

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts										RMV Document Number		
Date of Crash 03/21/2021		Time of Crash 15:43 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 25 Latitude Longitude		State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:							
<div><div>SOUTH ELM ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST WASHINGTON ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>						<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of Mile Marker Exit Number</div><div>Feet N S E W of Route# Intersecting Roadway/Street</div><div>Feet N S E W of Landmark</div></div>									
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000201									
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator ANDERSON JAMES JOSEPH Address 27 DOGWOOD LANE City MEDWAY State MA Zip 02053 Insurance Company SAFETY Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Reg # 7NZ930 Reg Type PAN Reg State MA Veh Year 2013 Veh Make KIA Veh Config. 2 20 Owner ANDERSON KEVIN HUGH Address 27 DOGWOOD LN City MEDWAY State MA Zip 02053 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 4 22 22 22 22 2 Most Harmful Event 4 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 10 Undercarriage 11 Totaled									
Please fill out for operator and all occupants involved						26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Code Medical Facility									
Operator See Above						1 4 99 0 0 10 1									
BUCCHERI, COLBY, WILLIAM 68 ELLSWORTH RD ROWLEY, MA 01969						M 3 1 4 99 0 0 10 1									
BEAUCHEMIN, ALEX, W 7 ELLSWORTH ST WESTFIELD, MA 01085						M 5 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 1 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped															
License # --- St --- DOB/Age --- Sex M Lic. Class 18 18 Lic. Restrictions 1 19 CDL Operator MUI KWOK Address 33 HUNTER ST City NEWTON State MA Zip 02465 Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Reg # --- Reg Type --- Reg State --- Veh Year --- Veh Make --- Veh Config. 20 Owner --- Address --- City --- State --- Zip --- Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed --- 10 Undercarriage 11 Totaled									
Please fill out for operator and all occupants involved						26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Code Medical Facility									
Operator/Non-Motorist See Above						10 1									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

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 vehicle one stated that while driving west bound on Washington St at Elm St a bike came off of the south bound sidewalk of Elm St and into the front passenger side of his vehicle. Operator of vehicle one stated that west bound traffic had a green light and that he had just began to drive from a stop when the crash occurred. Operator of vehicle one was not injured and his vehicle had no damage. Both passengers of vehicle one confirmed vehicle's one operators statements. Witness stated that she was in her vehicle west bound on Washington St behind vehicle one when the bike came off of the north bound Elm St sidewalk and into the front passenger side of vehicle one. Witness stated that west bound traffic had a green light. Bicyclist stated that he believed the red light that he saw for north bound elm St traffic was for west bound Washington St traffic, so he proceeded into vehicle one's lane of traffic. Bicyclist was not injured and his

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
WONG , LEVINA,	483 WALTHAM ST NEWTON,MA 02465	-----	N

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

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

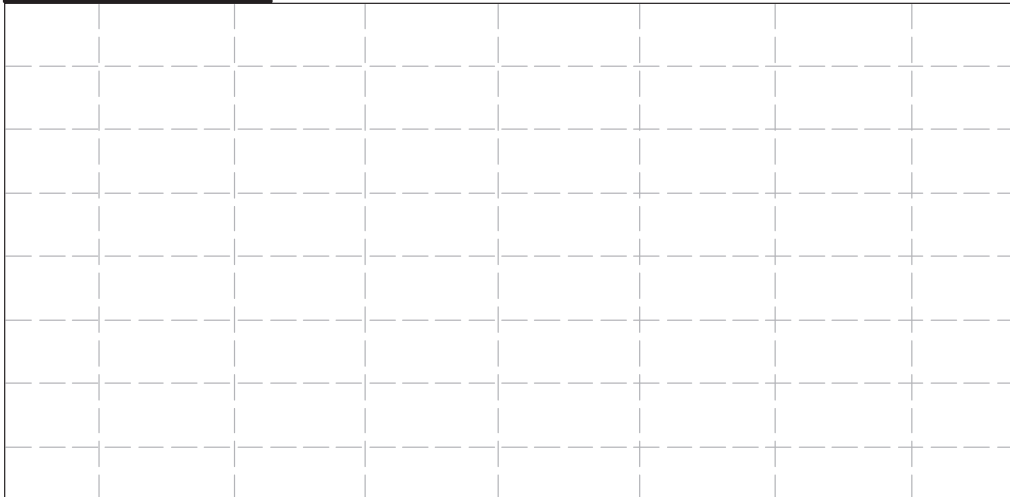
Hazmat Information:

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:

bike had no damage. Bicyclist refused medical treatment at scene and signed a patient refusal form. Due to the bicyclist entering onto Washington St when they did not have the right of way and then riding on the sidewalk in violation of a City Ordinance, he is at fault for the cause of this crash.

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

MICHAEL A MCSWEENEY

NEWTON POLICE DEPART

03/21/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date