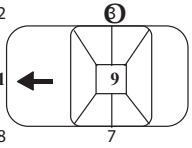
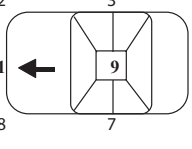


## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 12/01/2021	Time of Crash 14:13 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	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:				
<b>EAST CABOT ST</b>											
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____				Mile Marker Exit Number				
<b>SOUTH WALNUT ST</b>											
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____				Route# Intersecting Roadway/Street				
Also at Intersection with											
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 2100001004		
License # --- St MA DOB/Age ---			Reg # 8927AJ Reg Type PAN Reg State MA								
Sex F Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year 2010 Veh Make HOND Veh Config. <input type="checkbox"/> 2 <input type="checkbox"/> 20								
Operator FERREIRA JEAN			Owner (Same as operator)								
Address 196 BEETHOVEN AVE			Address _____								
City WABAN State MA Zip 02468			City _____ State _____ Zip _____								
Insurance Company GEICO			Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence <input type="checkbox"/> 4 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22						10 Undercarriage 11 Totaled		
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 4 <input type="checkbox"/> 23								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 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 4 0 0 10 1					
Please Select One of the Following:			<input type="checkbox"/> Vehicle # Occupants			<input type="checkbox"/> Non-Motorist A Type			<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"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year --- Veh Make --- Veh Config. <input type="checkbox"/> 20								
Operator ---			Owner ---								
Address _____			Address _____								
City --- State --- Zip ---			City --- State --- Zip ---								
Insurance Company ---			Vehicle Action Prior to Crash <input type="checkbox"/> 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? ---			Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22						10 Undercarriage 11 Totaled		
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 23								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed ---								
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			1 4 4 0 0 10 1					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Cabot St

Walnut St

Unit 1

Unit 2

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**Crash Narrative:**

On 12/01/2021 while assigned to unit 524 I responded to the area of Walnut St and Cabot St for a report of a bicyclist that had possibly been struck by a vehicle. The incident was reported by two passerbys that stated they saw a young white male on a blue bike wearing black pants, red shoes and a black helmet get struck by a gray Honda CRV. Units checked the area and could not find the bicyclist or the vehicle.

Shortly after clearing the initial call the operator of the vehicle called to report the accident. I spoke to Jean Ferreira who stated she was traveling southbound on Walnut St and noticed a young male about 13 yoa riding a bicycle along side her on her right side. As they approached the intersection of Cabot St Ferreira felt a thud along her passenger side. She looked in her rearview and saw the male down on the ground. She immediately stopped and exited her vehicle to check on him. As she approached the male party he apologized

(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 ANTHONY IAROSSI

NEWTON POLICE DEPART

12/01/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

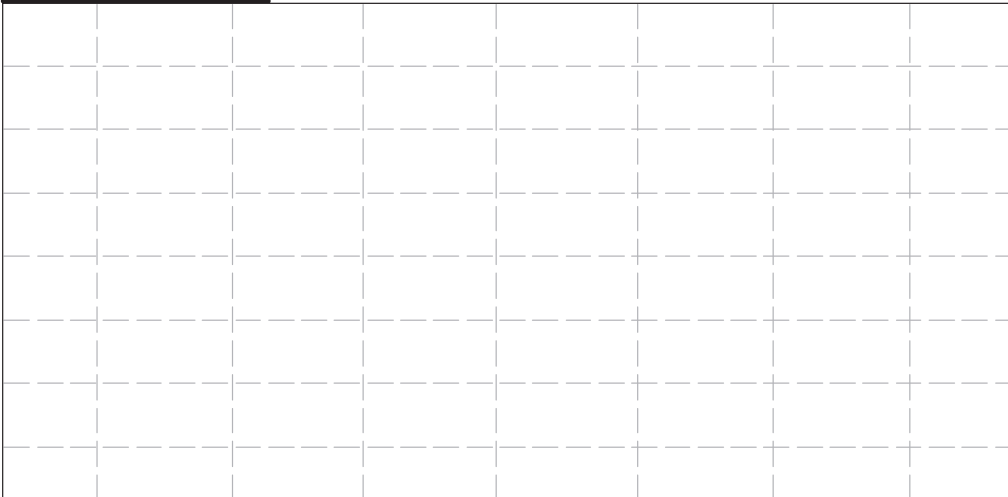
Precinct/Barracks

Date

→ 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:**

for hitting her car and said it was his fault. Ferreira did everything she could to help the male but he kept saying he was uninjured and he was sorry and that he only lived down the road (pointing down Cabot St). Ferreira offered to call the males parents or the police and medics but he refused and got back on his bike and left down Cabot St. ☐ I advised Ferreira that we had received a call on the incident but was unable to find the bicyclist. I told her I would document the incident for now with a report and if any one reaches out to us we will add to the report.

**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 ANTHONY IAROSSI

NEWTON POLICE DEPART

12/01/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date