

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																														
Date of Crash 01/08/2021		Time of Crash 15:32 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																																									
1 1	WEST COMMONWEALTH AVE												2																																								
	Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____								10																																								
	EAST FULLER ST				Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____																																																
2 1	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								11																																								
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								5																																								
3	<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000014																																														
4 2	License # _____ St MA DOB/Age _____				Reg # 6TL174				Reg Type PAN				Reg State MA																																								
	Sex M Lic. Class A 18 M 18		Lic. Restrictions M 19		CDL _____		Veh Year 2016		Veh Make GMC		Veh Config. 2 20																																										
	Operator BRACELAND ERIC		Endorsment _____		Owner (Same as operator)		First _____ Middle _____		Address _____				12																																								
5	Address 300 SECOND AVE (apt. 2158)				City NEEDHAM				State MA		Zip 02446																																										
	Insurance Company SAFETY INSURANCE				Vehicle Action Prior to Crash 4 21				Damaged Area Code: (Circle Up to Three)																																												
	Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N				Event Sequence 4 22 22 22 22				Event Sequence Diagram				10 Undercarriage 5 11 Totaled																																								
6 1	Citation # (If Issued) _____				Most Harmful Event 4 23				Driver Contributing Code 13 24 18 24				Underride/Override 25 Towed N																																								
	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____																																																				
	Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____																																																				
7 3	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				4
	Operator				See Above				-----				---				1				4				4				0				0				10				1												
8 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 1 16 Condition 1 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 PLENET MARTIN				Endorsment _____		Owner _____		First _____ Middle _____		Address _____																																										
	Address 16 TAFT AVE				City _____				State MA		Zip 02465																																										
	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				Event Sequence Diagram				10 Undercarriage 5 11 Totaled																																								
	Citation # (If Issued) _____				Most Harmful Event 23				Driver Contributing Code 24 24				Underride/Override 25 Towed _____																																								
	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____																																																				
	Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____																																																				
	Please fill out for operator and all occupants involved												13																																								
	Operator/Non-Motorist				See Above				-----				---				7				2				BRIGHAM AND WOMEN																												

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Fuller Street

Evelyn Road

Commonwealth Ave

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:

Operator of MV1 states he was traveling westbound on Commonwealth Ave when he attempted to take a left turn onto Fuller Street and struck a bicyclist who was traveling eastbound on Commonwealth Ave. Operator of MV1 states he didn't see the bicyclist due to the solar glare from the sun obstructing his view of the roadway. It should be noted the sun was setting in the west at this time. MV1 sustained minor damage to the windshield and front right fender. No injuries reported by the operator of MV1.

The bicyclist, Martin Pleyne, states he was riding his bicycle eastbound on Commonwealth Ave traveling towards the Boston College area when he was struck by MV1. Mr. Pleyne states he doesn't have recollection of the accident since he lost consciousness for a brief time after being struck. Mr. Pleyne was transported to Brigham and Women's Hospital where he sustained a fractured left shoulder, abrasion on his right shin and

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
GOMES-CASSERES, GLENN,	214 LINCOLN ST NEWTON, MA 02461	-----	Y

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
PLEYNET, MARTIN,	16 TAFT AVE NEWTON, MASSACHUSETTS 0	8582433122	97	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

TIMOTHY F KEEFE

NEWTON POLICE DEPART

01/08/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ 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:

abrasion on his forehead. The bicycle sustained damage to the front wheel and was placed into property and evidence for safekeeping.

Pictures of the scene were captured and the SIM card was submitted to the IT bureau.

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

TIMOTHY F KEEFE

NEWTON POLICE DEPART

01/08/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date