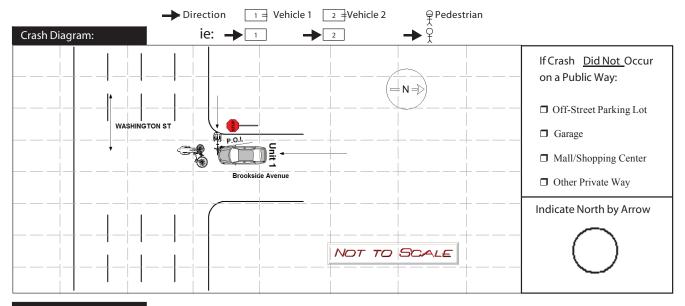
	Poli	ice Use Only		Commonw	ealth (of Mass	ach	usett	S		RMV	/ Docur	ment Number	
	Date of Crash 10/13/2021	Time of Crash 08:50	City/Tow NEWTON	MIOU		nicle Cra	ash	Numbe			ed Limi tude		State Police Local Police MBTA Police	NA NA
	, ,	24HR		P		Report		1	1		gitude_		Other:	
		AT INTER	RSECTION:	<	LOCA	TION	>		NO	T AT	INTI	ERSE	CTION:	2
	sou	TH BROOF	KSIDE AVE											
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	EAST	WASHI	INGTON ST	•		Feet [N S E	W of	— Mile	Marker	· —	or	Exit Number	_
	Route# Direc	etion N	Name of Intersecting Also at Interse			Feet	N S E	W of					- Daniel Cambridge	_
2 1						Feet	N S E	W of	Rout	e#]	Intersec	ting Roa	dway/Street	$\begin{bmatrix} 6^1 \end{bmatrix}$
1	Route# Direc	tion	Name of Intersect	ing Roadway/Street							Lar	ndmark		
3	XVehicle1	#Occupants	Hit/Run	☐ Moped Ca	ase Number		2	10000081	8					
	License#		St MA	DOB/Age	Reg#	44VN32			Reg	vne PAI	N	Reg	State MA	-
	Sex M Lic.	Class D 18 M	Lic. Restrictions	19 _{CDL}		ear 2012							20	-
4	1		BALARAMA	Endorsment REDDY		(Same as ope		_	First			-		- 1
2	Address 22 H	ARRINGTON S	T (apt. 1)	Middle		ESS						Middle		_ 1
	City_NEWTO			e MA Zip 02460									Zip	_
	Insurance Com	npany_PLYMOUT	TH ROCK ASSOC	IATION	Vehic	le Action Prior	to Crash	4	21	Damage	d Area	Code: (0	Circle Up to Thr	ee)
5	Vehicle Travel	Direction:	S E W Respo	nding to Emergency? N	Event	Sequence 4	22 2	22 22	22	2)	3		4	
	Citation # (If I	ssued)			Most	Harmful Event	4 2.	3		•	9		10 Undercarr 5 11 Totaled	riage
6	Violation	1: ChSec	C Violation 2	2: ChSec	Drive	r Contributing C		1 24	24		VŢ			
⁶ 1				l: ChSec	Under	rride/Override	2	Tow	ed N	3	/		6	
	Please 1 Name (Last Fir		ator and all occup	ants involved Address		Age/DOB	Sex	Seat Safet Pos. Syste	28 Airbag Ai Status Sv	29 30 rbag Eject vitch Code	31 Trap Code	32 Injury Tra Status Co	33 insp. ode Medical Facil	1 4
	Operator			See Above				1	4 9	9 0	0	10 1		
⁷ 3	Please Select C of the Followi	\/Ahicle	e# Occupants	Non-Motorist A	Type 2	14 Action 2	15 Loc	cation 2	16 Cor	ndition	17 1	Hi	t/Run Mop	ped
	License#		St	DOB/Age	Reg#				Reg T	уре		Reg		_]
	Sex_M_ Lic.	Class 18 1	Lic. Restrictions	CDL	Veh Y	ear	Ve	eh Make_				Veh Co	nfig. 20	
⁸ 2	Operator HA	Last	JACOB First	Endorsment	Owne	r	ıst		First			Middle		_
	Address 160 R	ANDLETT PAR			Addre	ess								_
	City NEWTO	N	Stat	e MA Zip 02465	City_						_State		Zip	-
	Insurance Com	ipany			Vehic	le Action Prior				Ü	ed Area	Code: (0	Circle Up to Thr	ee)
	Vehicle Travel		S E W Resp	onding to Emergency?		Sequence	22 2		22		\bigcap		10 Undercari	riage
	Citation # (If I	/				Harmful Event		24	24	—	9		5 11 Totaled	
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			ec Violation operator and all	4: ChSec	Under	rride/Override		Towe	28 Airbag Ai	29 30	31 Trap	32 I	33	\dashv
	Name (Last Fi	irst Middle)		Address See Above		Age/DOB	Sex	Pos. Syst	Airbag Ai	rbag Eject witch Cod	le Code	Status C	ode Medical Faci	
	Operator/	Non-Motorist		See Above							-	8 2	NEWTON WELLES	NET HO



Crash Narrative:

On 10/13/21 at 08:50 hours, I responded to Washington Street & Brookside Avenue for a motor vehicle accident involving a bicyclist. The weather at the time was clear and sunny (70 degrees) and the road conditions were dry. The accident location is a t type intersection with Brookside Avenue having a stop sign in order to turn onto Washington Street. Washington Street is a four lane road with a painted divider. There is no crosswalk at the intersection as it appears it was recently paved.

On arrival, the accident scene was already clear as the bicyclist and his bicycle were waiting on the sidewalk. The motor vehicle involved was parked further back on Brookside Avenue away from the intersection.

I spoke to the operator of the motor vehicle identified as Balarama Thavanati. He was operating a 2012

Toyota Camry color white bearing MA reg. # 44VN32. He states that he was operating southbound on Brookside (Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
	32 ELM ST		
BUTERA, CHRISTINE,	NEWTON,MA 02465		N
	3 BROWN ST		
AUSTEN, MARLENE,	WESTON,MA 02493		N

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information:

Truck and Bus Information:	Registration #	(From Vehic	le Section)		25
Carrier Name				_ Carrier Issui	ing Authority Code 35
Address		City		St	Zip
US DOT#:S	tate Number	Issuing State	ICC #:		_ Interstate 36
Cargo Body Type Code Gross	Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

JEREMY L WILSON		25227	NEWTON POLICE DEPARTA		10/13/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

→	Direction 1	Vehicle 1 2	≠Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: 🕕 🛚	2	→	Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	g Lot
					☐ Garage	
					☐ Mall/Shopping C	enter
	- — — — —			+	☐ Other Private Wa	
			+-		Indicate North by A	Arrow
Crash Narrative:						
Avenue and stopped at the	stop sign at Wa	shington Str	eet. He was a	ttemptin	g to make a left turn onto	
Washington Street. He sta	tes that he inc	hed out afte	r because you	can not	see the vehicles approachi	ng you.
Next, a vehicle stopped on	Washington Str	eet to let h	im out and he	thought	it was clear never seeing	the
bicyclist on the right of	him. He says	the bicyclis	t approached h	im very	fast and it appeared that	he never
stopped the bicycle prior	to entering the	street from	the sidewalk.	Once he	attempted to pull out for	the
turn he then made contact	with the bicycl	e on the lef	t side. Thava	nati poi	nted to the approximate lo	cation
where the bicycle came to	rest and it app	ears he was	pushed forward	approxi	mately three feet from the	impact.
I observed black scrape	marks on the ri	ght side of	the front bum	per whic	h appear to be from the bi	cycle
tires.						
(Continued or	n next page)					
Witnesses:						
Name (Last, First, Middle)		Address 10 CAPITAL S	T		Phone #	Statement
TRAVERS, MARTA,		NEWTON,MA				N
Property Damage:		-			<u>'</u>	'
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information: Carrier Name	Registration #			cle Section)	Carrier Issuing Authority Cod	35 de
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:_	Interstate	36
Cargo Body Type Code Gros	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length 39	
Hazmat Information:						
Placard 40 Material 1 digit #	Material Na	ame		Material 4	digit# Release code	42

→	Direction	_1	hicle 1	2 #Vehicle 2	₹ Pedesti	rian		
Crash Diagram:	ie: →[1	→ □	2	→ Ŷ			
							If Crash Did Not Coon a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North by A	g Lot
Crash Narrative:								
At this time, the bicyclis	t, Jacob Harr	ison,	was beir	ng tended t	o by Fallon	Medics	and Jacob's mother	
(Juliet Harrison) was alrea	ady on scene.	Jaco	ob stated	he was f	ine but sinc	e he wa	as not wearing a	
helmet and hit his head on							_	r Fallon
	- che pavement	. 1115 1	mother na	- IIIII CIAII	sported to h	ew con v	meriesiey nospical by	y raiion
Ambulance.								
After, I spoke to Jacob in	the emergence	y roon	n along w	with his pa	rents. He s	ustaine	ed whiplash to his ne	eck and
a scrape to his right inner	r thigh area.	I th	nen asked	d him what	had occurred	during	g the collision. He	states
he was bicycling on the sid	dewalk eastbo	ound or	n Washing	gton Street	. He says h	e stopp	ped at Brookside Aver	nue and
saw the Toyota Camry which	was also sto	pped.	He thou	ight it was	clear to pr	oceed a	as if the vehicle was	s going
to stay stopped. He then p	pedaled into	the st	treet and	d was struc	k by the Cam	ry on t	the left side of his	body.
(Continued or	n next page)							
Witnesses:								
Name (Last, First, Middle)		Add	dress				Phone #	Statement
Property Damage:								
Owner (Last, First, Middle)	Address			Phone #	34-Type	Descripti	ion of Damaged Property	
Truck and Bus Information: Carrier Name	Registration # _			(Fron	n Vehicle Section)		Carrier Issuing Authority Code	e 35
Address				City			St Zip	
								36
37	State Number	38		Issuing State	ICC #:_		Interstate	
Cargo Body Type Code Gros	s Vehicle Weight						20	
Trailer Reg #:	Reg Type	F	Reg State	Reg Ye	ear Tr	ailer Lengt	th 39	
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material	Name			Material 4	digit#	Release code	42
JEREMY L WILSON			25227	7	NEWTON POLICE DEPART	N.	10/13/20	021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

Cash Narrative: If Crash Did Not Occur on a Public Way: Off Street Parking Lot Gange Mail Shopping Center Other Private Way Indicate North by Arrow	_	Direction 1	■ Vehicle 1	2 =Vehicle 2	Pedestrian	
On a Public Way: On a Public Way: Off-Street Parking Lot Gange Other Private Way Indicate North by Arrow Indicate N	Crash Diagram:	ie: 🕕 🛚	→ [2	→ 0	
Crash Narrotive: Gange Mall/Shopping Center Other Private Way Indicate North by Arrow						l
Crosh Narrative: Indicate North by Arrow Indicate North by Arrow			 			☐ Off-Street Parking Lot
Cosh Narrotive: Re fell down and he does not recall what else occurred as the incident happened so fast. The bicycle sustained damage to the front tire rim as it became bent. No other visible damage. At the time, Jacob was wearing black shorts and a white t-shift with a red picture on it. He was not wearing a helmet and was going against the traffic on Washington Street. On scene there were three witnesses who were walking southbound on Brookside Avenue near Washington Street at the time of the crash. There names were Christine Buters, Marlene Austan, and Marta Travers. All three of them stated that the operator of the Toyota Camry was stopped on Brookside Avenue atting to make the left turn. He then pulled out and in a split second the bicycle entered the intersection and was struck. They did not have the vantage point to see if the bicyclist ever stopped first before entering the roadway from (Continued on next page) Witnesses: Name (Last First, Middle) Address Phone # Statement Truckand Bus Information: Carrier Name Carrier				<u> </u>		☐ Garage
Indicate North by Arrow Indicate North Sant Pack b						☐ Mall/Shopping Center
Crash Narrative: He fell down and he does not recall what else occurred as the incident happened so fast. The bicycle sustained damage to the front tire rim as it became bent. No other visible damage. At the time, Jacob was wearing black shorts and a white t-shirt with a red picture on it. He was not wearing a helmet and was going against the traffic on Washington Street. On scene there were three witnesses who were walking southbound on Brookside Avenue near Washington Street at the time of the crash. There names were Christine Butera, Marlene Austen, and Marta Travers. All three of them stated that the operator of the Toyota Camry was stopped on Brookside Avenue waiting to make the left turn. He then pulled out and in a split second the bicycle entered the intersection and was struck. They did not have the vantage point to see if the bicyclist ever stopped first before entering the roadway from (Continued on next page) Witnesses Name (Last First, Middle) Address Phone # 34-Type Description of Damaged Property Truckand Bus Information: Carrier Name Carrier Issuing Authority Code 35 Cargo Bady Type Code 37 Gross Vehicle Weight 38 Truiler Reg # Reg Type Reg State Reg Year Trailer Length 39 Hazzant Information:						☐ Other Private Way
He fell down and he does not recall what else occurred as the incident happened so fast. The bicycle sustained damage to the front tire rim as it became bent. No other visible damage. At the time, Jacob was wearing black shorts and a white t-shirt with a red picture on it. He was not wearing a helmet and was going against the traffic on Washington Street. On some there were three witnesses who were walking southbound on Brookside Avenue near Washington Street at the time of the crash. There names were Christine Butera, Marlene Austen, and Marta Travers. All three of them stated that the operator of the Toyota Camry was stopped on Brookside Avenue waiting to make the left turn. He then pulled out and in a split second the bicycle entered the intersection and was struck. They did not have the vantage point to see if the bicyclist ever stopped first before entering the roadway from (Continued on next page) Witnesses: Name (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus information: Carrier Name Carrier Name Carrier Issuing Authority Code Address City St Zip US DOT#: State Number Issuing State ICC#: Interstate Trailer Length Trailer Length Agg Type Reg State Reg Year Trailer Length Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Agg Trailer Reg #: Trailer Length Agg Type Reg State Reg Year Trailer Length Agg Type Carrier State Trailer Length Carrier Issuing Authority Code Reg Year Trailer Length Agg Type Carrier State Trailer Length Agg Type Carrier State Reg Year Trailer Length Trailer Reg #: Trailer Length Trailer Reg #: Trailer Length Agg Type Carrier State Trailer Length Trailer Reg #: Trailer Length				 		Indicate North by Arrow
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Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information:	37			issuing state_	ICC#	interstate
Hazmat Information:			Reg State	Reg Ves	r Trailer Length	39
Placard 40 Material 1 digit # Material Name Material 4 digit # Release code 42	1	Nog Type	Neg State _	Neg 18a	maner Length	
	40	# 41 Material N	ame		Material 4 digit #	Release code 42

25227

Signature

ID/Badge #

NEWTON POLICE DEPARTM

Department

10/13/2021

Date

Precinct/Barracks

JEREMY L WILSON

Police Officer Name (Please Print)

-	Direction 1 =	Vehicle 1 2	_≠Vehicle 2	₹ Pedestrian		
Crash Diagram:	ie: 🕕 🛚	2		▶ ♀		
Crash Diagram:	ie: 1			▶ ♀	If Crash Did Not on a Public Way: Off-Street Parkin Garage Mall/Shopping Complete Private Was Indicate North by A	eg Lot Center
Crash Narrative:						
the sidewalk.						
Digital photos were taken	of the scene.					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:	T		T			
Owner (Last, First, Middle)	Address		Phone #	34-Type De	scription of Damaged Property	
T 10 (; ;						
Truck and Bus Information:	Registration #		(From Ve	ehicle Section)		35
Carrier Name					Carrier Issuing Authority Co	de
Address			City		St Zip	
US DOT #:	_ State Number		Issuing State	ICC #:	Interstate	36
37		38	-			
					39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer	Length	
Hazmat Information:					_	(2)
Placard 40 Material 1 digit	# 41 Material Nar	me		Material 4 digit	t# Release code	42
JEREMY L WILSON		25227	ATETA	/TON POLICE DEPARTM	10/13/2	2021
Police Officer Name (Please Print)	Signature			epartment	Precinct/Barracks Dat	

CDP1 11 ·24·00