

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 10/13/2021	Time of Crash 08:50 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 1	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 BROOKSIDE AVE											
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street				
At							Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____				
EAST WASHINGTON ST							Mile Marker _____ Exit Number _____				
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 _____				
Also at Intersection with							Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street							Landmark				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000818		
License # --- St MA DOB/Age ---			Reg # 44VN32 Reg Type PAN Reg State MA			Veh Year 2012 Veh Make TOYOTA Veh Config. 1					
Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2012 Veh Make TOYOTA Veh Config. 1			Operator THAVANATI BALARAMA REDDY			Owner (Same as operator)		
Address 22 HARRINGTON ST (apt. 1)			Address _____			City NEWTON State MA Zip 02460			City _____ State _____ Zip _____		
Insurance Company PLYMOUTH ROCK ASSOCIATION			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 4 22 22 22 22			Most Harmful Event 4 23			Driver Contributing Code 1 24 24		
Citation # (If Issued) _____			Underride/Override 25 Towed N			8 7 6			10 Undercarriage 5 11 Totaled		
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										13	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator			See Above			-----			---		
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 2 14										13	
License # --- St --- DOB/Age ---										13	
Sex M Lic. Class 18 18 Lic. Restrictions 1 19 CDL _____										13	
Operator HARRISON JACOB										13	
Address 160 RANDLETT PARK										13	
City NEWTON State MA Zip 02465										13	
Insurance Company _____										13	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____										13	
Citation # (If Issued) _____										13	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										13	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										13	
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator/Non-Motorist			See Above			-----			---		

→ 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:

At this time, the bicyclist, Jacob Harrison, was being tended to by Fallon Medics and Jacob's mother (Juliet Harrison) was already on scene. Jacob stated he was fine but since he was not wearing a helmet and hit his head on the pavement his mother had him transported to Newton Wellesley Hospital by Fallon Ambulance.

After, I spoke to Jacob in the emergency room along with his parents. He sustained whiplash to his neck and a scrape to his right inner thigh area. I then asked him what had occurred during the collision. He states he was bicycling on the sidewalk eastbound on Washington Street. He says he stopped at Brookside Avenue and saw the Toyota Camry which was also stopped. He thought it was clear to proceed as if the vehicle was going to stay stopped. He then pedaled into the street and was struck by the Camry on the left side of his body.

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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

JEREMY L WILSON

25227

NEWTON POLICE DEPART

10/13/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

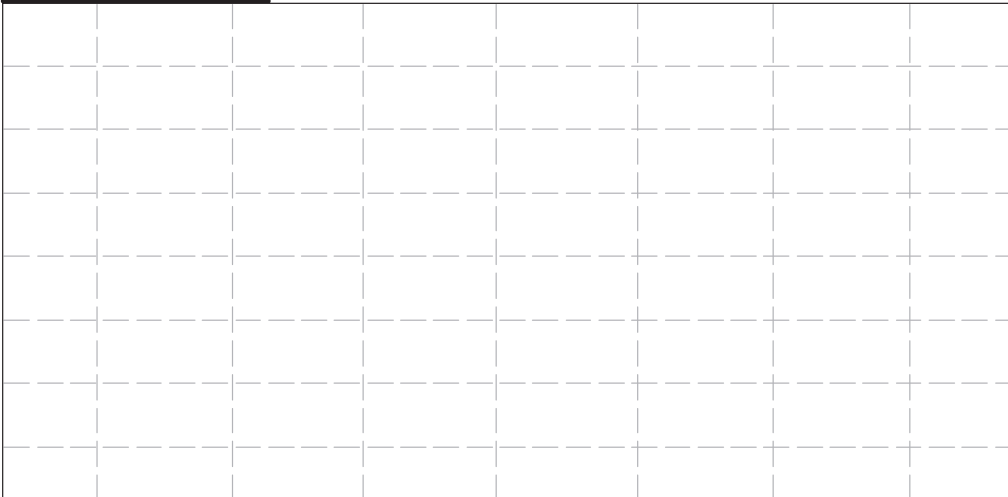
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



If Crash Did Not Occur
on a Public Way:

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Indicate North by Arrow



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. Their 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)

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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

JEREMY L WILSON

25227

NEWTON POLICE DEPT

10/13/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Crash Narrative:

the sidewalk.

Digital photos were taken of the scene.

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

JEREMY L WILSON		25227	NEWTON POLICE DEPTA		10/13/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11-24-00					