

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/23/2019	Time of Crash 14:53 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:					
<div>WEST BEACON ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>SOUTH WASHINGTON ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>			<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000754			
License # --- St MA DOB/Age ---			Reg # 633MV6 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				
Operator MAHONEY PAIGE E			Owner (Same as operator)			Veh Year 2018 Veh Make VOLKSWAGON Veh Config. 2 20				
Address 101 MONMOUTH STREET			Address			City BROOKLINE State MA Zip 02446				
Insurance Company COMMERCE			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 3 22 22 22 22			10 Undercarriage				
Citation # (If Issued) N/A			Most Harmful Event 4 23			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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility							
Operator			See Above			99 4 99 0 0 10 1 N/A				
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 Endorsment				
Operator JOHNSON TIMOTHY E			Owner			Veh Year Veh Make Veh Config. 20				
Address 677 GROVE STREET			Address			City NEWTON State MA Zip 02462				
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			10 Undercarriage				
Citation # (If Issued) N/A			Most Harmful Event 23			11 Totaled				
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Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility							
Operator/Non-Motorist			See Above			8 2 NEWTON WELLESLEY H				

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Washington Street

Beacon Street

Unit 1

204 Beacon Street

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, July 23, 2019, while assigned to Traffic unit N525, I responded to the intersection of Beacon Street and Washington Street, Newton for a motor vehicle accident involving a bicyclist. The weather at the time of the accident was overcast. The road surface was dry. Beacon Street and Washington Street are both public ways maintained by the City of Newton.

I spoke with the operator of MV1, Paige Mahoney (S85200426). Mahoney stated she was stopped in traffic at a red light on Beacon Street (W) at Washington Street in her 2018 black Volkswagen Tiguan (MA: 633MV6). Mahoney stated while her vehicle was at a complete stop, she felt and heard something hit the rear of her vehicle. Mahoney exited her vehicle and saw a bicyclist on the roadway. I observed minor damage to the rear middle bumper area of MV1. There was a small amount of blood present on the damaged

(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

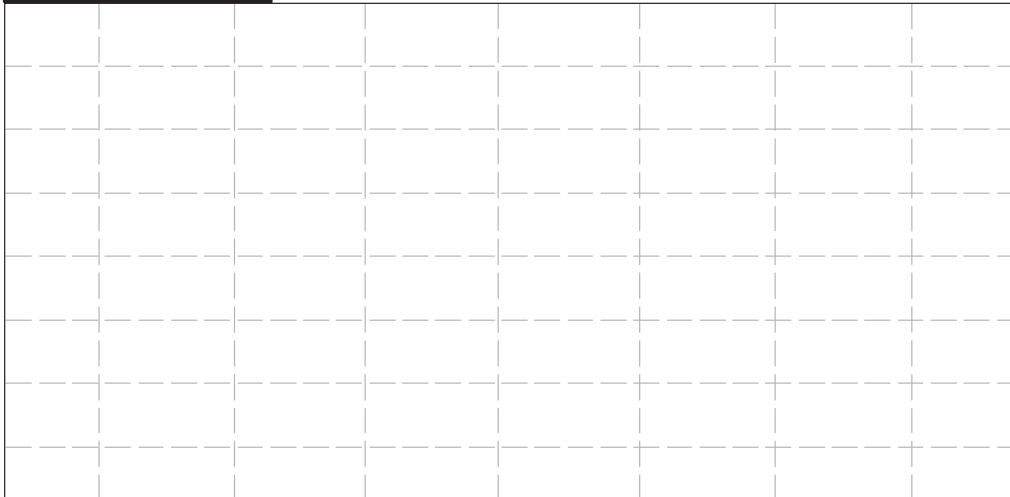
**Hazmat Information:**

Placard  Material 1 digit #  Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:

ie: → 1 → 2 → Pedestrian



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:

area.

I observed the roadway where the accident occurred. There was a small pool of blood in the left lane of Beacon Street (W) where the bicyclist fell to the roadway. The area of the roadway where the accident occurred is currently undergoing restoration and the asphalt has been graded down to it's sub base in preparation to be resurfaced. The current road surface condition is bumpy and uneven. The area where the roadway goes from a smooth surface to a bumpy surface is where the accident occurred.

The injured bicyclist was identified as Timothy Johnson (S29270605). I spoke with him in the Newton Wellesley Hospital emergency room. Johnson stated he was operating his bicycle Westbound on Beacon Street on the right side of the left lane. Johnson stated he was coming to a stop in traffic at a red light

(Continued on next page)

Witnesses:

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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

MICHAEL R GAUDET

NEWTON POLICE DEPART

07/23/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

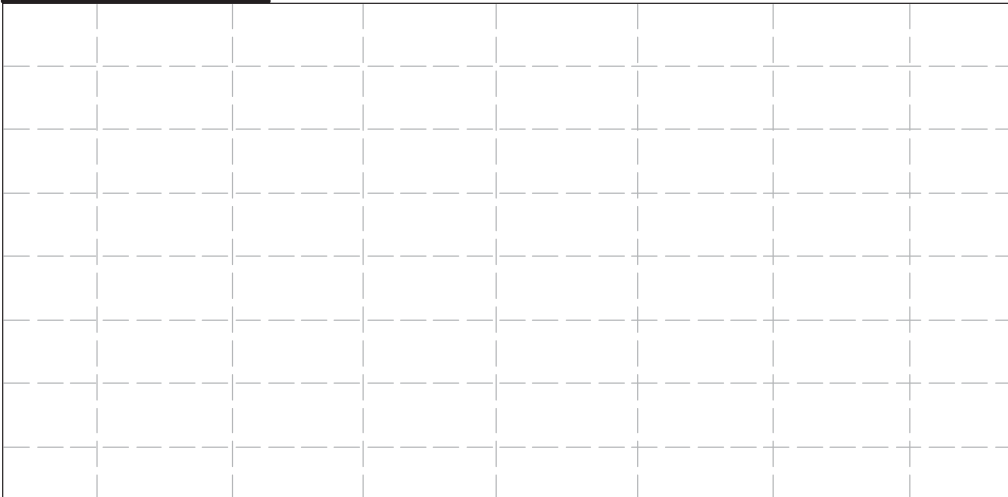
Precinct/Barracks

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

Indicate North by Arrow



#### Crash Narrative:

when his wheel abruptly turned to the left and he began to fall over. Johnson stated his head hit the back of a vehicle stopped in front of him and he landed on his right side, with his bicycle landing on top of him. As a result of the accident, Johnson suffered an injury to the right side of his head and had scrapes on his right arm. Johnson stated he did not lose consciousness as a result of the accident and he appeared to be alert and orientated while I was speaking with him.

Johnson was wearing a helmet at the time of the accident. There were fresh markings on the right side of the helmet with minor black paint transfer. These markings are consistent with Johnson's statement that he fell into the back of MV1 and hit his head. Johnson's bicycle was removed from the roadway prior to my arrival and was being stored in the driveway of 2044 Beacon Street by the resident there. I observed no

(Continued on next page)

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#### 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

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NEWTON POLICE DEPT

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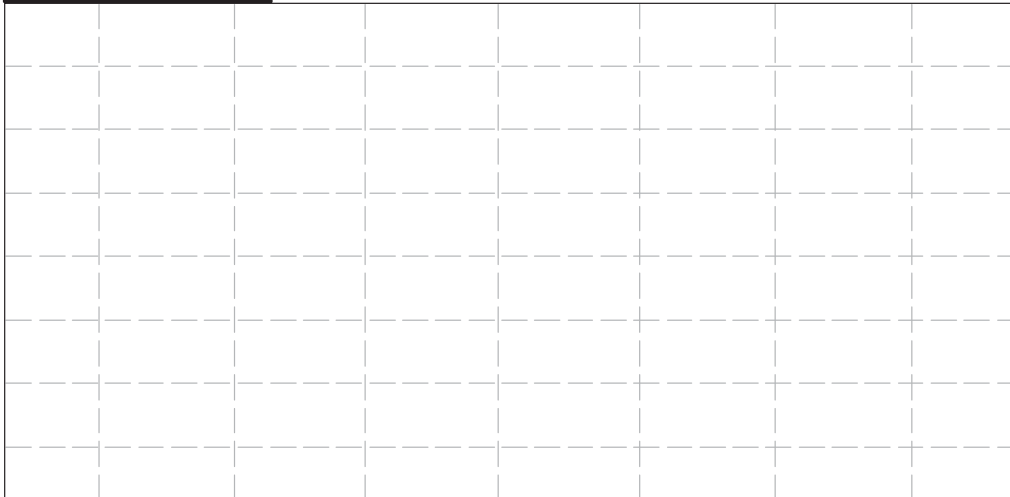
Precinct/Barracks

Date

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

#### Crash Diagram:



If Crash Did Not Occur  
on a Public Way:

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Indicate North by Arrow



#### Crash Narrative:

obvious damage to Johnson's bicycle.

After speaking with all parties involved and examining the roadway where the accident occurred, it appears that the condition of the road surface contributed to Johnson losing control of his bicycle and crashing into the rear bumper area of MV1 while it was stopped in traffic. Photos were taken of the road surface, John's bicycle, and MV2 and submitted to the IT Bureau.

#### 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:

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Police Officer Name (Please Print)

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