

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 07/08/2020	Time of Crash 18:37 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 30 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:				
CRAFTS ST											
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At			Feet N S E W of _____ • _____ or _____				Mile Marker Exit Number				
WATERTOWN ST											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Route# Intersecting Roadway/Street				
Also at Intersection with			Feet N S E W of _____								
Route# Direction Name of Intersecting Roadway/Street							Landmark				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000365		
License # --- St NJ DOB/Age ---			Reg # 1FRB83 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2010 Veh Make HYUNDAI Veh Config. 1 20								
Operator ASHWORTH RUTH			Owner (Same as operator)								
Address 149 HIGH STREET			Address _____								
City WALTHAM State MA Zip 02453			City _____ State _____ Zip _____								
Insurance Company PROGRESSIVE INS			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 4 22 22 22 22			2 3 4					
Citation # (If Issued) _____			Most Harmful Event 4 23			1 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24			5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			6 7 8					
Please fill out for operator and all occupants involved											
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 4 0 0 10 1					
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 1 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 19 CDL _____			Veh Year --- Veh Make --- Veh Config. 20								
Operator FISHER JACK			Owner _____								
Address 17 STRATTON TERRACE			Address _____								
City WALTHAM State MA Zip 02453			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					
Citation # (If Issued) _____			Most Harmful Event 23			1 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24			5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____			6 7 8					
Please fill out for operator and all occupants involved											
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/Non-Motorist See Above			-----			10 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

North Arrow: N

Streets: Watertown Street, Craft Street

Units: Unit 1, Unit 2

Legend:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

The operator of the MV stated she was traveling westbound on Watertown St, and approaching the intersection of Watertown and Craft St. As she approached the intersection, the traffic light turned green and did not see a bicyclist in the crosswalk. Operator of MV1 struck the bicyclist on the front driver side of her vehicle. MV1 had a minor scratch on the driver side front bumper.

The bicyclist stated he was in the crosswalk, crossing Watertown Street, heading toward Craft Street, northbound and the walking light was flashing as he was approaching the sidewalk. The bicyclist stated as he was approaching the sidewalk, while still in the crosswalk, MV1 struck the right side of his bike, knocking he and the bike over. The operator of the bike and the bike were then under the front driver side of the vehicle. The bicyclist stated the operator of the MV was not traveling fast but the impact still knocked him

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
LEVENS, JOHNATHAN,	78 (apt 1) CUSHING ST WALTHAM,MA 02453	-----	Y

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
FISHER, JACK,	17 STRATTON TERRACE WALTHAM,MASSACHUSETTS	203-415-1729	97	MOUNTAIN BIKE

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

SEAN STAKE NEWTON POLICE DEPT 07/08/2020

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

