

# Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 05/27/2010	Time of Crash 16:14:00 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 1	Speed Limit <u>35</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Other: NEWTON POLICE <input type="checkbox"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
<b>EAST BEACON ST</b> Route# _____ Direction _____ Name of Roadway/Street _____ At _____ <b>NORTH GRANT AVE</b> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ 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 _____	

<input checked="" type="checkbox"/> Vehicle 1 <u>2</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # <u>S13302456</u> St <u>MA</u> DOB/Age <u>11/24/1959</u>	Reg # <u>12MN87</u> Reg Type <u>PAN</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Endorsment _____	Veh Year <u>2008</u> Veh Make <u>TOYOTA</u> Veh Config. <u>2</u> <u>20</u>
Operator <u>LYONS TERRENCE</u> Last First Middle	Owner <u>(Same as operator)</u> Last First Middle
Address <u>31 GRANT AVE</u>	Address _____
City <u>NEWTON</u> State <u>MA</u> Zip <u>02459</u>	City _____ State _____ Zip _____
Insurance Company <u>COMMERCE</u>	Vehicle Action Prior to Crash <u>4</u> <u>21</u> Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>	Event Sequence <u>4</u> <u>22</u> <u>4</u> <u>22</u> <u>4</u> <u>22</u> <u>4</u> <u>22</u> <u>2</u>
Citation # (If Issued) <u>M9705097</u>	Most Harmful Event <u>4</u> <u>23</u>
Violation 1: Ch <u>90/14B</u> Sec _____ Violation 2: Ch _____ Sec _____	Driver Contributing Code <u>18</u> <u>24</u> <u>4</u> <u>24</u>
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Underride/Override <u>1</u> <u>25</u> Towed <u>N</u>

Please fill out for operator and all occupants involved		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	98	0	0	5	1	
LYONS, VICTORIA	31 GRANT AVE NEWTON, MA 02459	08/10/1997	F	4	1	5		0	0	5	1	

Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants	<input checked="" type="checkbox"/> Non-Motorist A Type <u>14</u>	Action <u>2</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
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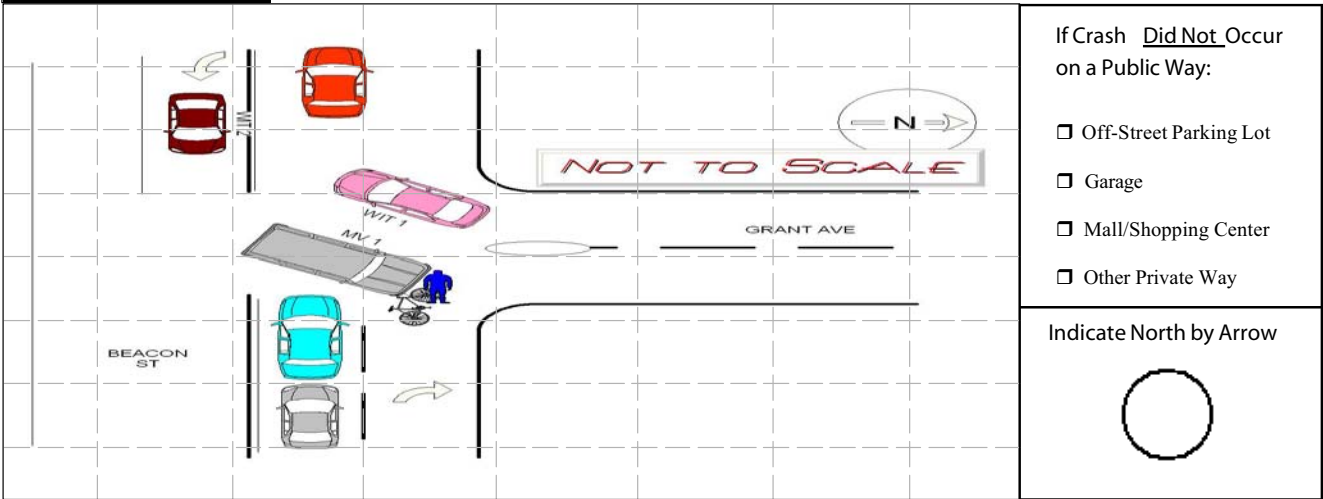
License # _____ St _____ DOB/Age <u>10/02/1949</u>	Reg # _____ Reg Type _____ Reg State _____
Sex <u>M</u> Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Endorsment _____	Veh Year _____ Veh Make _____ Veh Config. <u>20</u>
Operator <u>CLAYTON-MATTHEW ALAN</u> Last First Middle	Owner _____ Last First Middle
Address <u>105 CONCORD ST</u>	Address _____
City <u>NEEDHAM</u> State <u>MA</u> Zip <u>02494</u>	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> <u>2</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		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	-----	---	---	6					3	2	NEWTON WELLESLEY H

→ Direction  1 Vehicle 1  2 Vehicle 2  Pedestrian

ie: →  1 →  2 →

**Crash Diagram:**



**Crash Narrative:**

ON 05-27-10 AT APPROX 14:16 HRS I RESPONDED TO A REPORTED CAR/BIKE CRASH AT THE INTERSECTION OF BEACON ST AND GRANT AVE. UPON ARRIVAL I SPOKE TO THE CYCLIST. HE STATED HE WAS RIDING WEST ON BEACON ST APPROACHING GRANT AVE WHEN ALL OF A SUDDEN HE OBSERVED A CAR TURNING LEFT INTO HIS PATH. HE IMMEDIATELY APPLIED HIS BRAKES AND AS HE STOPPED HE WENT OVER THE HANDLE BARS AND HIT THE CAR. A WITNESS, JEFFREY BERMAN, STATED THE CAR TURNING LEFT HAD BEEN AT A FULL STOP AND STARTED TO MAKE HIS LEFT TURN AND PROBABLY COULD NOT SEE THE BIKE COMING. THE CAR STOPPED AND THE CYCLIST FELL INTO THE CAR. A SECOND WITNESS, JEFFREY KAPLAN, HAD BEEN BEHIND THE TURNING VEHICLE. HE STATED THA THERE WAS A BREAK IN THE TRAFFIC AND THEY STARTED TO MOVE UP WHEN THE CYCLIST APPEARED AND HE SAW GO UP IN THE AIR AND THE LOST SIGHT OF HIM. THE CAR IN FTRONT OF HIM WAS NOW AT A FULL STOP. THE OPERATOR OF THE TURNING CAR (M/V 1), STATED HE WAS STOPPED ON BEACON ST WAITING

(Continued on next page)

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
BERMAN, JEFFREY, H	116 PLYMOUTH RD. NEWTON, MA 02461		N
KAPLAN, JEFFREY,	48 LORNA RD NEWTON, MA 02459	857-636-8011	N

**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

CHARLES EDREHI

NEWTON POLICE DEPARTA

05/27/2010

Police Officer Name (Please Print)



Signature

ID/Badge #

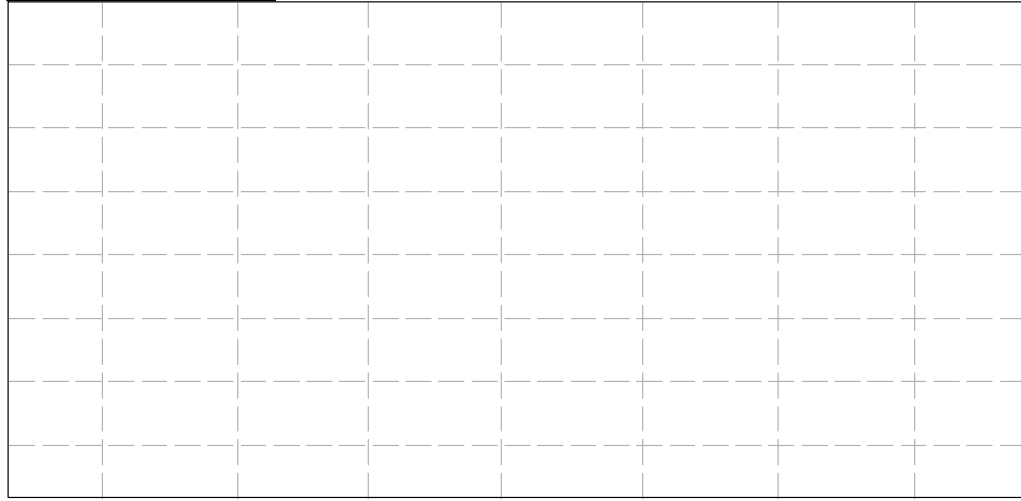
Department

Precinct/Barracks

Date

→ 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

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Indicate North by Arrow



**Crash Narrative:**

TO MAKE A LEFT TURN. WESTBOUND TRAFFIC STOPPED DUE TO BACKED UP TRAFFIC. HE THEN STARTED TO MAKE A LEFT TURN WHEN THE CYCLIST SUDDENLY APPEARED. HE HIT HIS BRAKES AND CAME TO A STOP AS THE CYCLIST WENT OVER HIS BIKE AND FELL INTO THE FRONT OF THE CAR. THE CYCLIST WAS TRANSPORTED TO NWH AND HIS BIKE WAS DROPPED OFF AT THE AMBULANCE STATION ON WILLOW ST. PER THE OWNERS REQUEST. CIT # M 9705096 WAS ISSUED TO THE OP OF M/V #1 FOR C.O. 19-75 FAILING TO USE CARE TURNING.

**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