

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 10/21/2021	Time of Crash 15:24 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 1	Speed Limit 30 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:			
Route# Direction Name of Roadway/Street At			WEST 1479 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Feet N S E W of _____ Landmark _____							
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 2100000850	
License # --- St RI DOB/Age ---			Reg # FN193 Reg Type PAN Reg State RI			Veh Year 2007 Veh Make SAAB Veh Config. 1 20				
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2007 Veh Make SAAB Veh Config. 1 20			Owner (Same as operator)				
Operator HANUMARA NEVAN C			Address _____			City _____ State _____ Zip _____				
Address 92 SPRING HILL RD			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
City KINGSTON State RI Zip 02881			Event Sequence 4 22 22 22 22			Most Harmful Event 4 23				
Insurance Company AMICA MUTUAL INS CO			Driver Contributing Code 3 24 19 24			Underride/Override 25 Towed N				
Vehicle Travel Direction: N S E W Responding to Emergency? N			Citation # (If Issued) 169985AB			Violation 1: Ch 89/9 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			1 4 99 0 0 10 1				
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 2 14			Action 1 15 Location 3 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				
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year Veh Make Veh Config. 20			Owner				
Operator THAKOORDEEN RAJMATTIE			Address _____			City _____ State _____ Zip _____				
Address 2 MORGAN PLACE			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
City NEWTON State MA Zip 02458			Event Sequence 22 22 22 22			Most Harmful Event 23				
Insurance Company			Driver Contributing Code 24 24			Underride/Override 25 Towed				
Vehicle Travel Direction: N S E 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			8 1				

→ 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:

bicycle. She says that she pushed for the crosswalk signal to activate and once it did she began riding her bicycle when she was suddenly struck by a silver Saab 93. She made it out in to the crosswalk approximately four feet when she was struck by the Saab which was travelling westbound in the right lane of Washington Street. She says that she was struck on the left side of her leg area. She complained of her left leg being sore near her knee area but signed a patient refusal with Fallon Ambulance declining transport. At the time, she was riding a Rad Power Bike Roadrunner 1 Plus that is silver and black in color. It is a Class 2 electric bicycle (750W) that can go up to 20 m.p.h. The only damage it sustained was scrapes to the outside left pedal. Ms. Thakoordeen was wearing black/gray/white pants, yellow reflective jacket, and a black bicycle helmet at the time.

(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

JEREMY L WILSON

25227

NEWTON POLICE DEPART

10/21/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

