

Commonwealth of Massachusetts

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | |
|--|--------------------------------|---------------------|---|--|--|---|--|---------------------|--|--|
| Date of Crash 07/29/2020 | Time of Crash 15:35 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: | | | |
| WEST DEDHAM ST | | | | | | | | | | |
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | | | Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ | | | | Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker _____ Exit Number _____ | | | |
| NORTH WINCHESTER ST | | | | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | | | Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ | | | | Route# _____ Intersecting Roadway/Street _____ | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | | | | | Landmark _____ | | | |
| <input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants | | | <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 2000000411 | |
| License # _____ St <u>MA</u> DOB/Age _____ | | | Reg # <u>S59470</u> Reg Type <u>CON</u> Reg State <u>MA</u> | | | | | | | |
| Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____ | | | Veh Year <u>2016</u> Veh Make <u>RAM</u> Veh Config. <u>2</u> <u>20</u> | | | | | | | |
| Operator <u>CANAS</u> <u>MARCO</u> | | | Owner <u>VERIZON SERVICES</u> | | | | | | | |
| Address <u>74 COUNTY RD</u> | | | Address <u>PO BOX 612744</u> | | | | | | | |
| City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876</u> | | | City <u>DALLAS</u> State <u>TX</u> Zip <u>75261</u> | | | | | | | |
| Insurance Company <u>NATIONAL UNION FIRE INS CO OF PA</u> | | | Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) | | | | | | | |
| Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Responding to Emergency? <u>N</u> | | | Event Sequence <u>4</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> | | | | | | | |
| Citation # (If Issued) _____ | | | Most Harmful Event <u>4</u> <u>23</u> | | | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code <u>99</u> <u>24</u> <u>24</u> | | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override <u>25</u> Towed <u>N</u> | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | |
| 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 | | | | | | | | | | |
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| 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>4</u> <u>16</u> Condition <u>1</u> <u>17</u> | | | <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | | |
| License # _____ St _____ DOB/Age _____ | | | Reg # _____ Reg Type _____ Reg State _____ | | | | | | | |
| Sex <u>F</u> Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ | | | Veh Year _____ Veh Make _____ Veh Config. <u>20</u> | | | | | | | |
| Operator <u>ENELAMAH</u> <u>JOJO</u> | | | Owner _____ | | | | | | | |
| Address <u>192 CHRISTINA ST</u> | | | Address _____ | | | | | | | |
| City <u>NEWTON</u> State <u>MA</u> Zip <u>02461</u> | | | City _____ State _____ Zip _____ | | | | | | | |
| Insurance Company _____ | | | Vehicle Action Prior to Crash <u>21</u> Damaged Area Code: (Circle Up to Three) | | | | | | | |
| Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? _____ | | | Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u> | | | | | | | |
| Citation # (If Issued) _____ | | | Most Harmful Event <u>23</u> | | | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code <u>24</u> <u>24</u> | | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override <u>25</u> Towed _____ | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | |
| 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 | | | | | | | | | | |
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NEEDHAM ST
DEDHAM ST
WINCHESTER ST

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 Wednesday, July 21, 2020, while assigned to WN, I took a report at the front desk for a past MVA/Bicyclist.

The operator of MV1 (CANAS, Marco) stated he was traveling Westbound on Dedham St., crossing over Winchester St., when he was struck by a bicyclist (ENELAMAH, Jojo) on the driver's side bumper. He stated that he had a green light, and the bicyclist abruptly came out of Winchester St. Northbound into the intersection, striking the truck.

CANAS stated he and ENELAMAH exchanged information and both went on their way, at which time he decided to report the accident at the police station. ENELAMAH had two scrapes on her right wrist, but she stated to him that she was uninjured. CANAS stated he was uninjured. He could not remember a description of the bicycle

(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

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

➔ 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:

involved, but stated ENELAMAH was wearing red shorts, a blue shirt, backpack, and no helmet. I left a message on the phone number provided for ENELAMAH, and will update further upon making contact with her.

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

KAYLA PATRICIA DONAHUE

NEWTON POLICE DEPARTMENT

07/29/2020

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____