

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/09/2020	Time of Crash 19:11 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 1	Speed Limit 25 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:			
Route# Direction Name of Roadway/Street At			EAST 111 DEDHAM ST Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000369	
License # --- St MA DOB/Age ---			Reg # EV9081 Reg Type PAS Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2019 Veh Make KIA Veh Config. 1 20							
Operator ROHAN PATRICK Last First Middle			Owner (Same as operator) Last First Middle							
Address 111 DEHAM ST			Address _____							
City NEWTON State MA Zip 02461			City _____ State _____ Zip _____							
Insurance Company SAFETY INSURANCE			Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X 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 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							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33							
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			1 4 99 0 0 10 1							
ROHAN, JACQUELINE 111 DEHAM ST NEWTON, MA 02461			F 3 1 4 99 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 8 16 Condition 1 17							
<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped							
License # --- St DOB/Age ---			Reg # _____ Reg Type _____ Reg State _____							
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. 20							
Operator LOOMIS AMANDA L Last First Middle			Owner _____ Last First Middle							
Address 266 VERMONT ST			Address _____							
City BOSTON State MA Zip 02132			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 5 11 Totaled							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33							
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			8 2 BETH ISRAEL							

→ 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:

On Thurs 7/9/20 at approximately 1911 hrs I responded to 111 Dedham St for a report of an accident involving a bicyclist. Upon arrival I observed the MV and the bicycle on the EB travel lane side of Dedham St with the bicycle on the sidewalk/driveway and the MV facing the driveway at 111 Dedham St.

I spoke with the operator of MV#1 who stated that he was traveling EB on Dedham St and then turning right into his driveway when he collided with the bicyclist. He stated that he never saw her until the last second as the bike was in his blind spot. When contact was made he immediately got out of his car to see if the bicyclist was okay. The passenger in the vehicle stated that the bicyclist was traveling Eastbound on Dedham St on the sidewalk when MV#1 struck her.

The bicyclist was riding a turquoise and black Bianchi Aria racing bike with black leggings and a white and

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
GROPER, SARAH,	50 BROADLAWN PK NEWTON, MA 02467	-----	Y
LONG, CHRISTINE,	10 HEMENWAY RD FRAMINGHAM, MA 01701	-----	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

CHRISTOPHER J BOUDREAU

NEWTON POLICE DEPART

07/09/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Crash Narrative:

blue tank top. The bicyclist was wearing a helmet which had little to no damage on it. Before being transported to BI by the medics, Ms. Loomis stated she was traveling EB on Dedham St in the shoulder/bike lane when she was struck by MV#1 who was attempting to turn into the driveway. Pictures were taken of the scene and the SIM card was turned over to the IT bureau to be uploaded into this report.

The bike was turned over to the bicyclist's friend, Christine Long.

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

CHRISTOPHER J BOUDREAU			NEWTON POLICE DEPT#3		07/09/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					