

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/01/2021	Time of Crash 18:20 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 1	Speed Limit 25 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:			
EAST BEACON ST Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
SOUTH UNION ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 210000887						
License # --- St MA DOB/Age ---		Reg # 2ZVE39		Reg Type PAN		Reg State MA				
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____		Veh Year 2019		Veh Make CHEV		Veh Config. 2 20				
Operator HYNDS SUSAN S		Owner HYNDS EDWARD								
Address 390 PARKER ST		Address 390 PARKER STREET								
City NEWTON State MA Zip 02459		City NEWTON		State MA		Zip 02459				
Insurance Company HANOVER		Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N X E W Responding to Emergency? N		Event Sequence 4 22 22 22 22		2 3 4		10 Undercarriage				
Citation # (If Issued) T2016744		Most Harmful Event 4 23		1 9		5 11 Totaled				
Violation 1: Ch 90/148 Sec _____ Violation 2: Ch _____ Sec _____		Driver Contributing Code 6 24 3 24		8 7 6						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Underride/Override 25 Towed N								
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		-----		---		1 4 99 0 0 10 1		
HYNDS, SEAN		390 PARKER ST NEWTON, MA 02459		-----		M 3 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 2 15 Location 4 16 Condition 1 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # --- St --- DOB/Age ---		Reg # ---		Reg Type ---		Reg State ---				
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL _____		Veh Year ---		Veh Make ---		Veh Config. 20				
Operator DOUGLASS WINTER ALEXANDRA		Owner ---								
Address 236 CEDAR ST (apt. 3)		Address ---								
City SOMERVILLE State MA Zip 02145		City ---		State ---		Zip ---				
Insurance Company ---		Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S E W Responding to Emergency? ---		Event Sequence 22 22 22 22		2 3 4		10 Undercarriage				
Citation # (If Issued) ---		Most Harmful Event 23		1 9		5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Driver Contributing Code 24 24		8 7 6						
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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		-----		---		7 2 NWH		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

BEACON ST

UNION ST

Unit 1

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:

Bicyclist Winter Douglass stated that they were riding their bike east bound in the bike lane on Beacon St near Union St on 11/01/2021 at 18:20 hours. Douglass stated that an SUV (MA reg 2ZVE39 2019 Chevrolet Tahoe) that had taken a prohibited left turn from Union St onto Beacon St was blocking the bike lane. Douglass stated that they attempted to pass the SUV on the right but could not. Douglass stated that they crashed into the rear driver's side of the SUV. Douglass was wearing a helmet at the time of the crash. Douglass's bike was equipped with lights on the front and back. Douglass was transported to Newton Wellesley Hospital via EMS for a left shoulder injury. Susan Hynds the operator of the SUV stated that they turned left from Union St on to Beacon St and were stopped in traffic when the crash occurred. Hynds stated that they did not see the posted sign prohibiting left turns from Union St onto Beacon St. Hynds stated that she and her

(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

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

MICHAEL A MCSWEENEY NEWTON POLICE DEPT 11/01/2021

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

