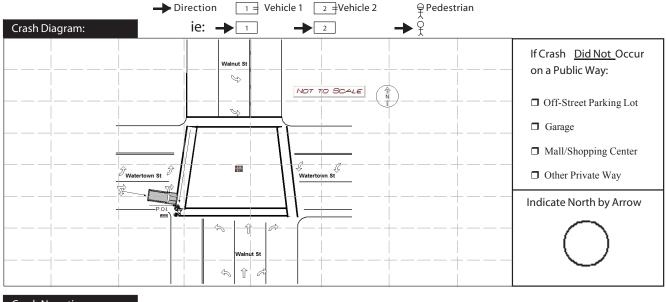
	Poli	ice Use Only		Commonwea	lth o	f Massa	achu	setts			RMV Do	cumen	t Number	
	Date of Crash 07/28/2021	Time of Crash 13:39 24HR	City/Town	1410101		icle Cra Report	sh	Number Vehicles 1		Latitue	Limit <u>25</u> de tude	Lo	tate Police ocal Police IBTA Police ther:	XI
			SECTION:		LOCAT		>		NOT		NTERS	ECT	ION:	
	EAST	r WATER	RTOWN STREET											2
1 1	Route# Direc			oadway/Street	F	Route# Direction	n Ado	lress #		Nam	e of Roady	way/Stre	eet	_ 2 10
	SOU	TH WALNU	At UT STREET			Feet 1	SE	V of		•	or			
	Route# Direc	etion N	Jame of Intersecting	Roadway/Street		[3	.lalel		Mile M	Iarker		E	xit Number	\dashv
			Also at Interse	ction with	- -		SE	_	Route#	Int	tersecting I	Roadwa	y/Street	11
² 2	Route# Direc	tion	Name of Intersecti	ng Roadway/Street	-	Feet	N S E V	V of						_ 3
3		0 110		_							Landma	rk		7
	Vehicle1	#Occupants	X Hit/Run	Moped Case I	Number		210	00000565						_
	License#	18 18	St								F	Reg Stat	e	
	Sex Lic.		Lic. Restrictions	CDL Endorsment	Veh Ye	ear	Veh	Make_U	NKNOW	N	Veh	Config		
3				Middle		Las						iddle		1 12
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				Zip									le Up to Thre	
5	1			ı. ı. E a.N		Action Prior to	Crash 22 22	3 2	22 (2)		3	4	е ор ю тыс	"
1		ssued)		nding to Emergency?_N		Sequence 4 2	23						10 Undercarria	age
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⁶ 1	1			: Ch Sec		ide/Override	25	Towe	8		7	6		
	Please	fill out for opera	ator and all occupa	nts involved			S			30 Eject	31 32 Frap Injury	33 Transp.		13
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex Po	s. System	Status Swite	h Code	Code Status	Code	Medical Facility	<u>4</u>
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7				1							15			_
2	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A Typ	e 2	Action 2	5 Locat		Condi	tion 1	17	Hit/Ru	ın Mope	ed .
	License#		St	DOB/Age	Reg#				Reg Ty	pe	F	Reg Stat	e	7
	Sex_F Lic.	Class 18 18	8 Lic. Restrictions	19 CDL	_	ear					Veh	Config	20	
⁸ 2	Operator CRU	JZ Last	ANGELIQUE First	Endorsment	Owner	Las			First		м	iddle		
	Address 10 CU	JMMINGS ROA	AD	Middle		S			11130					
	City NEWTO	N	State	MA Zip 02459	City						State	Zip_		
	Insurance Com	pany			Vehicle	Action Prior to	Crash			amaged		`	le Up to Three	e)
	Vehicle Travel	Direction: N	S E W Respo	onding to Emergency?	Event S	Sequence 2	22 22	22	22 2		3	4	10 Undercarria	200
	Citation # (If I	ssued)			Most H	Iarmful Event	23	24	24	←	9		11 Totaled	ige
	l			2: ChSec		Contributing Co	ode 25	24	8		7			
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	Name (Last Fi	rst Middle)	operator and all o	ccupants involved Address		Age/DOB	Sex I	os. System	28 29 Airbag Airba Status Swi	g Eject ch Code	Trap Injury Code Statu	Transp.	Medical Facili	ty
	Operator/	Non-Motorist		See Above							10	1		_
		· · ·		· · · · · · · · · · · · · · · · · · ·										



Crash Narrative:

On 07/28/21 at 13:39 hours, I (Traffic Unit # 523) responded to 10 Cummings Road for a past hit and run motor vehicle bicyclist crash which occurred approximately twenty minutes prior. Dispatch updated units that the accident occurred at the intersection of Watertown and Walnut Streets and that a white colored SUV left the scene after striking the bicyclist. The white SUV was last seen heading southbound on Walnut Street towards Washington Street. The bicyclist then walked back home to 10 Cummings Road and told her mother about the incident. The mother then notified NPD.

Watertown Street and Walnut Street are both public ways maintained by the City of Newton. It is a four way intersection with crosswalks on every side. There are no turn on red signs on every corner of the intersection. The weather at the time was partly cloudy and sunny and the road conditions were dry.

(Continued on next page)

(Continued of	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			
Carrier Name			·		Carrier Iss	suing Authority Coo	35 le
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
37	ss Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr			
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	Release code	42

rash Diagram:	→ Direction 1 = Vehicle 1 2 = Vehicle 2 ie: → 1 → 2 →	무 Pedestrian • C
		If Crash <u>Did Not</u> Occur on a Public Way:
		Off-Street Parking Lot
		☐ Mall/Shopping Center
		Other Private Way
		Indicate North by Arrow
rash Narrative:		
	gs Road, I spoke to the mother identified as	Vanessa Cruz and her daughter, Angelic
uz. who was involved	n the crash. Fallon Ambulance was already o	on scene and a patient refusal was signe

On arrival at 10 Cummings Road, I spoke to the mother identified as Vanessa Cruz and her daughter, Angelique Cruz, who was involved in the crash. Fallon Ambulance was already on scene and a patient refusal was signed as Angelique did not have any injuries. I asked Angelique what had occurred and she stated that she left FA Day Middle School at approximately 13:00 hours. It is estimated that the crash took place between 13:10 and 13:20 hours. She was then bicycling down to the intersection of Walnut & Watertown Streets. She says that she pushed the walk signal button to cross the street at the crosswalk to continue southbound on Walnut Street towards Lowell Avenue. Once the cross signal light activated, she bicycled through the crosswalk. At the tail end of the crosswalk, her rear bicycle tire on the right side was struck by a white SUV making a right turn on to Walnut Street from Watertown Street. She was then knocked to the ground where she sustained

(Continued o	n next page)							
Witnesses:								
Name (Last, First, Middle)	1	Address				Phone #	ŧ	Statement
Property Damage:	,							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descr	ription of Dama	ged Property	
Truck and Bus Information: Carrier Name	Registration #		(From Vehic	cle Section)		Carrier Issu	uing Authority Coo	35 de
								le
Carrier Name			City			St	Zip	le
Carrier Name Address US DOT #:	State Number		City			St	Zip	de
Carrier Name Address US DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	de
Carrier Name Address US DOT #: Cargo Body Type Code37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	de
Carrier NameAddress	State Numberss Vehicle Weight Reg Type	Reg State	City Issuing State	ICC#:Tr	railer Le	St	Zip Interstate	de

JEREMY L WILSON		25227	NEWTON POLICE DEPARTM		07/28/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	→ Direction 1	Vehicle 1	∑ ≢Vehicle 2	Pedestrian		
Crash Diagram:	ie: 🕕 🛚 1	→ [2	→	Ŷ		
					If Crash <u>Did Not</u> On a Public Way:	Occur
		<u></u>			☐ Off-Street Parking	g Lot
		 			☐ Garage	
					☐ Mall/Shopping Co	enter
					☐ Other Private Way	
				+-	Indicate North by A	rrow
Crash Narrative:						
a scrape mark to her left	knee on her sw	eat pants. I	he white SUV c	ontinued so	uthbound on to Walnut S	treet
without stopping. She fe	els that the dr	iver might of	misjudged tak	ing the rig	ht turn and never reali	zed that
she struck her. Angelique	e says she only	saw a femal	e operator in	the SUV and	could not determine the	e race
or age. She also did no	t observe the r	egistration o	on the vehicle.	She furth	er stated that a femal	e
assisted her up from the	ground. Once sh	e said she wa	s fine she the	n proceeded	home. No one else pho	ned 911
regarding the incident.						
At this point, I asked to	see the bicycl	e which was s	tored away. T	he bicycle	is a Schwinn Sidewinder	21
speed color black with li	me green block	style writing	for the brand	and model	on it. Both tires have	white
reflectors attached to the	em. I observed	no damage to	the bicycle.	At the time	e of the crash, Angeliq	ue
(Continued	on next page)					
Witnesses:		_				
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	cription of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		
Carrier Name			· · · · · · · · · · · · · · · · · · ·		Carrier Issuing Authority Cod	35 le
Address						
US DOT #:						36
37	oss Vehicle Weight	38	issuing state	ICC#	merstate	
		P.og State	Dag Voor	Trailor	Langth 39	
Trailer Reg #: Hazmat Information:	reg rype	reg state	Reg Tear	iraner	Longill	
Placard 40 Material 1 digit	# 41 Material N	lame		Material 4 digit	# Release code	42

25227

Signature

ID/Badge #

NEWTON POLICE DEPARTM

Department

07/28/2021

Date

Precinct/Barracks

JEREMY L WILSON

Police Officer Name (Please Print)

→	Direction 1 =	Vehicle 1 2	_≠Vehicle 2	₽Pedestrian	
Crash Diagram:	ie: → 1	2	_ -	₽Ŷ	
					If Crash <u>Did Not</u> Occur on a Public Way:
					☐ Off-Street Parking Lot
					☐ Garage
					☐ Mall/Shopping Center
į		į	į	į	☐ Other Private Way
	. — — — — —				Indicate North by Arrow
	. — — — —				
į	į į	į	į	į	
Cua da Na watir ra					
Crash Narrative:	nle sweat nants	hlue sweate	ar and no h	icycle helmet Si	he was also carrying a
black backpack attached to			·		
oicycle.					
After, I went over to the	intersection of	Watertown as	nd Walnut St	reets and took pl	notos of the scene. A
canvass was also conducted					
					poke to several tenants in
the six unit apartment com	plex and they ha	ve no securi	ity cameras.	583 Watertown St	reet has no cameras along
with 592 Watertown Street.	I also checked	near the in	ntersection	of Walnut and Wasl	nington Streets as the
white SUV was last seen he	eading in that o	direction.	The Trio apa	rtment complex alo	ong with other businesses
(Continued or	n next page)				
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:					
Owner (Last, First, Middle)	Address		Phone #	34-Type Descriptio	on of Damaged Property
Twick and Duc Information					
Truck and Bus Information: Carrier Name	Registration #		(From V	ehicle Section)	Carrier Issuing Authority Code
			G:4		
Address					36
US DOT #:		38	_ Issuing State	ICC#:	Interstate
Cargo Body Type Code Gros	s Vehicle Weight				39
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer Length	
Hazmat Information:	41				42
Placard Material 1 digit #	Material Nan	me		Material 4 digit #	Release code 42
JEREMY L WILSON		25227		VION POLICE DEPARTA	07/28/2021
Police Officer Name (Please Print)	Signature	I	D/Badge # D	Department Pro	ecinct/Barracks Date

-	Direction 1 =	Vehicle 1 2	≠Vehicle 2	Pedestrian	1	
Crash Diagram:	ie: → 1	2	_	₽Ŝ		
Crash Diagram:	ie: -> 1			▶Ŷ 	If Crash Did Not on a Public Way: Off-Street Parking Garage Mall/Shopping C Other Private Way Indicate North by A	g Lot enter
Crash Narrative:						
are lined against both st	reets and have ou	tside securi	ity cameras.	I spoke to	the leasing office and	they
stated that the cameras d	o not provide an	y coverage o	of the street	t area.		
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
	_					
Truck and Bus Information:	Registration #		(From V	ehicle Section)		
Carrier Name			(110111)	omere section)	Carrier Issuing Authority Coc	35 le
Address			City		St Zip	
US DOT #:			_ Issuing State	ICC #:	Interstate	36
Cargo Body Type Code Gr	oss Vehicle Weight	38				
			_		39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Traile	r Length	
Hazmat Information:					_	40
Placard 40 Material 1 digit	# 41 Material Nam	ne		Material 4 digi	it# Release code	42
IEDENOVI MITI CON		05005				021
Police Officer Name (Places Print)	Cianatur	25227		VION POLICE DEPARTM	Precinct/Barracks Date	
Police Officer Name (Please Print)	Signature	1	D/Badge # D	epartment	Precinct/Barracks Date	₽

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