Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit / Latitude / Longitude	
11/15/2017	18:26 24HR	WALTHAM	1	1	30	State Police ☐ Local Police ☒ MBTA Police ☐ Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 / 4 — Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

2 / 1 — Route# | Direction | Name of Intersecting Roadway/Street

9 / 2 — Route# WEST | Direction | Address # 821 | Name of Roadway/Street MAIN ST

10 / 2 — _____ Feet [N S E W] of ___ ___ ___ • ___ Mile Marker or _____ Exit Number

_____ Feet [N S E W] of

11 / 3 — Route# | Intersecting Roadway/Street

_____ Feet [N S E W] of

Landmark

3 — ☒ Vehicle 1 — 1 # Occupants | ☐ Hit/Run | ☐ Moped | Case Number 1700001259

4 / 1 — Operator: REGISTER (Last) FREDERICK (First) (Middle)

License # --- St MA DOB/Age -- -- ----

Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment

Address: 48 ELSON RD (apt. 1ST)

City WALTHAM State MA Zip 02451

Insurance Company: LIBERTY MUTUAL

5 — Vehicle Travel Direction: [N S ☒ W] Responding to Emergency?____

Citation # (If Issued) T0158967

Violation 1: Ch A7 Sec 22 Violation 2: Ch_____ Sec_____

6 / 1 — Violation 3: Ch_____ Sec_____ Violation 4: Ch_____ Sec_____

Reg # 84FW18 Reg Type PAN Reg State MA

Veh Year 2004 Veh Make VOLKSWAGON Veh Config. 1 20

12 / 1 — Owner: (Same as operator) (Last) (First) (Middle)

Address _____

City _____ State_____ Zip _____

Vehicle Action Prior to Crash 4 21

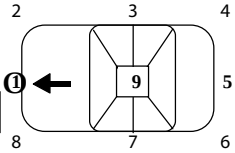
Event Sequence 4 22 | 22 | 22 | 22

Most Harmful Event 4 23

Driver Contributing Code 4 24 | 24

Underride/Override 25 Towed ____

Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

13 / 4 — 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	5		

7 / 1 — Please Select One of the Following: ☐ Vehicle ___# Occupants | ☒ Non-Motorist A Type 2 14 Action 2 15 Location 4 16 Condition 1 17 | ☐ Hit/Run | ☐ Moped

8 / 1 — Operator: SLEITH (Last) CHARLES (First) (Middle)

License # _____ St _____ DOB/Age -- -- -----

Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment

Address: 45 STERLING RD

City WALTHAM State MA Zip 02451

Insurance Company: _____

Vehicle Travel Direction: [N S E W] Responding to Emergency?____

Citation # (If Issued)_____

Violation 1: Ch_____ Sec_____ Violation 2: Ch_____ Sec_____

Violation 3: Ch_____ Sec_____ Violation 4: Ch_____ Sec_____

Reg # _____ Reg Type_____ Reg State_____

Veh Year_____ Veh Make_____ Veh Config. 20

Owner _____ (Last) (First) (Middle)

Address _____

City _____ State_____ Zip _____

Vehicle Action Prior to Crash 21

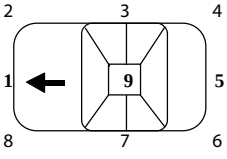
Event Sequence 22 | 22 | 22 | 22

Most Harmful Event 23

Driver Contributing Code 24 | 24

Underride/Override 25 Towed ____

Damaged Area Code: (Circle Up to Three)



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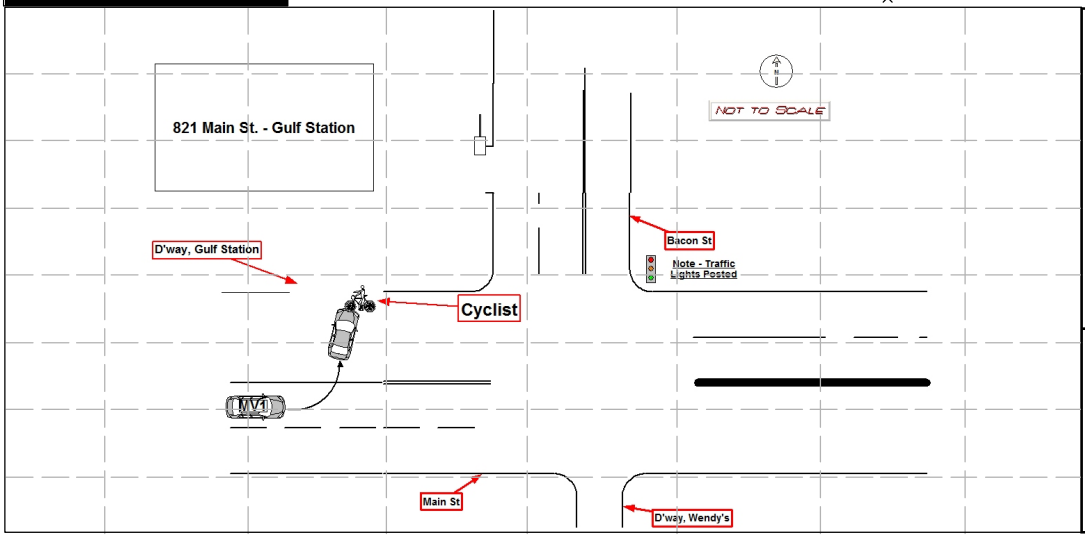
Please fill out for operator and all occupants involved

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	- - - - - - - -	- - -	- - -						4	1	

Crash Diagram:

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

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:

MV1 was travelling East on Main St. in the area of 821 Main St., Gulf Gas Station. The bicyclist was travelling West on Main St. also in the area of 821 Main St. MV1 turned left and attempted to enter the gas station via its Main St. driveway. The operator of MV1 didn't see the bicyclist who was passing the driveway in the Westbound lane. MV1 crashed into the bicyclist. The bicyclist had minor injuries but refused medical attention.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
SLEITH, CHARLES,	45 STERLING RD WALTHAM,MASSACHUSETTS	774 437 1354	97	TREX CROSSRIP BICYCLE

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]

DOUGLAS E BIBBO	7457	WALTHAM POLICE DEPT	11/15/2017
Police Officer Name (Please Print)	ID/Badge #	Department	Date

Signature

CDP1 11 ·24·00