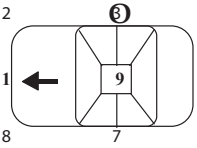
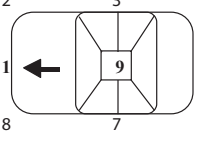


## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 04/10/2022	Time of Crash 08:06 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				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: _____	
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 70 WELLS AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000296		
License # _____ St MA DOB/Age _____			Reg # 37DE26			Reg Type PAN			Reg State MA		
Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2013			Veh Make TOYOTA			Veh Config. <u>2</u> <u>20</u>		
Operator HUBERMAN ALAN Last First Middle			Owner (Same as operator)								
Address 51 RICHDALE RD			Address _____								
City NEEDHAM State MA Zip 02494			City _____ State _____ Zip _____								
Insurance Company NORFOLK & DEDHAM MUTUAL FIRE INSURANCE			Vehicle Action Prior to Crash <u>3</u> <u>21</u>			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? <u>N</u>			Event Sequence <u>4</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>								
Citation # (If Issued) _____			Most Harmful Event <u>4</u> <u>23</u>								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>								
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			-----			99 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 <u>2</u> <u>14</u>			Action <u>97</u> <u>15</u>			Location <u>4</u> <u>16</u>		
						Condition <u>1</u> <u>17</u>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # _____ St _____ DOB/Age _____			Reg # _____			Reg Type _____			Reg State _____		
Sex M Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Veh Year _____			Veh Make _____			Veh Config. <u>20</u>		
Operator WOOTEN THOMAS Last First Middle			Owner _____								
Address 517 QUINCY MAIL CENTER			Address _____								
City CAMBRIDGE State MA Zip 02138			City _____ State _____ Zip _____								
Insurance Company _____			Vehicle Action Prior to Crash <u>21</u>			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 <u>22</u> <u>22</u> <u>22</u> <u>22</u>								
Citation # (If Issued) _____			Most Harmful Event <u>23</u>								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>24</u> <u>24</u>								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed _____								
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:

70 Wells Ave

Unit 1

P.O.I.

Unit 1

NOT TO SCALE

← N =

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:

OP1 of MV 1 was traveling n/b on Wells ave when he was taking a right into 70 Wells ave. The Street was made a one way due to the bike race detail going on. OP1 had to cross over a set of cones to take a right into the parking lot and did not see the bicycle traveling. The bicycle his the passenger side of MV1. Minor damage to MV1. OP1 was not injured.

Bicycle operator was traveling around Wells ave N/B when he saw the vehicle turn right, he was unable to stop in time and hit the side of MV1. Bicycle operator had a slight injury to his hand but refused medical treatment.

At this time no citations issued at this time.

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

ROBERT A MARCH

Newton Police Department

04/10/2022

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

CDP1 11 24:00