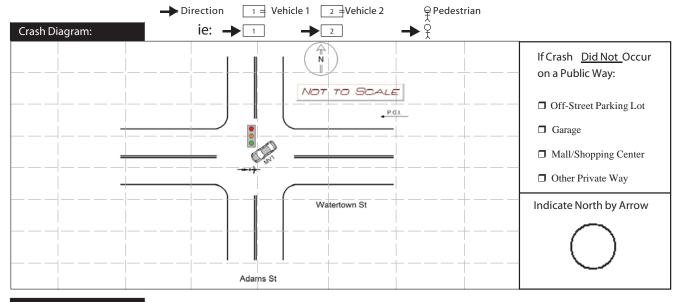
	Poli	ice Use Only		Commonwea	alth o	of Massa	achu	isetts			RMV	Docun	ment Number	
	Date of Crash 11/20/2020	Time of Crash 16:51	City/Tow NEWTON	<sup>n</sup> Motor	Veh	icle Cra	sh	Number Vehicles			d Limit ude		State Police Local Police MBTA Police	N X
	11/20/2020	24HR	NEWTON			Report		1	1		gitude_		Other:	
		AT INTER	RSECTION:	<	LOCA	ΓΙΟΝ	>		NO	Γ <b>ΑΤ</b> ]	INTE	ERSE	CTION:	2
	NOR	TH ADAMS	S ST											2
<b>4</b>	Route# Direc	tion		oadway/Street		Route# Direction	on Ad	dress #		Nan	ne of R	oadway/	/Street	2
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with					Feet NSEW of or								
						Mile Marker					Exit Number			_
						Feet N S E W of Route# Intersecting Roadway/Street						dway/Street	- 1	
2 <b>1</b>						Feet N S E W of							3	
3	Route# Direction Name of Intersecting Roadway/Street					Landmark								-
	XVehicle1	_1_#Occupants	Hit/Run	Moped Case	Number		20	00000666						
	License#		St MA	DOB/Age _ <del></del>	Reg#	7PJ759			Reg Ty	pe_PAN	1	Reg	State MA	_
	Sex_F Lic.	Class D 18 13	Lic. Restrictions	1 CDL	Veh Ye	ear_2006	Veh	Make_St	JBARU			Veh Co	nfig. 20	
4	Operator ZHA	ANG	YINGYU	Endorsment	Owner (Same as operator)  Last First Middle								- <b>1</b>	
3	Address 46 HI	LLSIDE DR	rirst	Middle	Address							_  -		
	City SHREWS	SBURY	State	MA Zip 01545	City State Zip							_		
	Insurance Company_GOVT EMPLOYEE					Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)							ee)	
5 <b>1</b>	Vehicle Travel	Direction: N	S E X Respon	nding to Emergency?_N	Event	Sequence 4	22 22	22	<b>22</b> 2		3		4	
1	Citation # (If I	ssued)			Most I	Harmful Event	4 23				9		10 Undercarr 5 11 Totaled	riage
	Violation	1: ChSec	Violation 2	: ChSec	Driver	Contributing Co	ode 9	99 24	24		ŹΫ́		3 11 Totaled	
<sup>6</sup> <b>1</b>	Violation	3: ChSec	Violation 4	: ChSec	Underr	ide/Override	25	Towe	0		7		6	
	Please fill out for operator and all occupants involved							26 27 Seat Safety	28 2 Airbag Airb	9 30 ag Eject	31 Trap	32 Injury Tra	33 unsp.	11 <b>4</b>
	Name (Last Fir	st Middle)		Address See Above		Age/DOB		os. \$ystem	Status \$wit		Code :	\$tatus   Co 10   1		ity =
7														
2	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A Ty	pe 2	4 Action 2	Loca	ation 2	16 Cond	ition 9	17	Hit	t/Run Mop	ed
			C4	DOD/A	D#	Reg # Reg Type Reg State_						C4-4-	-	
	License#StDOB/Age											20	-	
8	Sex_M         Lic. Class         Lic. Restrictions         CDL           Operator         BALLO         EDWARD         Endorsment					Veh Year Veh Make Veh Config.								
<sup>8</sup> <b>2</b>		Last UEENSBURY ST	First	Middle	Owner Last First Middle								-	
	City BOSTON			MA 7:- 02215		SS					C4-4-		7:	-
					City State Zip  Value Action Prior to Creek 21 Damaged Area Code: (Circle Up to Three)								ee)	
	Insurance Company  Valviele Travel Directions N. S. F. W. Personding to Empression 2					venicle Action Prior to Crash							/	
	Vehicle Travel Direction: NSEW Responding to Emergency?  Citation # (If Issued)  Violation 1: ChSec Violation 2: ChSec					Most Harmful Event 23 10 Undercarriage 5 11 Totaled							riage	
			Driver Contributing Code 8 7 6											
		n 3: ChSe ease fill out for	Underride/Override Towed						33	_				
	Name (Last Fi	rst Middle)	operator and an o	Address		Age/DOB		Seat Safety Pos. System	Airbag Airb Status Sw	ag Eject itch Code	Trap 1 Code	njury Tra	nsp. ode Medical Faci	lity
	Operator/	Non-Motorist		See Above			-					7 2	NWH	



## Crash Narrative:

MV1 stated she was on Watertown St heading w/b and "stopped, then turned left onto Adams St when the bicycle hit me." I observed minor damage to the driver's side front bumper, however the operator stated that she "did not know if that was old or new." I asked the operator if the bicycle was coming towards her or was travelling next to her to which both she and a witness stated "alongside on the left by the yellow lines."

No tows required or injuries reported.

The bicyclist stated he was travelling e/b and not w/b on Watertown St as the witness and operator of MV1 reported. The bicyclist further stated that MV1 was "stopped" in the intersection so "I continued straight and she turned right into me." The bicyclist further stated that he remembers seeing the "headlight and drivers side front hit the back of my bike." The bicycle was heavily damaged and the rear wheel was broken

(Continued on next page)

Witnesses:									
Name (Last, First, Middle)	Address		Pho	Phone #					
	86 CHAPEL ST								
PYLKOVAS , SERGE,	NEWTON,MA	02459			Y				
Property Damage:									
Owner (Last, First, Middle)	Phone # 34-Type De:			Description of Da	scription of Damaged Property				
Truck and Bus Information:	Registration #		(From Vehic	le Section)					
Carrier Name Carrier Issuing Authority Code									
Address	(	City	St	Zip					
US DOT #:		Issuing State		Interstate	36				
Cargo Body Type Code Gross Vehicle Weight 38									
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length				
Hazmat Information:									
Placard 40 Material 1 digit #	ne		Material 4	digit #	Release code	42			

→	Direction 1	Vehicle 1 2	Vehicle 2	₽Pedestri	ian						
Crash Diagram:	ie: → 1	2	■ →	· ĝ							
					If Crash <u>Did Not</u> on a Public Way:	_Occur					
					Off-Street Parki	ng Lot					
					☐ Garage						
					□ Mall/Shopping	Center					
	- —   — — — —				Other Private W						
					Indicate North by	Arrow					
	- —   — — —			+	·						
Crash Narrative:											
off. The bicyclist was pl	aced in a c-spi	ine collar by	Cataldo Ambul	ance and	transported to Newton We	llesley					
Hospital for abrasions to	his head, left	hand and rig	ht leg."								
Digital images of the scene	e were captured	d and turned	over to the IT	Bureau l	by Ofc Durickas. The bic	yclist					
had a helmet, headlight, re	ear light and w	vas wearing r	eflective clot	hing. It	t should be noted that th	e Village					
Bank has a camera which fa	ces this inters	section.									
Due to both MV1 & the bicy	cle being moved	d from the sc	ene prior to m	y arriva:	l, the conflicting storie	s					
regarding the direction of travel regarding the bicyclist, it is unknown at this time who is at fault.											
Witnesses:											
Name (Last, First, Middle)		Address		Phone #	Statement						
Property Damage:			DI "	24.7	D ::: (D   10 ::						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property						
Truck and Bus Information:	Registration #		(From Vehi	cle Section)							
Carrier Name			(110111 + 6111	Carrier Issuing Authority C	Carrier Issuing Authority Code 35						
Address City					St Zip						
US DOT #:			•			36					
37	ss Vehicle Weight	38	Issuing State	ICC #	Interstate						
Trailer Reg #:		Pag State	Dog Voor	т	silar Langth						
Hazmat Information:	reg rype		Keg 1 eal	113	mer rengui						
40	41 Metal N	omo		Motoric 1 4 1	ligit # Release code	42					
Placard Material 1 digit #	Material N	a111E		лиатепат 4 б	ngn # Kelease code						
GREGORY P HELMS				N POLICE DEPARTA	11/20	/2020					

ID/Badge #

Signature

Department

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)