

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 05/20/2021	Time of Crash 16:37 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 1	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
EAST CANTERBURY RD Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number								
NORTH WALDORF RD Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street Landmark								
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000363		
License # --- St MA DOB/Age ---			Reg # 9VA378 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2018 Veh Make TOYOTA Veh Config. 1 20								
Operator TAKENAKA NORIKO Last First Middle			Owner (Same as operator) Last First Middle								
Address 65 CRAGMORE RD			Address								
City NEWTON State MA Zip 02464			City State Zip								
Insurance Company COMMERCE INSURANCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 4 22 22 22 22 2			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 4 23			5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24								
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N								
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 4 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 Endorsment			Veh Year Veh Make Veh Config. 20								
Operator YEO DANIEL Last First Middle			Owner Last First Middle								
Address 1075 BOYLSTON ST			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			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 23			5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24								
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed								
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 2			MASS GENERAL HOSPITAL		

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Date of Crash	Time of Crash 24HR	City/Town	Number Vehicles	Number Injured	Speed Limit 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>1</div> <div>Route# Direction Name of Roadway/Street At</div>			<div>10</div> <div>Route# Direction Address # Name of Roadway/Street Feet <div>N S E W</div> of • or Exit Number Mile Marker</div>							
<div>2</div> <div>Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div>			<div>11</div> <div>Feet <div>N S E W</div> of Route# Intersecting Roadway/Street Feet <div>N S E W</div> of Landmark</div>							
<div>3</div> <div><input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped</div>										
<div>4</div> <div>License # St DOB/Age Sex Lic. Class <div>18 18</div> Lic. Restrictions <div>19</div> CDL Endorsment</div>			<div>12</div> <div>Reg # Reg Type Reg State Veh Year Veh Make Veh Config. <div>20</div></div>							
<div>5</div> <div>Operator Last First Middle Address City State Zip Insurance Company</div>			<div>21</div> <div>Vehicle Action Prior to Crash Event Sequence <div>22 22 22 22</div><div>23</div><div>24 24</div><div>25</div><div>26 27 28 29 30 31 32 33</div><div>20</div></div>				<div>13</div> <div>Damaged Area Code: (Circle Up to Three) <div>10 Undercarriage 11 Totaled</div></div>			
<div>6</div> <div>Vehicle Travel Direction: <div>N S E W</div> Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec</div>										
<div>7</div> <div>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</div>										
<div>8</div> <div>Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type <div>14 97</div> Action <div>15 97</div> Location <div>16 5</div> Condition <div>17 1</div> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped</div>										
<div>9</div> <div>License # St DOB/Age Sex F Lic. Class <div>18 18</div> Lic. Restrictions <div>19</div> CDL Endorsment</div>			<div>20</div> <div>Reg # Reg Type Reg State Veh Year Veh Make Veh Config. <div>20</div></div>							
<div>10</div> <div>Operator WU JENNIFER Last First Middle Address 1075 BOYLSTON STREET City NEWTON State MA Zip 02461 Insurance Company</div>			<div>21</div> <div>Vehicle Action Prior to Crash Event Sequence <div>22 22 22 22</div><div>23</div><div>24 24</div><div>25</div><div>26 27 28 29 30 31 32 33</div><div>20</div></div>				<div>22</div> <div>Damaged Area Code: (Circle Up to Three) <div>10 Undercarriage 11 Totaled</div></div>			
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<div>13</div> <div>Operator/Non-Motorist See Above Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility</div>										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Waldorf Rd

Unit 2

P.O.I.

Unit 1

Canterbury Rd

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 she was traveling eastbound on Canterbury Rd approaching the intersection at Waldorf Rd when a bicyclist appeared out of nowhere traveling from Waldorf Rd northbound, didn't attempt to stop at the intersection and struck MV1 in the front right fender and windshield. Operator of MV1 remained on scene until emergency personnel arrived.

The juvenile bicyclist, Daniel Yeo, states he was riding his bicycle with a helmet on northbound on Waldorf Rd approaching the intersection at Canterbury Rd when he saw MV1 enter the intersection and struck MV1 with his bicycle in the front right fender where he went over the bicycles handlebars landing on the roadway. Daniel states he attempted to apply the brakes, but realized it was too late and made contact with MV1. Medics evaluated Daniel for injuries where he complained of head and stomach pain. Daniel was transported

(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

TIMOTHY F KEEFE NEWTON POLICE DEPT 05/20/2021

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

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:

with his mother, Jennifer Wu, to Mass General Hospital.

Pictures were taken of the scene and submitted to IT to be attached with 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

Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

39

Hazmat Information:

Placa

Material 1 digit #

41	Material Name
----	---------------

e_____ Material 4 digit #

Release code

42

TIMOTHY F KEEFE

NEWTON POLICE DEPARTMENT

05/20/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____