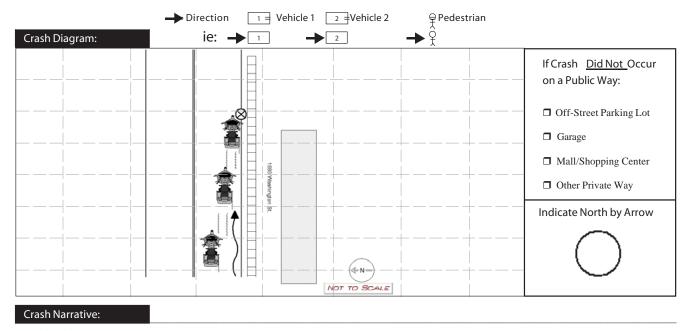
	Poli	ce Use Only		Commonw	vealth o	of Mass	achu	isetts	\$		RMV	V Docu	ment Numbe	
	Date of Crash 08/17/2020	Time of Crash 17:52 24HR	NEWTON	17100	tor Veh Police	icle Cra Report	ash	Number Vehicles 1		d Lati	ed Limi itude ngitude_		State Police Local Polic MBTA Poli Other:	e XI
			RSECTION:	<	LOCA		>						CTION:	
						EAST	118	0	WASH	IINGTO	ON ST			$\vdash$
1 <b>L</b>	Route# Direct	tion		Roadway/Street		Route# Direct	ion Ad	dress #		Na	ame of F	Roadway	//Street	
$\exists$	At					Feet NSEW of or Exit Number								[
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with					Feet N S E W of								
1						Feet [	N S E	W of	Route	#	Intersec	ting Roa	ndway/Street	
	Route# Direction Name of Intersecting Roadway/Street										La	ndmark		
1	XVehicle1	1_#Occupants	Hit/Run	Moped	Case Number		20	00000455	;					
	License#	18 1	St MA	DOB/Age	Reg#	2L5668			Reg T	ype_MC	CN	Reg	State MA	
	Sex_M Lic. 0	Class 99	Lic. Restrictions			ear_2004		Make_H	ONDA			_Veh Co	onfig. 3	
1	Operator MO	Last DEN DI	TIMOTHY	Middle	Middle Owner (Same			(Same as operator)  Last First				Middle		
	Address 40 ALDEN PL					ss							7in	_ [
	City NEWTON State MA Zip 02465  Insurance Company PROGRESSIVE DIRECT				-	Valida Astica Brigata Cond. 21 Damaged Area Code: (Circle Up to Three)								
	Vehicle Travel Direction: NSWW Responding to Emergency? N					Event Sequence 43 22 22 22 22 3 4								
-	Citation # (If Is	ssued)				Harmful Event	23		<sub>1</sub>	_	9		10 Underc	~
_	Violation	1: ChSec	c Violation	2: ChSec	_ Driver	Contributing C			24		VŢ	<u>\</u>	6	.
1	Violation 3: ChSec Violation 4: ChSec					Underride/Override Towed N								
	Please fill out for operator and all occupants involved Name (Last First Middle)  Address					Age/DOB	Sex P	os. \$ystem	Status Sw	tch Cod	0 31 Et Trap e Code	32 Injury Tr Status C	ansp. ode Medical Fa	acility
	Operator			See Above				5	5 9	9 3	0	8 2	NEWTON-WE	ELLESLEY
,	Diagram Calact C			1		14	15		16		17			
1	Please Select C of the Followin	Vehicle	e# Occupants	Non-Motorist A	Туре	Action	Loca	ition	Con	dition	17	Пн	it/Run M	loped
	License # St DOB/Age				Reg#	g # Reg Type Reg State						State	_ ]	
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1	Operator Last First Middle					Owner Last First Middle								-
	Address  City State Zip					Address State Zip								_
	Insurance Company					Damaged Area Code: (Circle Un to Three)								Three)
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	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24 7 6								
,	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved					ride/Override		26   27	i		0 31	] 32	33	
ŀ	Name (Last Fi	rst Middle)	operator and all	Address		Age/DOB	Sex	Pos. Syster	28 Airbag Air n Status Sv	bag Ejec	0 31 Trap de Code	Injury I'r	ansp. Code Medical F	Facility
	Operator/	Non-Motorist		See Above			-					1 1		1
ŀ												++		



On 8/17/2020 at 1550 hrs, while on patrol, I was flagged down by a passerby stating a man had just fallen off his "Bike" in front of 1680 Washington St. Upon arrival, I observed a motorcycle parked on the side of the road with the operator standing next to it. The motorcycle had several scratches on its side and a cracked plastic window, consistent with a collision.

The operator stated as he was traveling eastbound on Washington St. his motorcycle began to "skid" on the road's surface as he changed lanes. This "skid" caused the operator to loose control resulting in a collision with the road's surface.

The operator had minor lacerations to the knee and elbow and was transported to Newton-Wellesley Hospital.

The Motorcycle was placed in the adjacent parking lot, to be picked up later in the evening. It should be

(Continued on next page)

Witnesses:									
Name (Last, First, Middle)	Address				Phone #	Statement			
Property Damage:									
Owner (Last, First, Middle)	Phone # 34-Type Des				cription of Damaged Property				
Truck and Bus Information:  Carrier Name			(From Vehic	,		Carrier Issuing Authority Co	ode 35		
Address			City			St Zip			
US DOT#:S		_ Issuing State	ICC #:_		Interstate	36			
Cargo Body Type Code 37 Gross	s Vehicle Weight	38				39			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer L	ength			
Hazmat Information:									
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	Release code	42		

•	Direction	1 = Vehicle	e 1 2 = Vehicle 2	₽ Pedestri	an	
Crash Diagram:	ie: →[	1	2	→ 🖔		
					If Crash <u>Did</u> on a Public W	
		_		<u> </u>	☐ Off-Street P	Parking Lot
					☐ Garage	urking Dot
		 				in a Comtan
		_			Mall/Shopp	
					☐ Other Privat	te Way
					Indicate North	n by Arrow
				+		
		 -		 <del> </del>	\	ノー
Crash Narrative:						
noted the roadway in from	nt of 1680 Wash	ington St	. had recently	been paved ov	ver and was smooth and	free of
debris or defect.						
There were yaw marks for	approx 100 yar	ds in bot	ch lanes. There	was no indica	ation from the marks o	f a lane
change.						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		1				1
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Propert	ty
T 1 12 16 1						
Truck and Bus Information:	Registration # _		(Fron	n Vehicle Section)		35
Carrier Name					Carrier Issuing Authori	
Address			•			36
US DOT #:	State Number	38	Issuing State	ICC #:	Interstat	re So
Cargo Body Type Code 37 G	ross Vehicle Weight	50			39	
Trailer Reg #:	Reg Type	Reg S	tate Reg Ye	ear Tra	iler Length	
Hazmat Information:	41					42
Placard 40 Material 1 digi	it # Material	Name		Material 4 d	ligit # Release co	ode 42
DANIEL SOHN				NEWTON POLICE DEPARTM	C	08/17/2020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)