

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 12/15/2020	Time of Crash 21:28 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 1	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>				
<b>EAST</b> Route# _____ Direction _____ Name of Roadway/Street _____ At _____			<b>WASHINGTON ST</b>								
<b>NORTH</b> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			<b>WAVERLEY AVE</b>								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000738		
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>7DJ897</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Veh Year <u>2017</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>20</u>					
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Operator <u>TICHO</u> <u>BARUCH</u> First Middle			Owner <u>(Same as operator)</u> Last First Middle					
Address <u>48 GRAYLYNN ROAD</u>			City <u>NEWTON</u> State <u>MA</u> Zip <u>02459</u>			Address _____ City _____ State _____ Zip _____					
Insurance Company <u>METROPOLITAN</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)			Event Sequence <u>4</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>			10 Undercarriage		
Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>N</u>			Citation # (If Issued) _____			Most Harmful Event <u>4</u> <u>23</u>			5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code <u>19</u> <u>24</u> <u>24</u>			Underride/Override <u>25</u> Towed <u>N</u>		
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			-----			-----		
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type <u>2</u> <u>14</u> Action <u>2</u> <u>15</u> Location <u>4</u> <u>16</u> Condition <u>1</u> <u>17</u>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____			Veh Year _____ Veh Make _____ Veh Config. <u>20</u>					
Sex <u>F</u> Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Operator <u>MESSING</u> <u>ELLEN</u> First Middle			Owner _____ Last First Middle					
Address <u>47 KILSYTH ROAD</u>			City <u>BROOKLINE</u> State <u>MA</u> Zip <u>02445</u>			Address _____ City _____ State _____ Zip _____					
Insurance Company _____			Vehicle Action Prior to Crash <u>21</u> Damaged Area Code: (Circle Up to Three)			Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>			10 Undercarriage		
Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? _____			Citation # (If Issued) _____			Most Harmful Event <u>23</u>			5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code <u>24</u> <u>24</u>			Underride/Override <u>25</u> Towed _____		
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/Non-Motorist			See Above			-----			-----		

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Washington Street

3 Waverly Ave

Waverly Avenue

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:**

The operator of MV1, Baruch Ticho, stated that he was traveling Northbound on Waverly Avenue and came to a complete stop at the stop sign before attempting to take a left turn onto Washington Street. Mr. Ticho stated that he did not see the bicyclist at anytime because she was wearing all dark clothes and collided with her while attempting to turn.

The bicyclist, Ellen Messing, stated that she was traveling East on Washington Street in the marked bike lane and believed MV1 saw her and was letting her pass. The MV continued on after stopping at the stop sign and t boned her bicycle.

Ms. Messing had no visible injuries but stated she had leg pain and was transported to the BI.

Ms. Messing's bicycle sustained major damage so I transported it to the station and secured it in support

(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
MESSING, ELLEN,	57 KILSYTH ROAD BROOKLINE, MASSACHUSETTS		97	TREK BICYCLE

**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

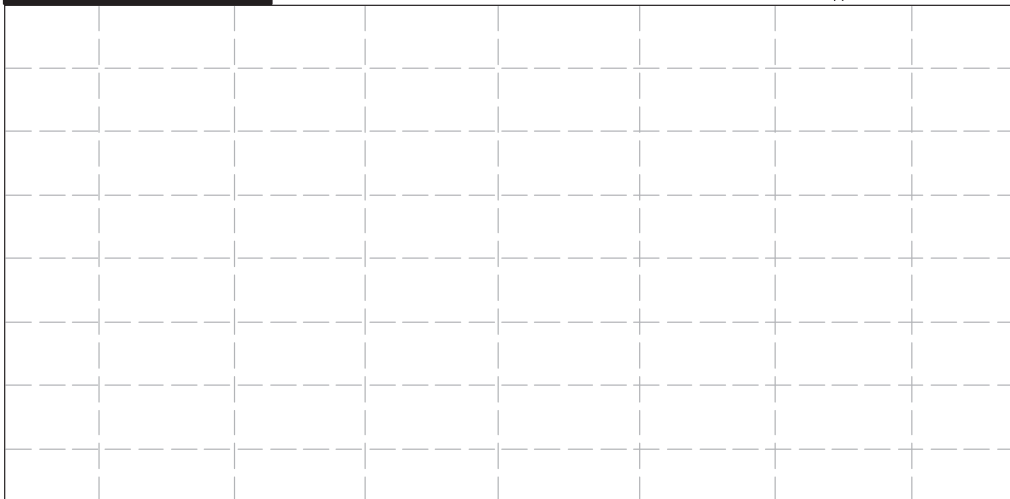
**Hazmat Information:**

Placard  Material 1 digit #  Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

services to be picked up by Ms. Messing.

MV1 sustained minor driver side and front bumper damage and was driven from the scene.

Officer Stake took photos of the scene which were submitted to IT to be attached to the report.

---

---

---

---

---

---

---

---

---

---

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

HAGAI BRANDON

30619

NEWTON POLICE DEPT

12/15/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date