

Police Use Only						Commonwealth of Massachusetts								RMV Document Number					
Date of Crash 09/18/2020		Time of Crash 08:39 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:	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:											
ADAMS AVE																2 9			
Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street										2 10			
SOUTH CHERRY ST						Feet N S E W of . or Mile Marker Exit Number													
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street										11 4			
Route# Direction Name of Intersecting Roadway/Street						Landmark													
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000530											
License # --- St MA DOB/Age --- CDL ---						Reg # 1EV437 Reg Type PAN Reg State MA						Veh Year 2014 Veh Make LNDR Veh Config. 2 20							
Sex M Lic. Class D 18 M 18 Lic. Restrictions B 19 Endorsment						Operator BRADLEY PETER Last First Middle						Owner (Same as operator) Last First Middle							
Address 426 MAIN ST (apt. 4)						City WALTHAM State MA Zip 02452						Insurance Company NORFOLK AND DEDHAM							
Vehicle Travel Direction: N X E W Responding to Emergency? N						Citation # (If Issued)						Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)							
Violation 1: Ch ___ Sec ___ Violation 2: Ch ___ Sec ___						Violation 3: Ch ___ Sec ___ Violation 4: Ch ___ Sec ___						Event Sequence 4 22 22 22 22 Most Harmful Event 4 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N							
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						13 4							
Operator See Above						----- -- 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 4 16 Condition 1 17						<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped							
License # --- St --- DOB/Age --- CDL ---						Reg # --- Reg Type --- Reg State ---						Veh Year --- Veh Make --- Veh Config. 20							
Sex M Lic. Class 18 18 Lic. Restrictions 19 Endorsment						Operator DAMES TAMERON Last First Middle						Owner Last First Middle							
Address 25 FALMOUTH RD						City NEWTON State MA Zip 02465						Insurance Company							
Vehicle Travel Direction: N S E W Responding to Emergency?						Citation # (If Issued)						Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)							
Violation 1: Ch ___ Sec ___ Violation 2: Ch ___ Sec ___						Violation 3: Ch ___ Sec ___ Violation 4: Ch ___ Sec ___						Event Sequence 22 22 22 22 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 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						13 4							
Operator/Non-Motorist See Above						----- -- 7 2 BCH													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

CHERRY ST

ADAMS AVE

Unit 1

N

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:

Operator of vehicle one Peter Bradley stated that on 09/18/2020 at 08:39 hours he was driving his 2014 Land rover (MA reg 1EV437) south bound on Cherry St near Adams Ave. Cherry St. is a public way in the City of Newton. Bradley stated that as his vehicle was approaching Adams Ave he saw a vehicle stopped facing east bound that was about to turn into the south lane of Cherry St. Bradley stated he also saw a bicyclist riding south bound on Cherry St. Bradley stated that as the bicyclist passed by the vehicle that was stopped at Adams Ave. it suddenly swerved to the left and into the path of travel of his vehicle. Bradley stated that the passenger side mirror of his vehicle struck the bicyclist causing him to fall off his bike. The bicyclist Tameon Dames, a 10th grader at NNHS (DOB 02/16/2005) stated that he was riding his bike south bound on Cherry St. near Adams Ave. when he saw a vehicle stopped on Adams Ave about to turn south bound on Cherry

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
CAO, PIN, CI	17 (apt 2) CROSS ST NEWTON, MA 02465	-----	N

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

Crash Narrative:

leaving them almost completely bladed. I further observed the bike was missing left pedal. Officers searched the crash area for the bike's pedal with negative results, it appeared that the pedal was missing prior to the crash. I further observed that only the front breaks of Dames bike where in working order. Dames bike was transported to the station and I filled out a property form (see report 20042471)

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 _____		<div>35</div>
Address _____	City _____	St _____	Zip _____
US DOT #: _____	State Number _____	Issuing State _____	ICC #: _____ Interstate <div>36</div>
Cargo Body Type Code <div>37</div>	Gross Vehicle Weight <div>38</div>		
Trailer Reg #: _____	Reg Type _____	Reg State _____	Reg Year _____ Trailer Length <div>39</div>
Hazmat Information:			
Placard <div>40</div>	Material 1 digit # <div>41</div>	Material Name _____	Material 4 digit # _____ Release code <div>42</div>