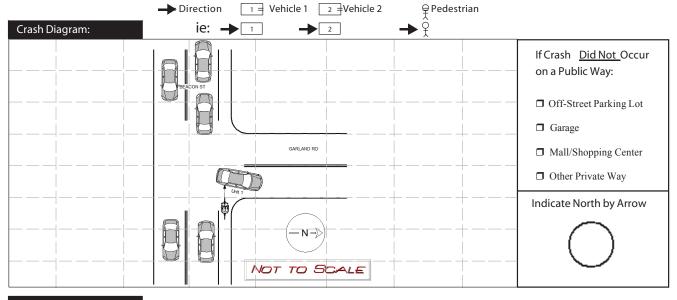
Address   State   St
AT INTERSECTION:   CONTINUED   NOT AT INTERSECTION:
NORTH   GARLAND RD
Route# Direction
NORTH   GARLAND RD   Feet   N   S   E W   of   Mile Marker   Exit Number
Route#   Direction   Name of Intersecting Roadway/Street   Feet   N   S   W   of   Feet   N   S   W
Also at Intersection with Feet N S E W of Four Name of Intersecting Roadway/Street    Route# Direction   Name of Intersecting Roadway/Street   Landmark
Feet   S   E   W   of
Address   State   St
License #
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Corporator RISTUCCIA MATTHEW S Mediate Address 15 GARLAND RD  Operator RISTUCCIA MATTHEW S Mediate Address 15 GARLAND RD  City NEWTON State MA Zip 02459  City NEWTON State MA Zip 02459  City State Zip Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: X S E W Responding to Emergency? N Event Sequence 4 22 22 22 22 22 22 22 22 22 22 22 22 2
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Corporator RISTUCCIA MATTHEW S Mediate Address 15 GARLAND RD  Operator RISTUCCIA MATTHEW S Mediate Address 15 GARLAND RD  City NEWTON State MA Zip 02459  City NEWTON State MA Zip 02459  City State Zip Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: X S E W Responding to Emergency? N Event Sequence 4 22 22 22 22 22 22 22 22 22 22 22 22 2
Address   State   Address   Address   State   Address
Address 15 GARLAND RD  City NEWTON State MA Zip 02459 City State Zip  Insurance Company STANDARD FIRE  Vehicle Travel Direction: X S E W Responding to Emergency? New Citation # (If Issued) T1447331  Violation 1: Ch 90/14/Rec Violation 2: Ch Sec Direction 1: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address Age/DOB Sec Pos System Prose Survey Medical Facility  RISTUCCIA, DAXTON  RISTUCCIA, BOWEN  Please Select One of the Following: Vehicle # Occupants Directions Direct
City NEWTON  State MA Zip 02459  City State Zip  Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: X S E W Responding to Emergency? N  Vehicle Travel Direction: X S E W Responding to Emergency? N  Citation # (If Issued) T1447331  Violation 1: Ch 90/14/8cc Violation 2: Ch Sec Direct Contributing Code 4 24 22 22 22 22  Please fill out for operator and all occupants involved Name (Last First Middle)  Address Age/DOB Sex Pos System Shatus Switch Code Code Shatus Code Medical Facility  Operator  RISTUCCIA, DAXTON  B Please Select One of the Following: Vehicle #Occupants Won-Motorist A Type 2  Please Fill Out for Operator Sec Above
Insurance Company STANDARD FIRE  Vehicle Travel Direction: X S E W Responding to Emergency? N  Vehicle Travel Direction: X S E W Responding to Emergency? N  Citation # (If Issued) T1447331  Violation 1: Ch 90/14/Rec Violation 2: Ch Sec Driver Contributing Code 4 24 24 24 24 24 24 24 24 24 24 24 24 2
Vehicle Travel Direction: X S W Responding to Emergency? N  Citation # (If Issued) T1447331  Violation 1: Ch 90/14/8bc Violation 2: Ch Sec Driver Contributing Code 4 24 24 24 24 24 24 24 24 24 24 24 24 2
Citation # (If Issued) T1447331
Violation 1: Ch 90/14/8te Violation 2: Ch Sec Driver Contributing Code 4 24 24 24
Please fill out for operator and all occupants involved   Age/DOB   Sex   Sex   Safety airbig Airbig   Sex   Sex   Sex   Safety airbig Airbig   Sex
Please fill out for operator and all occupants involved   Age/DOB   Sex   Sex   Safety airbig Airbig   Sex   Sex   Sex   Safety airbig Airbig   Sex
Operator   See Above     1
RISTUCCIA, DAXTON  NEWTON, MA 02459  RISTUCCIA, BOWEN  15 GARLAND RD NEWTON, MA 02459  NEWTON, MA 0245
RISTUCCIA, BOWEN  15 GARLAND RD NEWTON, MA 02459
Please Select One of the Following:  Vehicle#Occupants
Sex_M_Lic. Class
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Veh Year Veh Make Veh Config.  8 Operator SMALL CORY Owner O
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Veh Year Veh Make Veh Config.  8 Operator SMALL CORY Owner O
Operator SMALL CORY Endorsment Owner Last First Middle Last First Middle
Last First Middle Last First Middle  Address 839 BEACON ST (apt. 401)  Address
City BOSTON State MA Zip 02215 City State Zip
Insurance Company  Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 22 22 22 22 23 4
Citation # (If Issued) Most Harmful Event 23 10 Undercarriage 5 11 Totaled
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 24 24 5 11 Totaled
Violation 3: ChSec Violation 4: ChSec Underride/Override
Please fill out for operator and all occupants involved    26   27   28   29   30   31   32   33     Seat   Safety Airbag Airbag   Eject   Trap   Injury   Transp.
Name (Last First Middle)  Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility Operator/Non-Motorist See Above



## Crash Narrative:

Bicyclist Cory Small stated that on 06/10/2021 at 17:48 hours he was riding his Specialized carbon frame bike in the westbound bike lane on Beacon St near Garland Rd. Beacon St and Garland Rd are both public ways in the City of Newton. Small stated that westbound Beacon St traffic was stopped at the intersection of Walnut St. Small stated that he continued riding westbound in the bike lane while traffic was stopped. Small stated that as he was crossing over the intersection of Garland Rd. when a vehicle that was driving in the eastbound lane of Beacon St turned left onto the northbound lane of Garland Rd and into his path of travel.

Small stated that when the vehicle turned onto Garland Rd it caused him to crash into the rear passenger side of it. As a result of the crash Small had lacerations to his left hand and leg. Small's left ankle became swollen due to the crash. Small was transported via EMS to Newton Wellesley Hospital for treatment. Small was (Continued on next page)

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:				,				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	ription of Damag	ged Property	
Truck and Bus Information:  Carrier Name	Registration #		(From Vehic	le Section)		Carrier Issui	ing Authority Coc	35 le
Address			City			St	Zip	
US DOT #:	State Number		Issuing State	ICC#:			Interstate	36
37		38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer L	ength		
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Nan	ne		Material 4	digit#		Release code	42

	→ Direction	ı ≡ Vehicle 1	2 =Vehicle 2	Pedestrian		
Crash Diagram:	ie: →□	<b>→</b> [	2	→ ĝ		
					If Crash <u>Did No</u> on a Public Way	I
		<u> </u>			Off-Street Par	king Lot
					☐ Garage	
					☐ Mall/Shoppin	g Center
	- —   — — — —	-			Other Private	Way
		-			Indicate North b	y Arrow
	- — —   — — — —	<u> </u>				\
		 -  +	+		\	/
Crash Narrative:						
wearing a helmet at the	time of the cra	sh.				
Operator of vehicle one	( 2012 Volvo XC7	0 MA reg 2FJ	K50 ) Matthe	w Ristuccia sta	ted that he was driv	ring
eastbound on Beacon St	and was turning l	eft onto the	northbound	l lane of Garland	d Rd when the crash	occurred.
Ristuccia stated that h	e did not see Sma	all prior to	the crash. F	istuccia stated	that he and his two	sons who
were passengers were no	t injured. Ristuc	cia's vehicle	e had minor	scrape marks of	n the rear and cente	r
passenger side. I took	photos of Ristucc	ia's vehicle	and the dis	k was downloade	d by the NPD's IT Bu	reau.
Small's bike had damage	to the left hand	brake, and p	possible fra	me damage. Base	d upon statements m	ade to me
by Small and Ristuccia						
T1447316 and cited him	for a violation o	of MGL 90/14	, failure to	yield to an one	coming bicyclist whe	n turning
(Continue	d on next page)					
Witnesses:		Address			Discoura II	Chahamana
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Desci	ription 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 Yes	ar Trailer Le	ength 39	
Hazmat Information:						42
Placard 40 Material 1 d	igit # 41 Material N	Name		Material 4 digit #	Release code	42

06/10/2021

Date

Precinct/Barracks

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

MICHAEL A MCSWEENEY

Police Officer Name (Please Print)

•	Direction	1 = Vehicle 1	2 #Vehicle 2	₹ Pedestri	ian	
Crash Diagram:	ie: →□	1 -	2	₽Ŷ		
Crasii Diagrami.				t	on a on a on a on a on a	ash Did Not Occur Public Way:  ff-Street Parking Lot arage fall/Shopping Center ther Private Way ate North by Arrow
Crash Narrative:						
left. I explained to Rist						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Traine (East, 111st, Milate)		ridatess			Thore #	Statement
Property Damage:				,		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damage	ed Property
Truck and Bus Information:	Registration #		(From Vel	nicle Section)		35
Carrier Name					Carrier Issuir	ng Authority Code
Address			City		St	Zip
US DOT #:	State Number		Issuing State	ICC#:		_ Interstate 36
Cargo Body Type Code 37 G	ross Vehicle Weight	38				
Trailer Reg #:		Reg State	Pag Vasr	Tro	iler Length	
Hazmat Information:	reg rype	reg state	Keg i eaf	178	mer rengui	
Placard 40 Material 1 digi	t # 41 Material 1	Name		_ Material 4 d	ligit #	Release code 42
MICHAEL A MCSWEENEY			NEWI	ON POLICE DEPARTM		06/10/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)