Contributing Co		24	24		$\Delta \Box$		_	
				4: ChSec	Underri	ide/Override	25	Tower	i	3	7		6	
	Pl Name (Last Fi		operator and all o	ccupants involved Address		Age/DOB		26 27 Seat Safety Pos. System	28 Airbag Ai m Status S	29 30 rbag Eject witch Code	31 Trap 1 Code	Injury [Fra	nsp. ode Medical Faci	ility
		Non-Motorist		See Above								10 1	PATIENT REFUSA	



Crash Narrative:

On 11/27/19 at 12:43 hours, I responded to the Petsmart located at 215 Needham Street for a motor vehicle bicyclist accident. The weather at the time was approximately 50 degrees, cloudy and the road conditions were dry. No injuries reported.

Operator of MV # 1 (Barbara Cooper) states she was facing eastbound on Needham Street waiting in the center turn lanes to take a left turn in to the garage of 215 Needham Street. Next, she states that a large truck going westbound stopped for her and waved her on to turn. She then proceeded in to the garage and parked and that is when she was confronted by the bicyclist saying that she was struck with her vehicle.

The operator was unaware of an accident occurring and was not able to visibly see past the truck while turning. I observed a minor scratch to the passenger rear quarter panel area of the vehicle.

(Continued or	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	ŧ	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descr	iption of Damag	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)				25
Truck and Bus Information: Carrier Name			(From Vehic	le Section)		Carrier Issu	ing Authority Co	de 35
								de
Carrier Name	·	(City			St	Zip	de
Carrier Name Address US DOT #: 37	State Number	(City			St	Zip	de
Carrier Name Address US DOT #: 37	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	de
Carrier Name	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	de
Carrier Name	State Numbers Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC #: Tra	ailer Le	St	Zip Interstate	de

-	Direction	1 = Vehicle 1	2 =Vehicle 2	₽Pedestr	ian	
Crash Diagram:	ie: →□	1 -	2	PŶ		
					If Crash <u>Did</u> on a Public W	
					Off-Street P	Parking Lot
					Garage	
					☐ Mall/Shopp	oing Center
		-			☐ Other Privat	te Way
		·		-	Indicate North	n by Arrow
		 -				(
					()
						/
Crash Narrative:						
Operator of the bicyclist	(Merissa Brous	sseau) states	she traveling	westboun	d in the bicycle lane	on
the right side near 215 Ne	edham Street w	when she obser	rved the large	truck me	ntioned above suddenly	stop. She
states that she was also	visibly blocked	d from seeing	ahead due to	the truck	. She then kept peddl	ing straight
through and struck MV # 1	in the passence	ger side rear	end as it was	making i	ts left turn. The ope	rator was
evaluated by Cataldo Ambu	lance but refus	sed medical at	ttention. I ol	oserved n	o apparent damage to t	he bicycle.
Ms. Brousseau was wearing	a bicycle helm	met, black and	d red Boston U	niversity	bicycle suit, and re	d BU sock
covers over her shoes.						
Digital photos taken by O	fc. Ferguson.					
(Continued o	on next page)					
W itnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Propert	ty
Truck and Bus Information:	Registration # _		(From Veh	icle Section)		35
Carrier Name					Carrier Issuing Authori	ty Code
Address			City		St Zip)
US DOT #:	_ State Number		Issuing State	ICC #:_	Interstat	e 36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38				
 Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length 39	
Hazmat Information:	- 5 71	_ v _				
Placard 40 Material 1 digit	# 41 Material I	Name		_ Material 4 o	digit # Release co	ode 42
JEREMY L WILSON		2522	7 NEWTO	ON POLICE DEPARTM	. 1	1/27/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

•	Direction 1 =	Vehicle 1 2	≠Vehicle 2	₽Pedestria	an	
Crash Diagram:	ie: → 1	2] →	Ŷ		
					on a Pu	h Did Not Occur ublic Way: Street Parking Lot age 1/Shopping Center er Private Way e North by Arrow
				+		
Crash Narrative:						
Witnesses:		1			1 21 "	10
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 Vehi	cle Section)		35
Carrier Name					Carrier Issuing	Authority Code
Address			City		St	Zip
US DOT #-	Stata Number		Icquing State	ICC#		Interstate 36
US DOT #:		38	_ issuing state	ICC#:	·	imerstate
Cargo Body Type Code G	ross Vehicle Weight	30				
Trailer Reg #:	Reg Type	Reg State	Reg Vear	Trai	ler Length	
Hazmat Information:	Neg Type	nog state	Reg 1 cal	1181	Ici Longui	
40	A1					42
Placard Material 1 digi	it # 41 Material Na	me		Material 4 di	git # Ro	elease code
IEDEMVI MILCON		25227				11/07/0010
Police Officer Name (Please Print)	Signature			N POLICE DEPARTM	Precinct/Barracks	11/27/2019
Tonce Officer Name (Please Print)	signature		D/Dauge # Dep	artment	F Techney Barracks	Date

CDP1 11 ·24·00