

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 05/23/2021	Time of Crash 19:29 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:				
WEST DEDHAM ST											
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At			Feet N S E W of _____ • _____ or _____				Mile Marker Exit Number				
SOUTH WINCHESTER ST											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Route# Intersecting Roadway/Street				
Also at Intersection with			Feet N S E W of _____				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 210000377		
License # --- St MA DOB/Age ---			Reg # 219WA7 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017 Veh Make SUBA Veh Config. 2 20								
Operator PACKMAN KATHRYN E			Owner (Same as operator)								
Address 65 ANDREW ST			Address _____								
City NEWTON State MA Zip 02461			City _____ State _____ Zip _____								
Insurance Company SAFECO			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 4 22 22 22 22			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 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 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 _____			Veh Year _____ Veh Make _____ Veh Config. 20								
Operator CANNON PAUL V			Owner _____								
Address 256 WINCHESTER ST			Address _____								
City NEWTON State MA Zip 02461			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			10 Undercarriage					
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Operator/Non-Motorist See Above			-----			8 1					

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NEEDHAM ST

WINCHESTER ST

WINCHESTER ST

DEDHAM ST

Unit 1

→ N →

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 vehicle one Kathryn Packman stated that she was driving westbound on Dedham St near Winchester St. Packman stated that she had a green light and began to turn left into the southbound lane of Winchester St. Packman stated that as she turned left a bike that was travelling southbound in the northbound lane of Winchester St went through the red light and struck the front passenger side fender of her vehicle. Packman stated that there was a solar glare as she turned left. Packman stated that she did not see the bicyclist prior to the crash. Packman stated that she was not injured. Packman's vehicle had a small dent on it's front passenger side fender. Bicyclist Paul Cannon stated that he was riding his bike southbound on Winchester St in the northbound lane against traffic. Cannon stated that he was riding against traffic because he was scared of the north side of the intersection of Winchester St at Dedham and Needham Streets.

(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

MICHAEL A MCSWEENEY NEWTON POLICE DEPTA 05/23/2021

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

CDP1 11 -24-00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



If Crash Did Not Occur
on a Public Way:

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- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

Cannon stated that he did not look at the traffic signal to see if he had the right of way because he wanted to focus on the road. Cannon stated that he assumed that Packman's vehicle would stop for him. After the crash Cannon fell from his bike and onto the roadway. Cannon was treated at the scene by Newton EMS for minor abrasions to his left arm and left leg. Cannon refused further medical aid and signed a patient refusal form. Cannon's bike was not damaged in the crash. I took photos of Packman's vehicle and forwarded the disk to the NPD's IT bureau for downloading. Based upon statements made to me by Packman and Cannon, I believe that Cannon is at fault for the crash because he failed to see if he had the right way.

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MICHAEL A MCSWEENEY

NEWTON POLICE DEPT.

05/23/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date