

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 05/01/2022		Time of Crash 13:09 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	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:						9		
EAST BEACON ST												2		
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10		
At				Feet N S E W of _____ or _____										
SOUTH CENTRE ST														
Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number										
Also at Intersection with				Feet N S E W of _____								11		
Route# Direction Name of Intersecting Roadway/Street				Route# Intersecting Roadway/Street								2		
				Landmark										
<input checked="" type="checkbox"/> Vehicle 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000358						
License # --- St MA DOB/Age ---				Reg # 8716TG Reg Type PAN Reg State MA										
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2012 Veh Make INFINITY Veh Config. 1 20										
Operator KAUFMAN LYDIA				Owner (Same as operator)									12	
Address 1731 BEACON ST				Address										
City BROOKLINE State MA Zip 02445				City State Zip										
Insurance Company THE STANDARD FIRE INSURANCE COMPANY				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 4 22 22 22 22				2 3 4						
Citation # (If Issued) _____				Most Harmful Event 4 23				10 Undercarriage						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 18 24 24				5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6						
Please fill out for operator and all occupants involved													13	
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					4	
Operator See Above				1 4 4 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 M Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year Veh Make Veh Config. 20										
Operator TSU CHRISTOPHER				Owner										
Address 40 CLOVERDALE RD				Address										
City NEWTON State MA Zip 02461				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						
Citation # (If Issued) _____				Most Harmful Event 23				10 Undercarriage						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24				5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed _____				8 7 6						
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				10 1										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Centre Street

Beacon Street

Recumbent Trike

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:

Operator of MV1 states she was traveling eastbound on Beacon Street approaching the intersection of Centre Street when she came to a stop at the red traffic light. Operator of MV1 states when the traffic light turned green she accelerated and struck a male party on a recumbent trike with the front bumper of MV1. Operator of MV1 states her visibility was obstructed from the hood of her vehicle because the recumbent trike is very low to the ground. It should be noted the trike had a flag attached to it, which the operator of MV1 stated she didn't see until after the accident happened. MV1 sustained minor damage to front bumpers license plate. No injuries.

The bicyclist, Christopher Tsu, states he was traveling eastbound on Beacon Street on his recumbent trike when he came to a stop at the red traffic light at Centre Street. Mr. Tsu states when the traffic light

(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

TIMOTHY F KEEFE **NEWTON POLICE DEPARTMENT** **05/01/2022**

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

CDP1 11 -24-00

