

Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts		RMV Document Number	
Date of Crash 09/18/2020	Time of Crash 06:57 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2
			Number Injured 1	Speed Limit 25	State Police Local Police MBTA Police Other:
				Latitude	
				Longitude	
AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:	
SOUTH CENTRE ST					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		
At					
WEST PELHAM ST					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number		
Also at Intersection with					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street		
			Landmark		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 200000527	
License # --- St NY DOB/Age ---		Reg # HZN5606 Reg Type PAS Reg State NY			
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL		Veh Year 2012 Veh Make HONDA Veh Config. 1 20			
Operator MOON JAE W		Owner RHO TERRA E			
Address 325 E 25TH ST (apt. 304)		Address 325 (apt. 304) E 25TH ST			
City NEW YORK State NY Zip 10010		City NEW YORK State NY Zip 10010			
Insurance Company GEICO		Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: N S E X Responding to Emergency? Y		Event Sequence 1 22 22 22 22		Event Sequence 1 22 22 22 22	
Citation # (If Issued)		Most Harmful Event 1 23		Most Harmful Event 1 23	
Violation 1: Ch Sec Violation 2: Ch Sec		Driver Contributing Code 1 24 24		Driver Contributing Code 1 24 24	
Violation 3: Ch Sec Violation 4: Ch Sec		Underride/Override 25 Towed Y		Underride/Override 25 Towed Y	
Please fill out for operator and all occupants involved		Age/DOB Sex Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility			
Name (Last First Middle) Address		Operator See Above			
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants	<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
License # --- St MA DOB/Age ---		Reg # 2F8619 Reg Type MCN Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL		Veh Year 2006 Veh Make YAMAHA Veh Config. 20			
Operator MAHON SCOTT B		Owner (Same as operator)			
Address 256 GREAT RD		Address			
City STOW State MA Zip 01775		City State Zip			
Insurance Company GEICO		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: N X E W Responding to Emergency? Y		Event Sequence 1 22 22 22 22		Event Sequence 1 22 22 22 22	
Citation # (If Issued)		Most Harmful Event 1 23		Most Harmful Event 1 23	
Violation 1: Ch Sec Violation 2: Ch Sec		Driver Contributing Code 10 24 2 24		Driver Contributing Code 10 24 2 24	
Violation 3: Ch Sec Violation 4: Ch Sec		Underride/Override 25 Towed Y		Underride/Override 25 Towed Y	
Please fill out for operator and all occupants involved		Age/DOB Sex Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility			
Name (Last First Middle) Address		Operator/Non-Motorist See Above			

→ 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:

before it crashed into him

I was not able to speak with the operator of the MC, due to him being transported to Brigham and Womens Hospital. Ofc McSweeney stated that he will be following up with the operator of the MC and will advise me. It should be noted that the operator of the MC appeared to be wearing headphones while operating, picture was taken and submitted.

An anonymous party stated to me that he observed the MV traveling at a high rate of speed, heading North on Centre St. The party stated that he observed the MC weaving in and out of traffic.

Multiple pictures were taken of MV#1 and MC and were submitted to IT to be attached to this report.

Operator of MC was transported to Brigham and Womens. Operator of MV#1 was cleared with a patient refusal.

(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 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

JOHN D BERGDORF

NEWTON POLICE DEPART

09/18/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

