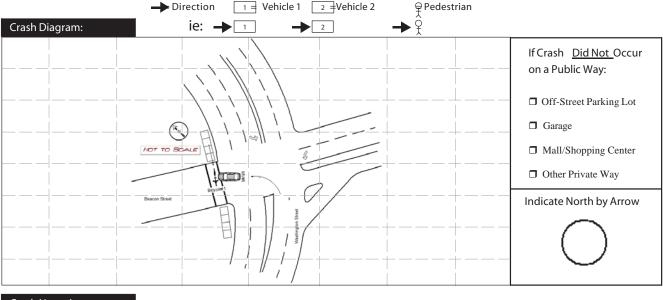
	Poli	ice Use Only		Commonwea	alth d	of Mass	ach	usett	S		RMV	/ Docun	nent Number	
	Date of Crash 01/02/2020	Time of Crash 18:01	City/Town	Motor	· Veh	icle Cra	ısh	Number Vehicle			d Limit		State Police Local Police MBTA Police	NA NA
	01/02/2020	24HR	NEWTON			Report		1	1		gitude_		Other:	
		AT INTER	SECTION:	<	LOCA	ΓΙΟΝ	>		NC	T AT	INTE	ERSE	CTION:	2
	WES	т веасо	N ST											
4	Route# Direc	tion		oadway/Street		Route# Direction	on A	ddress #		Na	me of R	oadway.	Street	_ 2 10
	EAST	WASHI	AI NGTON ST			Feet	N S E	W of		•	(or		_ _
	Route# Direc	etion N	lame of Intersecting			F [5	NICE	Iw. c	Mile	Marker			Exit Number	_
			Also at Interse	ction with		Feet			Rout	e# I	ntersect	ting Roa	dway/Street	- 11
²	Route# Direc	tion	Name of Intersecti	ng Roadway/Street		Feet	N S E	W of						3
3											Lan	ndmark		\dashv
	X Vehicle 1	1_#Occupants	Hit/Run	Moped Case	Number		2	00000000	6					
	License#		St MA	DOB/Age	Reg#	918CS9			Reg T	ype PAI	V	Reg	State MA	_
	Sex_M_ Lic.	Class D 18 M	Lic. Restrictions	B 19 CDL	Veh Ye	ear_2005	Ve	h Make_E	UIC			Veh Co	nfig. 20	
⁴ 3	Operator WE	IDMAN	TIMOTHY	J Endorsment	Owner	(Same as ope	rator)		First			Middle		- 1
3	Address 30 AI	LBEE RD				SS								-
	City UXBRID	GE	State	MA Zip 01569	City _						_State_	2	Zip	-
	Insurance Com	pany COMMER	CE		Vehicle	e Action Prior to	o Crash	4	21	Damage	d Area	Code: (0	Circle Up to Thre	ee)
5 1	Vehicle Travel	Direction: N	X E W Respon	nding to Emergency?_N	Event	Sequence 4	22 2		22	2	3		4	
	Citation # (If I	ssued)			Most I	Harmful Event	4 23			—	9	$\langle \cdot \cdot \rangle$	10 Undercarr 5 11 Totaled	iage
	Violation	1: ChSec	Violation 2	: ChSec	Driver	Contributing C		99 24	24					
⁶ 1	Violation	3: ChSec	Violation 4	: ChSec	Underr	ride/Override	2.5	Tow	ed N	3	7		6	
	Please to Name (Last Fir		ator and all occupa	nts involved Address	Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility						ty 4			
	Operator	·		See Above				1	4 4	0	0	10 1		
7	Please Select C)no		1	1	4 1	15		16		17			
2	of the Followi	Vehicle	# Occupants	Non-Motorist A Ty	pe 2	Action 1		cation 1		ndition	1	Hi	t/Run Mop	ed
	License#		St	DOB/Age	Reg # Reg Type Reg State Veh Year Veh Make Veh Config.							State	_	
	Sex_M Lic.	Class 18 1	Lic. Restrictions	19 CDL										
⁸ 2	Operator STRASSMAN MICHAEL D Endorsment D Last First Middle				OwnerLast First Middle							_		
	Address 250 G	Last First Middle Address								_				
	City WESTON State MA Zip 02493													_
	Insurance Com	pany			Vehicle	e Action Prior to	o Crash		21	Damage	d Area	Code: (0	Circle Up to Thre	ee)
	Vehicle Travel	Direction: N	S E W Respo	onding to Emergency?	Event	Sequence	22 2	2 22	22	2	3		4	
	Citation # (If I	ssued)			Most I	Harmful Event	23	3		_	9		10 Undercarr 5 11 Totaled	iage
	Violatio	Driver	Driver Contributing Code 24 24											
	Violatio	n 3: ChSe	ec Violation	4: ChSec	Under	ride/Override	25	Towe	d	3	7		6	
			operator and all o	ccupants involved		1 /505		26 27 Seat Safety	28 Airbag A	29 30 rbag Eject	31 Trap	Injury [Fra	33 msp.	lie.
	Name (Last Fi Operator/	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos. Syste	m Status S	witch Cod	e Code	Status C	ode Medical Faci	
	-													\dashv
								+						



Crash Narrative:

The OP. of MV#1 states he was on the eastbound lane of Washington Street, waiting to make a left turn onto Beacon Street. When he saw there was a break in traffic, he made the left turn and did not see Bicycle#1 coming off the sidewalk, thus colliding with it.

The OP. of Bicycle#1 states he was travelling westbound on Washington Street on the sidewalk. He states
Washington Street westbound is too dangerous for him to ride on the roadway during rush hour traffic. As he
was crossing Beacon Street, Washington Street westbound traffic still had a green light and that's when MV#1
collided into him while making a turn.

The OP. of Bicycle#1 was wearing a helmet and had front and rear lights. He did not want me to take his bicycle so he brought it with him to the hospital to be picked up by a family member. Pictures were taken of (Continued on next page)

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descrip	ption of Damage	ed Property	
Truck and Bus Information: Carrier Name	Registration #		(From Vehic	cle Section)		Carrier Issuir	ng Authority Coo	35 le
Address			City			St	_ Zip	
US DOT #:	State Number		_ Issuing State	ICC #:_			_ Interstate	36
Cargo Body Type Code Gross	s Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Len			
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Nat	me		Material 4	digit#_		Release code	42

RAYMOND H CHIEU		NEWTON POLICE DEPARTM	01/02/2020		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	Direction	1 = Vehicle 1	2 #Vehicle 2	₽Pedestr	rian	
Crash Diagram:	ie: →	1	2	→ Ŷ		
Crash Diagram:	ie: →				If C on	rash Did Not Occur a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way cate North by Arrow
Crash Narrative:						
Witnesses: Name (Last, First, Middle)		Address			Phone s	# Statement
Property Damage:	T		T			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property
Truck and Bus Information:	Registration #		(From	Vehicle Section)		
Carrier Name					Carrier Issu	uing Authority Code 35
Address						
			-			36
US DOT #:	State Number	38	Issuing State	ICC #:_		Interstate
Cargo Body Type Code C	Bross Vehicle Weight	30				
Trailer Reg #:	Reg Type	Reg State	Reg Ye	ar Tra	ailer Length 39	
Hazmat Information:						
Placard 40 Material 1 dig	rit # 41 Materia	l Name		Material 4 o	digit #	Release code 42
RAYMOND H CHIEU				NEWTON POLICE DEPARTS	<u> </u>	01/02/2020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)