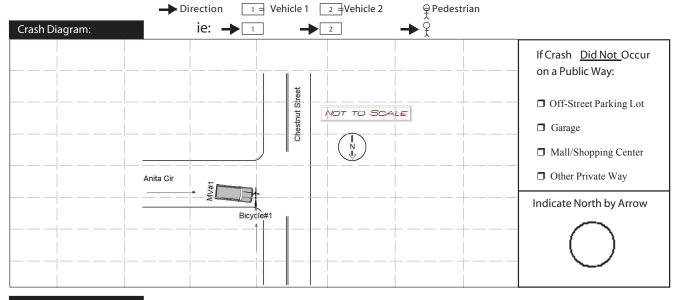
	Poli	ice Use Only		Commonwea	alth o	of Massa	achı	isetts	}		RMV	Docum	ent Number	
	Date of Crash 05/17/2021	Time of Crash 16:00 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		Latit	d Limit ude gitude		State Police Local Police MBTA Police Other:	XI O
			RSECTION:		LOCA		>	_				RSEC	TION:	
	WES	T ANITA	CIR	-										2
1	Route# Direc			oadway/Street		Route# Direction	on Ad	ldress #		Nar	ne of Ro	oadway/S	Street	2 ¹
	SOU	At SOUTH CHESTNUT ST				Feet NSEW of or								
	Route# Direc		Name of Intersecting	Roadway/Street					Mile l	Marker			Exit Number	_
			Also at Interse	ction with		Feet [N S E	w of	Route		ntersecti	ing Road	way/Street	- 1
²	Route# Direc	tion	Name of Intersecti	ng Roadway/Street		Feet [N S E	W of						3
3				<u> </u>	Landmark									\dashv
	XVehicle1	#Occupants	Hit/Run	Moped Case	Number		21	100000355						
	License#	10 1	St MA		Reg#	3VL165			Reg Ty	pe_PAN	1	Reg S	State MA	_
	Sex_M Lic.	Class $\begin{bmatrix} D & 18 \\ M \end{bmatrix} M^1$	Lic. Restrictions	19 CDLEndorsment	Veh Y	ear_2014	Vel	n Make_M	ERZ			Veh Con	afig. 20	
4 1	Operator RO		RALPH	S Middle		TWENTY EIG	I		AMS LL	C		Middle		- 1
	Address 28 RI	CHARDSON R				28 RICHARI	OSON F	RD						-
	City NEWTO			MA Zip 02464	City NEWTON State MA Zip 02464								-	
[1	pany SAFETY II			Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									ee)
5	Vehicle Travel	Direction: N	S E X Respon	nding to Emergency?_N	Event Sequence 4 22 22 22 22 2 3 4 10 Undercarriage									
	Citation # (If I	·			Most I	Harmful Event	4		24 1	←	9		10 Undercarr 5 11 Totaled	iage
⁶ 1	1			: ChSec		Contributing Co	ode 25	99 24	8		4		6	
1			violation 4 ator and all occupa	: ChSec	Under	ride/Override		Towe	d N	9 30	31			1
	Name (Last Fir		ator and an occupa	Address		Age/DOB	Sex 1	26 27 Seat Safety Pos. System	28 Airbag Airb Status Swi	9 30 Eject Code	31 Trap II Code S	32 njury Tran Status Cod	nsp. le Medical Facili	1 1
	Operator			See Above				1	4 4	0	0	10 1		
⁷ 3	Please Select C of the Followi	I Vehicle	e# Occupants	Non-Motorist A Ty	pe 2	Action 1	Loca	ation 2	16 Cond	lition 1	17	☐ Hit,	/Run Mop	ed
	License#	18 1	St	DOB/Age									_	
	Sex_F Lic.		Lic. Restrictions	CDL	Veh Year Veh Make Veh Config. 20									
⁸ 2	Operator BYK MARYNA Endorsment Last First Middle				Owner Last First Middle							_		
	Address 38 M	Address								-				
	City NEWTON State MA Zip 02464					CityStateZip								-
	Insurance Com	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 22 22 22 22 10 Undercarriage								ee)				
	Vehicle Travel									iage				
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	Violation 1: ChSec Violation 2: ChSec Driver Contribut						er Contributing Code 8 7 6							
	Violatio	Underride/Override Towed							_					
	Name (Last Fi		operator and all o	ccupants involved Address		Age/DOB		26 Seat Safety Pos. System	Airbag Airl n Status Sw	ag Eject	Trap II	njury Tran Status Co	ısp.	lity
	Operator/	Non-Motorist		See Above								8 97	NEWTON-WELLES	SLEY HO
														_



Crash Narrative:

This accident was reported approx. 8 hours later due to reporting party not familiar with laws in the U.S.

Bicyclist #1 doesn't speak English well and needed her husband (Siarhei Byk) to translate.

Bicyclist #1 stated on 05/17/2020 at approx. 1600 hrs., she was travelling southbound on Chestnut Street on the sidewalk. While crossing Anita Cir, MV#1 approached the intersection and collided into her. She was thrown onto the hood of MV#1 as a result of the collision. The OP. of MV#1 helped her into his car and drove her home. The OP. of MV#1 only gave her a business card and nothing else. The husband of Bicyclist #1 came home later and drove Bicyclist #1 to the hospital to be checked out. The husband of Bicyclist #1 called the OP. of MV#1 to get some car insurance information and was denied. The OP. of MV#1 stated he felt uncomfortable giving that information and they would talk the next day about it. The husband of Bicyclist #1

(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) 35 Carrier Name _ ___ Carrier Issuing Authority Code ___ City____ Address_ US DOT #: ___ State Number ____ Issuing State ____ ICC #:___ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #: Hazmat Information: Material Name_____ Material 4 digit # _____ Release code Placard Material 1 digit #

RAYMOND H CHIEU			NEWTON POLICE DEPARTM		05/18/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	→ Direction	1 = Vehicle 1	2 =Vehicle 2	₽ Pedestriar	1	
Crash Diagram:	ie: →□	1 -	2	₽Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	_Occur
		_			—	ng Lot
					☐ Garage	
					☐ Mall/Shopping	Center
	- — — — — — — 	_	<u> </u>		Other Private W	
		_	<u> </u>		Indicate North by	Arrow
Crash Narrative:						
felt this was strange a	nd decided to re	port it to th	e police afte	r getting ou	t of the hospital.	
Bicyclist #1 was wearin	g black pants and	d a blue shir	t. She did no	t have a hel	met on and didn't have	any
reflective clothing on.	She sustained b	ruising to b	ooth legs and	didn't get a	concussion. Her bicycl	e gears
and her wheel was damag	ed from the acci	dent and pict	ures were tak	en by me. Th	e brand of the bicycle	is
Infinity Hybrid and it	cost approx. \$35	0.00 USD when	new.			
Bicyclist #1 describes	the OP. of MV#1	as a white ma	le around 50'	s - 60's yea	rs of age. She describ	es the
vehicle that struck her	as a red SUV. T	he OP. of MV#	1 gave a busi	ness card wi	th the name Ruth Robart	out of
28 Richardson Rd., Newt	on 617-818-8660.	Further inve	stigation rev	ealed a Ralp	h Robart out of that ad	dress
with a similar age. Due	to the time of	night, the in	vestigation w	ould be post	poned to daylight hours	
(Continue	d on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						·
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
T 1 10 16 6						
Truck and Bus Information:	Registration #_		(From V	ehicle Section)		. 35
Carrier Name					Carrier Issuing Authority C	ode
Address			_ City		St Zip	26
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
	Gross Vehicle Weight	38			39	
Trailer Reg #:	Reg Type	Reg State _	Reg Year_	Traile	r Length	
Hazmat Information: 40	41				I	42
Placard Material 1 d	igit # Material	Name		Material 4 dig	it# Release code	

-	Direction 1	1 = Vehicle 1	₂ ≢Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: → 🗆	1 →	2	Ŷ		
				 	If Crash <u>Did Not</u> on a Public Way:	I .
					☐ Off-Street Park	ing Lot
				\	Garage	
				į	☐ Mall/Shopping	Center
		-	+-		Other Private W	'ay
					Indicate North by	Arrow
				į		
Crash Narrative:					 	
At approx. 1550 hrs., I ma	de contact wit	th the OP. of	MV#1. He state	d he was	stopped on Anita Cir., w	raiting to
make a right turn onto Che						
right and saw it was clear	as well and s	started to acc	celerate. That'	s when B	icyclist #1 suddenly rode	out from
the sidewalk and they coll	ided together.	There's a 6	foot wall from	a resid	ence that blocked his vis	ion to
see further down the sidew	alk. The OP. o	of MV#1 stated	d there was no	damage to	o his vehicle.	
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Owner (Last, First, Middle)	Address		THORE #	эттуре	Description of Damaged Froperty	
	+					
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		25
Carrier Name					Carrier Issuing Authority C	ode 35
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:_	Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38			L	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length	
Hazmat Information:						
Placard 40 Material 1 digit i	# 41 Material N	Name		Material 4 d	ligit # Release code	42
RAYMOND H CHIEU			NEWTO	N POLICE DEPARTA	05/18	/2021

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)