

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 05/31/2022	Time of Crash 17:44 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:							
BEACON ST												
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street									
At			Feet N S E W of _____ • _____ or _____									
GARLAND RD			Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____					Route# Intersecting Roadway/Street				
Also at Intersection with			Feet N S E W of _____									
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 22000472					
License # --- St MA DOB/Age ---			Reg # 93N560		Reg Type PAN		Reg State MA					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2010		Veh Make NISSAN		Veh Config. 1 20					
Operator SEIDU JOAN-ANTOINETTE ADIJA			Owner (Same as operator)									
Address 100 TREMONT STREET (apt. 19)			Address _____									
City BRIGHTON State MA Zip 02135			City _____ State _____ Zip _____									
Insurance Company LIBERTY MUTUAL INSURANCE			Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 4 22 22 22 22		2 3 4		10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event 4 23		1 2 3 4 5 6 7 8 9 10 11		11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24									
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			-----		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 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 BECK CLAIRE-SOLENE			Owner _____									
Address 1870 BEACON STREET			Address _____									
City BROOKLINE State MA Zip 02445			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 2 3 4 5 6 7 8 9 10 11		11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 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			-----		8 2		NEWTON-WELLESLEY					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

BEACON STREET

GARLAND ROAD

AREA OF IMPACT

V1

CYCLIST

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:

On Tuesday May 31, 2022 at approx. 1744 hours Sgt. P. Wade, Officer R. Cheu and I responded to Beacon Street at Garland Road for a report of a motor vehicle crash involving a cyclist.

Upon arrival I observed the crash occurred during the evening hours, Beacon Street and Garland Road are both public ways in the City of Newton, which are also maintained by the City. The roadway appeared to have no defects on it. Traffic volume on Beacon Street was heavy congested in east/west directions.

I observed the cyclist later identified as Clair-Solene Beck d.o.b. 4-13-99 of 1870 Beacon Street Brookline MA sitting on the curb on Garland Road with an apparent left shoulder injury. Medics arrived on scene and rendered aid to the cyclist.

I observed MA registration 93N560 a white Nissan Altima registered to the operator Joan- Antoinette - Adiija

(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

ROCCO D MARINI 13963 NEWTON POLICE DEPART 05/31/2022

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

CDP1 11 -24-00

→ 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:

-Seidu d.o.b. 9-11-93 100 Tremont Street # 19 Brighton MA 02135 that had some damage to the right rear passenger door.

The cyclist, Ms. Beck stated she was traveling west on Beacon Street, wearing her helmet on her Trek cycle, color blue, on the right side of traffic, approaching Garland Road. She stated while traveling west, vehicle one traveled north onto Garland Road and she had little reaction time to stop. She applied the brakes and had contact with vehicle one on the rear right side passenger door. She stated her vision was obstructed of the intersection of Garland Road due to the size of the vehicles in the heavy traffic volume.

The operator of V1 Ms. Seidu stated she was traveling east on Beacon Street stopped at the intersection of Garland Road, applied her left turn signal. She stated a vehicle stopped on the westbound travel lane of

(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

ROCCO D MARINI

13963

NEWTON POLICE DEPART

05/31/2022

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:

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- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

Beacon Street just prior to the intersection of Garland Road and motioned her hand for her to make her turn. Ms. Seidu stated she accelerated forward turned left (north) onto Garland Road when she felt an impact on her right rear passenger door. She stated she immediately stopped observed the cyclist and rendered aid. Ms. Beck was transported by Medics to Newton-Wellesley Hospital for a left shoulder injury at this time and Medics also placed the cycle in their ambulance with the cyclist. I took pictures of the crash site area that will be down loaded at the I.T. Bureau. All parties advised of the process and we cleared the scene.

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

ROCCO D MARINI

13963

NEWTON POLICE DEPART

05/31/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date