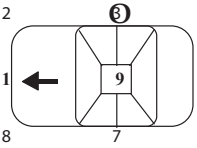
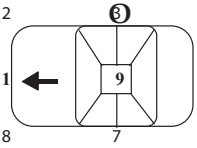
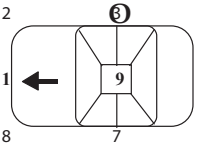
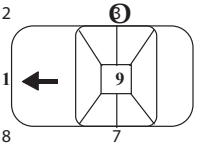
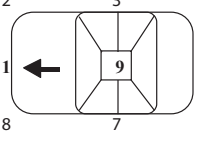
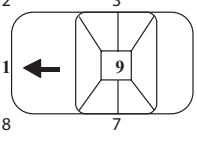
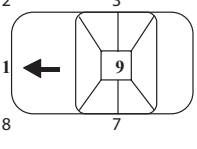
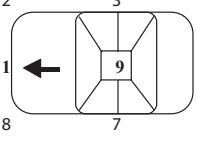


## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/27/2019	Time of Crash 08:41 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 1	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 1330 CENTRE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000981			
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>2YA848</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>B</u> <u>19</u> CDL _____			Veh Year <u>2019</u>		Veh Make <u>NISSAN</u>		Veh Config. <u>2</u> <u>20</u>			
Operator <u>MCGINNIS</u> <u>LONNIE</u> Last First Middle			Owner <u>(Same as operator)</u> Last First Middle							
Address <u>674 BOYLSTON ST (apt. 2)</u>			Address _____							
City <u>NEWTON</u> State <u>MA</u> Zip <u>02459</u>			City _____ State _____ Zip _____							
Insurance Company <u>PLYMOUTH ROCK ASSURANCE</u>			Vehicle Action Prior to Crash <u>3</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>4</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 		10 Undercarriage 5 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event <u>4</u> <u>23</u>		1 					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>		8 					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>		6 					
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 99 0 0 10 1							
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type <u>2</u> <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			
License # _____ St _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State _____			
Sex <u>M</u> Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Veh Year _____		Veh Make _____		Veh Config. <u>20</u>			
Operator <u>HNATKO</u> <u>MICHAEL</u> Last First Middle			Owner _____							
Address <u>117 GOULD 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>		2 		10 Undercarriage 5 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event <u>23</u>		1 					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>24</u> <u>24</u>		8 					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed _____		6 					
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			1 8 1				REFUSAL WITH CATAL			



**Crash Narrative:**

right, he then struck the passenger side rear quarter panel of the vehicle and fell forward off of his bicycle. He sustained minor injuries such as scrapes to his knuckles on both hands and a small cut to the bridge of his nose. He signed a patient refusal with Cataldo Ambulance. It appeared that the front alignment was now off on his Trek bicycle.

I then spoke to the operator of MV1, Lonnie McGinnis (S66044083). He states that he was inching along in heavy traffic waiting to turn right in to the lot of 1330 Centre Street with his right turn directional signal on. As he was turning right, the bicyclist struck his vehicle on his passenger side rear quarter panel area. McGinnis thought it was clear to turn right at the time and never saw the bicyclist approaching from behind. No injuries reported by McGinnis and I observed minor dents and scratches to the passenger

(Continued on next page)

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

JEREMY L WILSON		25227	NEWTON POLICE DEPT		09/27/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					

♀ Pedestrian

[illegible]

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

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

42

CDP1 11 -24:00