

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/01/2020	Time of Crash 17:38 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit <u>25</u> 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:					
SOUTH LINWOOD AVE Route# _____ Direction _____ Name of Roadway/Street _____ At _____ WEST WATERTOWN ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			NOT AT INTERSECTION: Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000202			
License # _____ St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>HU</u> <u>FENGFEI</u> Address <u>62 COLBY WAY</u> City <u>WESTWOOD</u> State <u>MA</u> Zip <u>02090</u> Insurance Company <u>THE COMMERCE</u>			Reg # <u>67DF40</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2019</u> Veh Make <u>BMW</u> Veh Config. <u>2</u> <u>20</u> Owner <u>DONG</u> <u>MING</u> Address <u>62 COLBY WAY</u> City <u>WESTWOOD</u> State <u>MA</u> Zip <u>02090</u> Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>3</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>3</u> <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage Driver Contributing Code <u>19</u> <u>24</u> <u>3</u> <u>24</u> <u>5</u> <u>11</u> Totaled Underride/Override <u>25</u> Towed <u>N</u>							
Please fill out for operator and all occupants involved			13 4							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator See Above										
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type <u>2</u> <u>14</u> Action <u>1</u> <u>15</u> Location <u>1</u> <u>16</u> Condition <u>1</u> <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # _____ St _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Operator <u>TUSIIME</u> <u>PAMELA</u> Address <u>14 JEROME AVE</u> City <u>NEWTON</u> State <u>MA</u> Zip <u>02465</u> Insurance Company _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>20</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage Driver Contributing Code <u>24</u> <u>24</u> <u>5</u> <u>11</u> Totaled Underride/Override <u>25</u> Towed _____							
Please fill out for operator and all occupants involved			13 4							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator/Non-Motorist See Above										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Watertown street

Unit 1

Linwood avenue

NOT TO SCALE

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 Sunday, March 1st 2020, at approximately 5:38pm, I, Officer Brooks, was dispatched to the intersection of Linwood avenue and Watertown street for a bicyclist struck by a MV. Upon my arrival I spoke with the bicyclist who stated she was traveling westbound on Watertown street, and was in the crosswalk at the intersection of Linwood avenue, when she was struck by MV1 (MA REG67FD40), which had been traveling southbound on Linwood avenue. The bicyclist stated that the operator of MV1 did not come to a stop at the stop sign. The bicyclist was complaining of minor leg pain, but signed a patient refusal with Cataldo. The bicyclist was dressed in black pants, and a gray sweater, and was not wearing a helmet. The bicycle sustained damage to the handlebars. At the time of the accident the sun was setting, however the street lights had not yet come on.

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
GREENBERG, MARK,	279 PLEASANT ST WATERTOWN, MA 02472	-----	Y

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 Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

JOSEPH J BROOKS	38339	NEWTON POLICE DEPT	03/01/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00

→ 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:

I then spoke with the operator of MV1 who stated she was traveling southbound on Linwood avenue, and was attempting to turn right onto Watertown street when she struck the bicyclist. The operator stated she never saw the bicyclist before the collision. The front of MV1 sustained minor damage.

I was able to speak with a witness to the accident over the phone after clearing the scene. The witness stated that MV1 failed to stop at the stop sign at the intersection of Linwood and Watertown street, and that the bicyclist was already well into the crosswalk at the time of the collision.

Officer Howes took pictures of the accident scene that have been submitted to the IT bureau. Based of the witness statements MA Uniform citation T2080576 has been mailed to the operator of MV1 for MGL C.89 S.11 Failing to yield for a pedestrian in a cross walk.

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 Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

JOSEPH J BROOKS

38339

NEWTON POLICE DEPART

03/01/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date