

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/20/2020	Time of Crash 16:51 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 1	Speed Limit 35 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
NORTH ADAMS ST											
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At			Feet N S E W of				Mile Marker Exit Number				
WEST WATERTOWN ST											
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street								
Also at Intersection with			Feet N S E W of								
Route# Direction Name of Intersecting Roadway/Street			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000666		
License # --- St MA DOB/Age ---			Reg # 7PJ759 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL ---			Veh Year 2006 Veh Make SUBARU Veh Config. 1 20								
Operator ZHANG YINGYU			Owner (Same as operator)								
Address 46 HILLSIDE DR			Address								
City SHREWSBURY State MA Zip 01545			City State Zip								
Insurance Company GOVT EMPLOYEE			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 4 22 22 22 22			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 4 23			5 11 Totaled					
Violation 1: Ch --- Sec --- Violation 2: Ch --- Sec ---			Driver Contributing Code 99 24 24								
Violation 3: Ch --- Sec --- Violation 4: Ch --- Sec ---			Underride/Override 25 Towed N								
Please fill out for operator and all occupants involved											
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					
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 2 16 Condition 99 17		
<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped								
License # --- St --- DOB/Age ---			Reg # --- Reg Type --- Reg State ---								
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL ---			Veh Year --- Veh Make --- Veh Config. 20								
Operator BALLO EDWARD			Owner								
Address 62 QUEENSBURY ST (apt. 303)			Address								
City BOSTON State MA Zip 02215			City State Zip								
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? ---			Event Sequence 22 22 22 22			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 23			5 11 Totaled					
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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/Non-Motorist See Above			-----			7 2 NWH					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Watertown St

Adams St

**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:**

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

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**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
PYLKOVAS, SERGE,	86 CHAPEL ST NEWTON, MA 02459	-----	Y

**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

