

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 07/27/2021	Time of Crash 21:32 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u> 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:				
SOUTH CENTRE ST Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____ Mile Marker Exit Number				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# Intersecting Roadway/Street Landmark				
EAST COTTON ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with											
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 210000563		
License # --- St MA DOB/Age ---			Reg # FF7905 Reg Type PAS Reg State MA			Veh Year 2018 Veh Make BMW Veh Config. 1			Operator THERAN LEONARD		
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Owner (Same as operator)			Address			City NEWTON State MA Zip 02458		
Address 14 WHITNEY RD.			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 3 22 22 22 22		
Insurance Company COMMERCE			Most Harmful Event 3 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued)			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		
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			Operator See Above					
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			Veh Year Veh Make Veh Config. 20			Operator HAWES ETHAN		
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Owner			Address			City NEWTON State MA Zip		
Address 190 TREMONT STREET			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 22 22 22 22		
Insurance Company			Most Harmful Event 23			Driver Contributing Code 24 24			Underride/Override 25 Towed		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Citation # (If Issued)			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		
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			Operator/Non-Motorist See Above					

→ 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:**

On 07/27/2021, while assigned to N494, I, Officer Conary, was responding to a non emergency when I observed a motor vehicle pulled off to the side of the road and also a cyclist. I stopped and was told by both parties that there was a minor accident but everyone was fine. I spoke with Operator of MV1 who explained to me that he was traveling Southbound on Centre Street when he heard a thump and then realize his car collided with a cyclist. I spoke with the cyclist who stated that he was traveling Northbound on Centre Street, against traffic, driving on the right side of the bike lane, when his handle bars collided with MV1 side mirror. The bike had a flashing front light. Cyclists stated that he observed MV1 driving closer to the right side of the lane. I asked both parties if they crossed over the line and both stated no. Due to the cyclists age, his parents arrived on scene. Cyclists had minor scratches on his legs and arms. Medics arrived and the cyclists

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**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

KRISTINA CONARY

NEWTON POLICE DEPART

07/27/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

