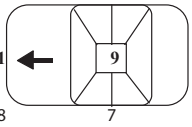
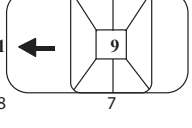


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/10/2021	Time of Crash 16:01 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 1	Speed Limit <u>20</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 320 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000803	
License # _____ St MA DOB/Age _____			Reg # 2S2136 Reg Type MCN Reg State MA			Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> B <input type="checkbox"/> 19 CDL _____			Veh Year 2017 Veh Make DUCA Veh Config. <input type="checkbox"/> 3 <input type="checkbox"/> 20	
Operator BASS BRAXTON LEE			Owner (Same as operator)			Address _____			City _____ State _____ Zip _____	
Address 56 BROOKS ST			Address _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash <input type="checkbox"/> 5 <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three)	
Insurance Company ARBELLA MUTUAL INSURANCE CO			Event Sequence <input type="checkbox"/> 20 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22			Most Harmful Event <input type="checkbox"/> 20 <input type="checkbox"/> 23			Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <input type="checkbox"/> N			Underride/Override <input type="checkbox"/> 25 Towed <input type="checkbox"/> Y			Diagram: 			10 Undercarriage 11 Totaled	
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 _____			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			5 5 99 1 0 8 2			BI BOSTO	
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants			<input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____			Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20	
Operator _____			Owner _____			Address _____			City _____ State _____ Zip _____	
Address _____			Address _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three)	
Insurance Company _____			Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22			Most Harmful Event <input type="checkbox"/> 23			Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Underride/Override <input type="checkbox"/> 25 Towed _____			Diagram: 			10 Undercarriage 11 Totaled	
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 _____			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			5 5 99 1 0 8 2				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

FOUR POINTS SHERATON
320 WASHINGTON ST.

WASHINGTON ST.

MASS PIKE EXIT RAMP

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:

On Sunday, October 10, 2021, at approximately 1601 hrs, while assigned to N494, I responded to 320 Washington St., the Four Points Sheraton, (rear Centre St. side) for a single motorcycle accident (MV1- MA Reg 2S2136). Upon arrival, the fire and medics were treating the operator of the motorcycle, identified as BASS, Braxton Lee.

BASS stated he came off the Mass Pike Eastbound exit, traveled three lanes to very left lane on the Washington St. rotary (EB), and he hit a pot hole in the road. He stated he then lost control of the motorcycle and was thrown over the handlebars crashing onto the sidewalk. The motorcycle skidded the length of the curb until the stair area of the hotel.

BASS sustained injuries to his left shoulder, hands, left torso, knees, and the left side of his head. He

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
MAZZIE, ZACH,	87 LOWELL AVE WATERTOWN, MA 02472	-----	Y

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

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

was transported by Medic 5 to the BI Boston. The motorcycle sustained minor damage and was towed from the scene by Todys.

I observed a dip in the left lane where BASS and witness on scene stated he initially lost control of the motorcycle. See attached photos.

Witness statement:

MAZZIE, Zach stated he witnessed BASS crash his motorcycle. He stated BASS came off the Mass Pike exit, traveling Eastbound on Washington St., when he proceeded to the left lane, and was thrown from the motorcycle. He stated he saw him hit a bump in the road, at which point he lost control of the bike and crashed, landing on the curb into the fence. He pointed to the area of the bump which I then observed and

(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 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 Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

KAYLA PATRICIA DONAHUE

NEWTON POLICE DEPARTM

10/10/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

