

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/15/2020		Time of Crash 09:37 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:						9	
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				NORTH 916 WALNUT ST								2	
				Route# Direction Address # Name of Roadway/Street								10	
				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number									
				Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark								11	
1 1 <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000597				3	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator POWELL TYRONE Address 1844 COMMONWEALTH AVENUE City NEWTON State MA Zip 02466 Insurance Company STANDARD FIRE				Reg # VTT188 Reg Type PAS Reg State MA Veh Year 2016 Veh Make TOYOTA Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 4 22 22 22 22 2 3 4 Most Harmful Event 4 23 1 9 5 11 Driver Contributing Code 13 24 24 Underride/Override 25 Towed N								12	
Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) N/A Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				10 Undercarriage 11 Totaled									
Please fill out for operator and all occupants involved				13									
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 99 0 0 10 1 N/A								4	
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 _____ Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator CHAMBERLAIN SCOTT Address 5 MAIN ST City DOVER State MA Zip _____ Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) N/A Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 3 4 Most Harmful Event 23 1 9 5 11 Driver Contributing Code 24 24 Underride/Override 25 Towed _____								13	
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→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Carthay Circle

Walnut Street

916 Walnut Street - Whole Foods

MV1

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 Thursday, October 15, 2020, while assigned to Traffic unit N525, I responded to the Whole Foods parking lot entrance located at 916 Walnut Street, Newton for a report of a motor vehicle/bicycle crash. Walnut Street is a public way maintained by the City of Newton. The weather at the time of the crash was clear and sunny. The road surface was dry.

I spoke with the operator of MV1, Tyrone Powell. Powell stated he was operating his 2016 Toyota Highlander (MA: VTT188) while traveling across Walnut Street (E) from Carthay Circle. Powell stated there was a strong sun glare at this time on his passenger side. Powell stated as he entered the Whole Foods parking lot entrance, the passenger side of his vehicle collided with a passing bicyclist that was traveling northbound on Walnut Street. Powell reported no injuries. I observed damage to the passenger

(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

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:

side hood/fender of MV1.

I spoke with the bicyclist involved in the crash, Scott Chamberlain. Chamberlain stated he was operating his bicycle on Walnut Street (N) in the marked bicycle lane near the entrance to the Whole Foods located at 916 Walnut Street. Chamberlain stated he had a bicycle helmet on at this time. Chamberlain stated that he observed a vehicle to his left travel across Walnut Street in front of him into the Whole Foods parking lot. Chamberlain stated he was unable to avoid crashing into him. Chamberlain reported minor injuries and signed a patient refusal with Newton Medics. I observed no substantial damage to his red Specialized bicycle. Photos were taken and submitted to the IT Bureau.

While on scene, Officers did notice a strong sun glare coming from the Southeast direction of Walnut

(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 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

MICHAEL R GAUDET

NEWTON POLICE DEPT

10/15/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

♀ Pedestrian

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

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

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

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