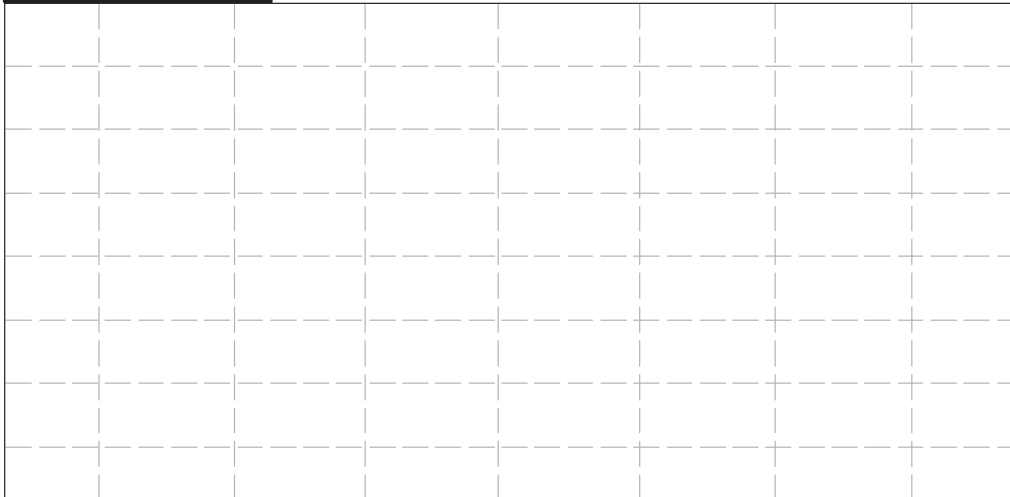


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/17/2021	Time of Crash 16:00 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:				
WEST ANITA CIR										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At										
SOUTH CHESTNUT ST										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ • _____ or _____			Mile Marker Exit Number				
Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____			Route# Intersecting Roadway/Street				
						Landmark				
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000355	
License # --- St MA DOB/Age ---			Reg # 3VL165 Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2014 Veh Make MERZ Veh Config. 2 20							
Operator ROBERT RALPH S			Owner TWENTY EIGHT GRAHAMS LLC							
Address 28 RICHARDSON RD			Address 28 RICHARDSON RD							
City NEWTON State MA Zip 02464			City NEWTON State MA Zip 02464							
Insurance Company SAFETY INSURANCE			Vehicle Action Prior to Crash 3 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 4 22 22 22 22			2 3 4				
Citation # (If Issued) _____			Most Harmful Event 4 23			1 9 10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			8 7 6				
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			-----			1 4 4 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 1 15 Location 2 16 Condition 1 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # --- St --- DOB/Age ---			Reg # --- Reg Type --- Reg State ---							
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year --- Veh Make --- Veh Config. 20							
Operator BYK MARYNA			Owner ---							
Address 38 MECHANIC ST (apt. 2)			Address ---							
City NEWTON State MA Zip 02464			City --- State --- Zip ---							
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			2 3 4				
Citation # (If Issued) _____			Most Harmful Event 23			1 9 10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed ---			8 7 6				
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			-----			8 97 NEWTON-WELLESLEY H				

→ 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:

At approx. 1550 hrs., I made contact with the OP. of MV#1. He stated he was stopped on Anita Cir., waiting to make a right turn onto Chestnut Street. When there was no more oncoming traffic to his left, he looked to the right and saw it was clear as well and started to accelerate. That's when Bicyclist #1 suddenly rode out from the sidewalk and they collided together. There's a 6 foot wall from a residence that blocked his vision to see further down the sidewalk. The OP. of MV#1 stated there was no damage to his vehicle.

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

RAYMOND H CHIEU

NEWTON POLICE DEPART

05/18/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date