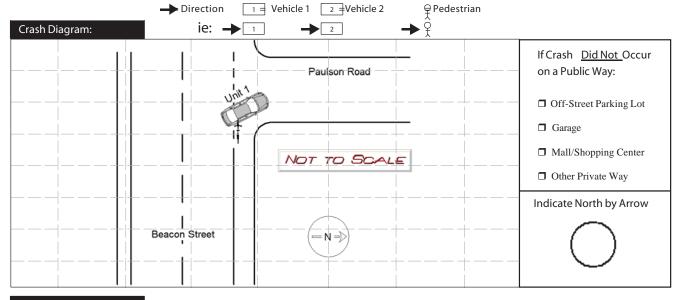
	Poli	ice Use Only		Commonw	vealth	of Mas	ssach	iuse	tts			RMV	/ Docu	ment Num	ber	
	Date of Crash 07/15/2019	Time of Crash	City/Tov NEWTON	Mot	or Vel	nicle C	rash		nber	Number		d Limit		State Pol Local Po MBTA P	ice 🔲	
	07/15/2019	08:46 24HR	NEWTON	]	Police	Repor	t	1	icics	1		itude		MBTA P Other:	olice	
		AT INTER	SECTION:	<	LOCA	TION	>			NOT	AT 1	INTE	ERSE	CTION:		2
	WES	Г ВЕАСО	N STREET													2
<b>1</b>	Route# Direc	tion	Name of l	Roadway/Street		Route# Dir	ection	Address	#		Nan	ne of R	oadway	/Street		2 10
	At NORTH PAULSON ROAD					Feet NSEW of or										
	Route# Direc		Vame of Intersecting	Roadway/Street						Mile M				Exit Num	iber	
			Also at Inters	ection with		Fee	et NS	E W o	f .	Route#	Ir	ntersect	ting Roa	idway/Street		
<b>1</b>						Fee	et N S	E W o	f							3 11
	Route# Direc	tion	Name of Intersec	ing Roadway/Street								Lan	ıdmark			
3	XVehicle1	1_#Occupants	X Hit/Run	☐ Moped (	Case Numbe	r		190000	0725							
	License#		St MA	DOB/Age	Reg #	7BS322				Reg Ty	e PAN	1	Reg	State_MA		
	Sex_F_ Lic.	18 1		19	_	Year_2010		Jeh Mal					Veh Co		20	
4	Operator GIO		LINDSEY	M Endorsment						First		R	, von ee	лия. <u> </u>		<b>1</b> 12
1		Last B SOUTH STRE	First ET	Middle		ess 929 PLEA	Last SANT S'	TREET		First			Middle	e		
	City BARRE			e_MA Zip_01005		PAXTON						State	MA	Zip_01612		
	1	pany ARBELLA				cle Action Pri	or to Cras	sh	21					Circle Up to	Three)	
5	1	Direction: X		onding to Emergency?_		221 221 221 22										
		ssued) T1269841				Harmful Eve	ent 4	23				Ţ	ΑÌ		ercarriage	
	· ·			2: ChSec		er Contributin	_	19 24	4	24	←	9		5 11 Tota	iled	
<sup>6</sup> <b>1</b>	1			4: ChSec		rride/Override		25	Γowed	N 8		7		6		
	Please	fill out for opera	ator and all occup	ants involved						28 29 irbag Airba	30 g Eject	31 Trap	32 Injury Tr	33 ransp.		13
	Name (Last Fir	st Middle)		Address See Above	Address Age/DOB Sex 10s. Bysicin Status Switch Code C						Code	\$tatus   C   10   1	ode Medica	l Facility	4	
							+		,	. 33						
							+						$\vdash$			
							$\perp$									]
3	Please Select C of the Followi	Vehicle	Cocupants	X Non-Motorist A	Type 2	Action ,	15 Lo	ocation	2	Condi	tion 1	17	Пн	it/Run	Moped	
																1
	License#	18 1		DOB/Age 19		‡									20	
Q	Sex_M Lic. Operator ME	-	Lic. Restrictions  ALEXANDER	CDL Endorsment		Year	\	∕eh Ma⊦	ке				Veh Co	onfig.		
<sup>8</sup> <b>2</b>	I	Last VERSIDE STRE	First	Middle		er	Last			First			Middle	e		
	City WATER			e MA Zip 02472		ess						G		7.		
	'			•		-1- A -4: D-:		. [	21	] D	amaged			Zip Circle Up to	Three)	
	Insurance Com					cle Action Pri	or to Cras			<b>22</b> 2	umugeu	3	(	4	, 111100)	
	Vehicle Travel		S E W Resp	onding to Emergency?_		Harmful Evo		23				$\prod$	/		ercarriage	
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code      Sec Violation 2: ChSec Sec S								5 11 Tota	iled						
				4: ChSec occupants involved	_ Unde	rride/Overrid	=		owed_	28 29 irbag Airba	30	31 Trap	32	33		
	Name (Last Fi	rst Middle)		Address		Age/DO		Seat S Pos.	System	irbag Airba Status Swit	g Eject ch Code	Trap : Code	Status C		al Facility	
	Operator/	Non-Motorist		See Above					_				8 1	N/A		
							$\perp$									



## Crash Narrative:

On Monday, July 15, 2019, while assigned to Traffic unit N525, I responded to the area of Beacon Street and Paulson Road, Newton, for a report of a hit and run motor vehicle accident involving a bicyclist. The weather at the time of the accident was clear and sunny. The road surface was dry. Beacon Street and Paulson Road are both public ways maintained by the City of Newton.

I spoke with the injured bicyclist in front of 165 Paulson Road, Alexander Mendonez. Mendonez stated he was traveling Westbound on Beacon Street on his bicycle near Paulson Road. Mendonez stated he observed a late model gray sedan "inch to a stop" on Beacon Street (W) at Paulson Road. Mendonez stated he did not remember if the vehicle had it's right directional on at the time. Mendonez stated as he was traveling through the intersection with the vehicle on his left, the vehicle took a right turn onto Paulson in front of

(Continued on next page)

Witnesses:						
Name (Last, First, Middle)	Address			Phone #		Statement
O'HEARNE, MARK,		OHAVEN ROAD N,MA 02468				N
Property Damage:						
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damag	ed Property	
Truck and Bus Information:  Carrier Name	Registration #	(From Vehi	icle Section)	Carrier Issui	ng Authority Cod	35 e
Address		City		St	_ Zip	
US DOT #:		Issuing State	ICC #:_		_ Interstate	36
	ss Vehicle Weight 38			39		
Trailer Reg #:	Reg Type Reg Stat	e Reg Year	Tr	ailer Length		
Hazmat Information:						
Placard 40 Material 1 digit s	# 41 Material Name		Material 4	digit #	Release code	42

-	→ Direction 1	Vehicle 1	2 =Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →□	<b>→</b>	2	<b>▶</b> ♀			
		 	 	<u> </u> 		f Crash <u>Did Not</u> O on a Public Way:	Occur
						Off-Street Parking	g Lot
						<b>□</b> Garage	
						Mall/Shopping Co	enter
			<del></del>			Other Private Way	,
			<del> </del>		In	dicate North by A	rrow
						$\bigcirc$	
Crash Narrative: him. Mendonez stated he a collision. Mendonez state vehicle. Mendonez fell to	d his left side	made contac	t with the rea	r passeng	er door/rear	fender area of	f the
was unable to see who was	operating the	vehicle.					
Newton Medics responded a			uries to his le	eft knee/	arm area. Me	endonez signed	
patient refusal with Newt							
(black Trek). Mendonez	was wearing a w	hite helmet	at the time of	the acci	dent with a l	olue shirt and	
white and black shorts.	Pictures were t	aken of the	area and bicyc	le and su	bmitted to the	ne IT Bureau.	
Mendonez was able to prov			<del>-</del>				late
	on next page)		<del>_</del>				
Witnesses:							
Name (Last, First, Middle)		Address			Phor	ne #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Da	maged Property	
Owner (East, First, Middle)	Address		THORE #	эт турс	Description of Da	magearroperty	
Truck and Bus Information:							
Carrier Name				nicle Section)	Carrier	Issuing Authority Cod	e 35
Address			City		St	Zip	
US DOT #:	_ State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38				_	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	39	
Hazmat Information: Placard 40 Material 1 digit	# 41 Material N	Vame		_ Material 4	digit #	Release code	42
MICHAEL R GAUDET			NEWT	ON POLICE DEPART	<b>.</b>	07/15/20	)19

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)

→	▶ Direction 1	Vehicle 1 2	=Vehicle 2	₽ Pedestrian	
Crash Diagram:	ie: → 1	2	□ →	Ŷ	
					If Crash <u>Did Not</u> Occur on a Public Way:
					☐ Off-Street Parking Lot
					☐ Garage
	_			+	☐ Mall/Shopping Center
					Other Private Way
				+	Indicate North by Arrow
		<u> </u>			
Crash Narrative:					
with multiple combinations.	I searched t	the area for	a vehicle mato	thing the descri	ption given by Mendonez
with a negative result.					
On July 16, 2019, I spoke v	with a witness	to the incid	ent Mark O'Hea	rne. O'Hearne s	tated he was traveling
Westbound on Beacon Street	a few car leng	ths behind w	here the accid	lent occurred.	O'Hearne stated he observed
a bicyclist on the right s	side of the roa	ad abruptly s	top and fall t	to the roadway.	O'Hearne stated he
observed a vehicle in the p	oath of the bid	cycle. O'Hea	rne stated the	vehicle did no	t stop after the bicyclist
fell and took a right onto	Paulson Road f	from Beacon S	treet. O'Hear	ne stated he fo	llowed the vehicle involved
in the accident to Commonwe	ealth Avenue, a	and while doi	ng so took a p	cicture of the v	ehicle's license plate.
O'Hearne stated he did not	observe who wa	as driving th	e vehicle.		
(Continued or	n next page)				
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:		-			
Owner (Last, First, Middle)	Address		Phone #	34-Type Description	on of Damaged Property
Truck and Bus Information:	Registration #		(From Veh	cle 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	s Vehicle Weight	38			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Length	39
Hazmat Information:					
Placard 40 Material 1 digit #	Material Na	ame		Material 4 digit #	Release code 42
MICHAEL B.C. CONTROL					Q=4.5
MICHAEL R GAUDET Police Officer Name (Please Print)	Signature			POLICE DEPARTA	ecinct/Barracks Date

⊣	Direction 1	Vehicle 1 2	=Vehicle 2	Pedestrian		
Crash Diagram:	ie: → 1	2	□ →	<del>,</del> <del>,</del>		
		<u> </u> 			If Crash <u>Did Not</u> on a Public Way:	Occur Occur
					Off-Street Parkin	ıg Lot
					☐ Mall/Shopping C	Center
					☐ Other Private Wa	ıy
				- — — + -	Indicate North by A	Arrow
		<u> </u>				
Crash Narrative:						
The Massachusetts registra	tion provided t	o me by O'He	arne is 7BS322	. This veh	icle comes back to a 201	.0
Volkswagon Jetta registere	d to Peter Gior	gi (S2095209	0) out of Paxt	on, Ma. I	spoke with Peter via	
telephone. Peter acknowle	dged he is the	registered o	wner of the ve	hicle, but	stated his daughter wa	s using
the vehicle and was in the	Newton area.					
I spoke with Lindsey Giorg	i (S35711247) v	ria telephone	. Giorgi stat	ed she was	operating MA: 7BS322 in	1
Newton yesterday, but does	not recall bei	ng in an acc	ident. Giorgi	stated she	e is not familiar with t	the area
and does not know the area	where the acci	dent occurre	d. Giorgi sta	ted there	is no damage to her vehi	cle and
stated she does not believ	e she hit anyon	e. Giorgi e	mailed me 4 ph	otos of he	r vehicle where I descri	bed the
damage would be. I observ	ed a small area	of minor da	mage to the re	ar passenge	er side door area of thi	.s
(Continued o	n next page)					
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:	1		T			
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		25
Carrier Name					Carrier Issuing Authority Co	de 35
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	r Length 39	
Hazmat Information:  40	41				г	42
Placard Material 1 digit #	Material Na	nme		Material 4 digi	t# Release code	
MICHAFI R GALIDET			NITHITO	N POLICE DEPARTA	07/15/	2010

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

•	Direction	1 =	Vehicle 1	2 =Vehicle	2	Pedestr	ian		
Crash Diagram:	ie: →	1	-	2	<b>→</b>	Ŷ			
						 		If Crash <u>Did No</u> on a Public Way:	
		_ _		_	_			☐ Off-Street Park	ing Lot
								☐ Garage	
		_ -						☐ Mall/Shopping	Center
		_ -			-+-			☐ Other Private V	
		_ _		_	_				
		į						Indicate North by	Arrow
		_ -			_ +				
	_	-		_	-+-			$+$ $\vee$	
Crash Narrative:									
vehicle.									
After speaking with all p									
Section 24 (Leaving the S	Scene, Persona	l Ir	njury).	Giorgi was	advis	ed and m	ailed M	assachusetts Unifo	orm
Citation T1269847.									
All photos obtained from	O'Hearne and	Gior	rgi were	submitted	to the	IT Burea	u.		
M/S									
W itnesses: Name (Last, First, Middle)			Address					Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address			Phone #		34-Type	Description	on of Damaged Property	
Owner (East, 111st, Middle)	Address			T Horic #		эч турс	Description	on or burnaged Property	
Truck and Bus Information:	Registration #			(	From Vehi	cle Section)			35
Carrier Name								Carrier Issuing Authority C	
Address				City				St Zip	
US DOT #:	State Number			Issuing S	tate	ICC #:_		Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight		38						
Trailer Reg #:	Reg Type		 Reg Stat	e Re	g Year	Tr	ailer Length	39	
Hazmat Information:									
Placard 40 Material 1 digi	t # 41 Materia	al Nar	me			Material 4	digit#	Release code	42
MICHAEL R GAUDET					NEWTO	N POLICE DEPARTI		07/1:	5/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)