

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/16/2021	Time of Crash 13:17 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
SOUTH CENTRE ST Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street Feet N S E W of or Exit Number							
NORTH WINCHESTER ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street							
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 210000351	
License # St MA DOB/Age			Reg # RS64HL Reg Type PAN Reg State MA			Veh Year 2019 Veh Make AUDI Veh Config. 2				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Operator SAFFER CAROLYN			Owner (Same as operator)				
Address 1650 CENTRE ST			City NEWTON State MA Zip 02465			Insurance Company AMICA				
Vehicle Travel Direction: X S E W Responding to Emergency? N			Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec				
Violation 3: Ch Sec Violation 4: Ch Sec			Event Sequence 4 22 22 22 22			Most Harmful Event 4 23				
Driver Contributing Code 19 24 4 24			Underride/Override 25 Towed N			Damaged Area Code: (Circle Up to Three)				
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status 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 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			Veh Year Veh Make Veh Config. 20				
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Operator SALERNO ALEXANDER			Owner				
Address 215 NEEDHAM ST			City NEWTON State MA Zip 02459			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			Event Sequence 22 22 22 22			Most Harmful Event 23				
Driver Contributing Code 24 24			Underride/Override 25 Towed			Damaged Area Code: (Circle Up to Three)				
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 → Pedestrian

Boylston St

Winchester St

Centre St

MV1

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:

On May 16, 2021 at approximately 13:17 hours I, Officer Guarino responded to a motor vehicle crash into a bicycle.

Upon arrival I spoke with the cyclist who said that he was traveling southbound on Centre St. on the sidewalk on the left side of the roadway. He stopped at the intersection of Boylston St and Winchester St at the crosswalk and saw began to cross the roadway in the crosswalk when he was struck by MV1. He said that MV1 "yielded" but didnt really stop. he said that she came to a slow roll and then struck him. He made contact with the front right side of the vehicle, hit his left elbow on the hood and then fell to the ground where he struck his head.

The operator of MV1 said that she came to the stopsign at Boylston St and Centre St, stopped, looked both

(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

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

CHARLES P GUARINO	38802	NEWTON POLICE DEPART	05/16/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
CDP1 11 24:00			Precinct/Barracks
			Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

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:

ways and then took her foot off the brake to make a right turn onto Centre St when she noticed she struck the bicyclist. She did not see him prior to the crash. She said that upon impact, he let the bike down slowly and fell to the ground but doesn't believe that he had hit his head.

Cyclist was evaluated by the medics for an arm injury and head injury but refused further medical attention.

Both parties were issued report numbers and advised that a report would be on file. Photographs of the vehicle and bicycle have been submitted to IT to be attached to this 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

CHARLES P GUARINO

38802

NEWTON POLICE DEPART

05/16/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date