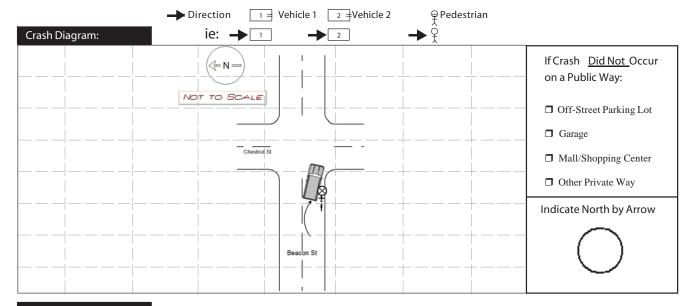
| | Poli | ice Use Only | | Commonwea | alth o | of Massa | achu | setts | | | RMV | / Docun | ment Number | |
|-----------------------|---|------------------------|----------------------|--|-------------------|---|------------|--------------------|-------------------|--------------------|------------|------------------|---|----------|
| | Date of Crash 11/05/2020 | Time of Crash | City/Town | Motor | · Veh | icle Cra | sh [| Number Vehicles | | | d Limit | | State Police Local Police MBTA Police | □ Xì |
| | 11/05/2020 | 16:21 24HR | NEWTON | Po | lice 1 | Report | | 1 | 1 | | gitude_ | | MBTA Police Other: | |
| | | AT INTER | SECTION: | < | LOCA | ΓΙΟN : | > | | NO | ГАТ | INTE | ERSE | CTION: | 2 |
| | EAST | г веасо | N ST | | | | | | | | | | | 2 |
| ¹ 3 | Route# Direc | tion | Name of R | oadway/Street | | Route# Direction | on Add | ress # | | Naı | ne of R | Roadway/ | Street | $ 2^1$ |
| | At SOUTH CHESTNUT ST | | | Feet NSEW of or | | | | | | | | | | |
| | Route# Direc | | lame of Intersecting | Roadway/Street | - | | | | | Marker | | | Exit Number | _ |
| | | | Also at Interse | ction with | | Feet | N S E V | v of | Route | # — <u>I</u> | ntersect | ting Road | dway/Street | - |
| 2 1 | | | | | | Feet [| SEV | V of | | | | Ü | , | 1 |
| | Route# Direc | tion | Name of Intersecti | ng Roadway/Street | | | | | | | Lar | ndmark | | |
| 3 | XVehicle1 | #Occupants | Hit/Run | Moped Case | Number | | 200 | 0000641 | | | | | | |
| | License# | | St MA | DOB/Age _ | Reg# | 1LLJ57 | | | Reg T | pe_PAN | N | Reg | State_MA | |
| | Sex_M Lic. | Class D 18 18 | 8 Lic. Restrictions | 19 _{CDL} | _ | ear_2019 | Veh | Make V | | - | | | 20 | |
| 4 | Operator BEN | | OSCAR | Endorsment | | TAVERAS | | ELSIE | | | | | | - |
| 3 | Address 91 SF | Last HAW RD | First | Middle | Addres | 91 SHAW RI |) | | First | | | Middle | | _ 6 |
| | City BROOK | | State | MA Zip 02467 | | BROOKLINE | | | | | _State | MA Z | Zip 02467 | _ |
| | | | | JRANCE COMPANY | | e Action Prior to | Crash | 3 2 | | | | | Circle Up to Thr | ree) |
| 5 | Vehicle Travel | Direction: N | S W Respon | nding to Emergency? N | Event | Sequence 4 2 | 22 22 | 22 | 22 2 | | 3 | | 4 | |
| 1 |] | ssued) | | 0 0 7 | | Harmful Event | 4 23 | | | | Ţ | | 10 Undercari | riage |
| | | | | : ChSec | | Contributing Co | | 24 | 24 | + | 9 | | 5 11 Totaled | |
| ⁶ 1 | Violation | 3: ChSec | Violation 4 | : ChSec | | ride/Override | 25 | Towe | 8 d N | | 7 | | 6 | |
| | | | ator and all occupa | | | | Se | 26 27 at Safety | 28 Airbag Airl | 29 30 Dag Eject | 31 Trap | 32 Injury Tra | 33 unsp. | 1 |
| | Name (Last Fir | st Middle) | | Address See Above | | Age/DOB | Sex Po | | Status Swi | tch Code 0 | Code 0 | \$tatus Co | Medical Facil | 4 |
| | 1 | | | | | | | 1 | 1 | | | 10 1 | | |
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| | | | | | | | | | | | | | | |
| 2 | Please Select C of the Followi | Vehicle | # Occupants | Non-Motorist A Ty | rpe 2 | Action 1 | 5 Locat | | Conc | lition 1 | 17 L | Hit | t/Run Mop | oed |
| | | | Ç+ | DOR/A co==================================== | Dog# | | | | Pos Tr | ına | | Dag | State | |
| | License # St DOB/Age | | | | | Reg # Reg Type Reg State Veh Year Veh Make Veh Config. | | | | | | | 20 | - |
| 8 | Operator GLA | | JEFFERY | Endorsment | | | | viakc | | | | · ven eo | illig. | |
| ⁸ 1 | | Last ANKLIN ST (apt | First | Middle | | Las | t | | First | | | Middle | | _ |
| | Address State MA Zip 02110 | | | | Address State Zip | | | | | | | | - | |
| | | | | | - | | | 2 | 1 | Damage | | | Circle Up to Thr | ree) |
| | Insurance Company | | | | | venicle Action Prior to Crash | | | | | | | | |
| | Citation # (If Issued) M Violation 1: ChSec Violation 2: ChSec D | | | | | Event Sequence 22 22 22 22 25 26 27 22 22 22 22 22 22 22 22 22 22 22 22 | | | | | | | riage | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | ccupants involved | Onden | TIGG O VOITIGE | Se | | 28 Airbag Airl | 9 30 Figst | 31 Trap | 32 Injury Tro | 33 ansp. | |
| | Name (Last Fi | rst Middle) | 1 | Address | | Age/DOB | Sex P | os. Systen | Status Sw | itch Code | e Code | Status C | ode Medical Faci | ility |
| | Operator/ | Non-Motorist | | See Above | | | | | | | + | 9 1 | | |
| | | | | | | | | | | | - | | | |
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Crash Narrative:

MV1, operator:Oscar Benavidez was driving Eastbound on Beacon St and was attempting to turn right on to Chestnut St when he struck a bicyclist. MV1 stated "He was moving to the right side of the roadway to go around a vehicle that was making a left turn at Beacon and Chestnut. He didn't see a bicylist and heard something hit his car and that's when he stopped and observed a bicyclist on the ground". The bicyclist Jeffery Glassman complained about his right side being sore, but had no other visible injuries. He stated "he was riding his bike on Beacon St and about to be entering the intersection at Beacon and Chestnut when a vehicle pulled to the right and hit him" He signed the refusal on scene with EMS. No damage was done to MV1. Corrina Mieth witnessed the accident and stated "She observed the vehicle move over to the right side of the road and that's when the vehicle collided with the bicyclist". Pictures were taken of the scene.

| Witnesses: | | | | | | | | | |
|--|-----------------|---------------------------|--------------|---------------------------------|----------|--|--|--|--|
| Name (Last, First, Middle) | Address | | Phone # | Statement | | | | | |
| MIETH , CORRINA, | | URN STREET ON,MA 02465 | | N | | | | | |
| | | | | | | | | | |
| Property Damage: | | | | | | | | | |
| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Truck and Bus Information: Carrier Name | Registration # | ` | | Carrier Issuing Authority Co | 35 de | | | | |
| Address | | City | | St Zip | | | | | |
| US DOT #: | State Number | Issuing State | ICC #:_ | Interstate | 36 | | | | |
| Cargo Body Type Code 37 Gross Vehicle Weight 38 39 | | | | | | | | | |
| Trailer Reg #: | Reg Type Reg St | ate Reg Year | Tra | | | | | | |
| Hazmat Information: | | | | | | | | | |
| Placard 40 Material 1 digit # | Material Name | | Material 4 d | digit # Release code | 42 | | | | |

| PATRICK DALY | | NEWTON POLICE DEPARTM | 11/05/2020 | | |
|------------------------------------|-----------|-----------------------|------------|-------------------|------|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |