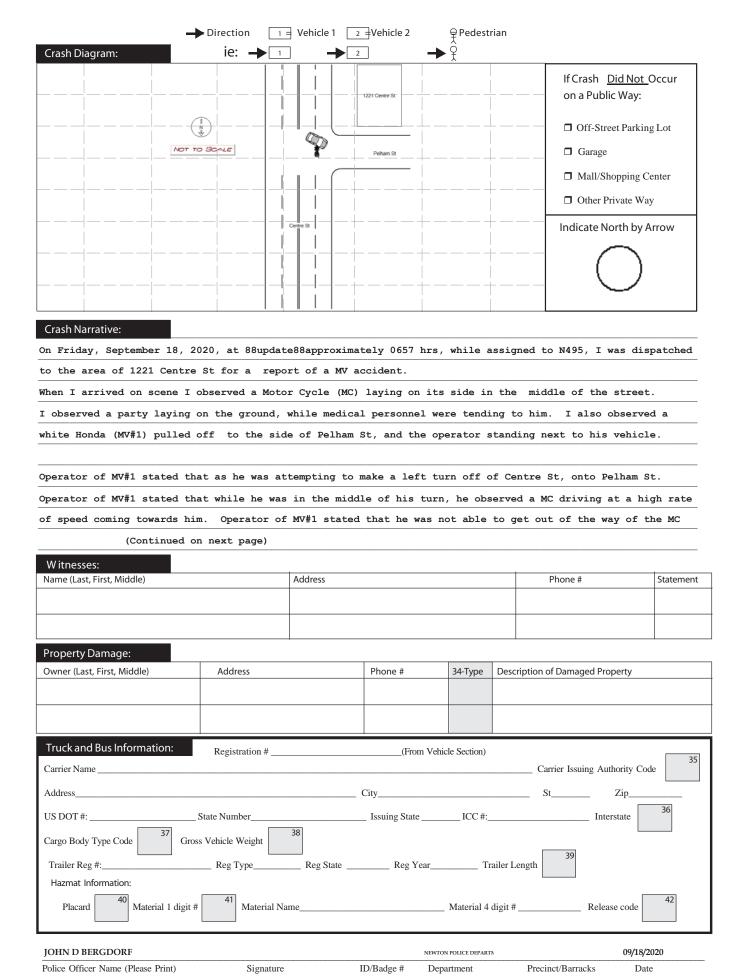
	Poli	ice Use Only		Commonwea	alth (of Mass	achı	isett	S		RM	V Docu	ment Number	
	Date of Crash 09/18/2020	Time of Crash 06:57	City/Tow NEWTON	MIOTOI		icle Cra	sh	Numbe Vehicle	s Inju	ed Lat	ed Limi		State Police Local Police MBTA Polic	X
		24HR	CECTION			Report		2	1		ngitude_		Other:	_
		ATINTER	RSECTION:	<]	LOCA'	HON	>		NO)T AT	INT	ERSE	CTION:	2
	sou	TH CENTR	E ST											
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direc	tion		Roadway/Street		Route# Direction	on Ac	ldress #		N	ame of I	Roadway	//Street	2
	At WEST PELHAM ST					Feet NSEW of or								
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number Feet N S E W of								
			Also at Interse	ection with					Rou	te#	Intersec	ting Roa	adway/Street	- -
²	Route# Direc	tion	Name of Intercept	ing Roadway/Street	—I	Feet	N S E	W of						3
3	Route# Direc	tion	Name of intersect	ing Roadway/Street							La	ndmark		
	XVehicle1	#Occupants	Hit/Run	Moped Case	Number		20	00000052	7					
	License#		St_NY	DOB/Age	Reg#	HZN5606			Reg	Туре_РА	S	Reg	State_NY	
	Sex_M_ Lic.	Class D 18 1	8 Lic. Restrictions	B CDL	Veh Y	ear_2012	Vel	h Make_F	IONDA			Veh Co	onfig. 20	
4		ON	JAE	W Endorsment										$ \frac{1}{1}$
1	Last First Middle Address 325 E 25TH ST (apt. 304)			Owner RHO TERRA E Last First Middle Address 325 (apt. 304) E 25TH ST								_		
	City NEW YO	RK	Stat	e_NYZip_10010									_	
	Insurance Com					e Action Prior to	o Crash	4	21	Damag	ed Area	Code: (Circle Up to Th	nree)
5	Vehicle Travel	Direction: N	S E X Respo	nding to Emergency? Y	Event	Sequence 1	22 22	2 22	22	D	•		4	
		ssued)			Most 1	Harmful Event	1 23						10 Underca	ırriage
	Violation	1: ChSec	Violation 2	2: ChSec	Driver	Contributing C		1 24	24		9		5 11 Totaled	
⁶ 1	Violation	3: ChSec	Violation	1: ChSec		ride/Override	25	Tow	ed Y	8	7		6	
	Please fill out for operator and all occupants involved						Π	26 27 Seat Safety		29 3 irbag Eje	0 31	32 Injury Tr	33 ransp.	1
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex	Pos. \$yster	n Status S	witch Coo	le Code	\$tatus C	ode Medical Fac	eility 1
	- F							33	7	0		10	•	
⁷ 3	Please Select C of the Followi	IX Vehicle	2 1 #Occupants	Non-Motorist A Typ	pe 1	Action 1	Local	ation	16 Co	ndition	17	Пн	lit/Run Mo	ped
	License # St MA DOB/Age					Reg # 2F8619 Reg Type MCN Reg State M						State_MA		
	Sex_M Lic. Class D 18 M 18 Lic. Restrictions 19 CDL					Veh Year 2006 Veh Make YAMAHA Veh Config.								
8 1	Operator MAHON SCOTT B Endorsment Last First Middle					Owner (Same as operator)								_
1	Last First Middle Address 256 GREAT RD					Last First Middle Address								_
	City STOW State MA Zip 01775					City State Zip								_
	Insurance Company GEICO					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								nree)
	Vehicle Travel Direction: N X E W Responding to Emergency? Y					22 22 23 2 3 4								
	Citation # (If Issued)					M t H C L F 23								
	Violatio	Driver Contributing Code 10 24 2 24 1 5 ① Totaled												
		n 3: ChSe	Underride/Override 25 Towed Y 8 7 6											
	Pl	ease fill out for		occupants involved				26 27 Seat Safety		29 3 irbag Eje	0 31 Trap	32 Injury Tr	33 ransp.	
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex		m Status	Switch Co	de Code		Code Medical Fa	
	Орегают	1 1011-1010101181		See Addive				5	5	3 1	U		Z BRIGHAM AND	VOIVIEN
									+	+	+			
		· · ·		· · · · · · · · · · · · · · · · · · ·										



-	→ Direction 1	■ Vehicle 1 2	yehicle 2	₽Pedestri	ian		
Crash Diagram:	ie: → 1	→ [2	■ →	Ŷ			
						Crash <u>Did Not</u> C n a Public Way:	Occur Occur
		<u> </u>				Off-Street Parking	Lot
		 				I Garage	
	į	į į				Mall/Shopping Ce	nter
						Other Private Way	
		· 		+	In	dicate North by Aı	row
					. — — —	\bigcirc	
Crash Narrative:							
I was not able to speak w		r of the MC	due to him hei	ng trans	ported to Bri	gham and Womon	
Hospital. Ofc McSweeney	_				<u> </u>		
It should be noted that the							
taken and submitted.	The operator or	the Mc appear	ed to be weari	ing neadpi	nones while c	peracing, pict	uie was
An anonymous party stated	to me that he	observed the	MV traveling a	ıt a high	rate of spee	ed, heading Nor	th on
Centre St. The party star							
Multiple pictures were tal						his report.	
Operator of MC was transpo							Gusal.
	on next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phon	e #	Statement
Day and Day and							
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dar	maged Property	
Truck and Bus Information:	_		(From Vehi	,	Carrier 1	ssuing Authority Code	35
Address			City				
US DOT #:			•				36
37	oss Vehicle Weight	38	issuing state	100 #		morsuce	
Trailer Reg #:		Reg State	Reg Year	Tra	iller Length	9	
Hazmat Information:							
Placard 40 Material 1 digit	41						42
	# Material N	Vame		Material 4 d	ligit #	Release code	42

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

_	Direction 1	Vehicle 1	2 =Vehicle 2	₽ Pedestrian	
Crash Diagram:	ie: → 1] →[2	▶Ŷ	
					If Crash <u>Did Not</u> Occur on a Public Way:
	_				☐ Off-Street Parking Lot
					☐ Garage
					☐ Mall/Shopping Center
					☐ Other Private Way
	_	 			
				j	Indicate North by Arrow
		 			$+$ \cup $+$
				İ	
Crash Narrative:					
Both vehicles were towed b	y Todys.				
UPDATE					
I spoke with the father of	Scott Mahon, H	Keith Mahon.	Keith stated	that his son i	s still in the hospital,
and has received several s	urgeries. Keit	th stated tha	at the injurie	s his son receiv	ed are a Open Tibia/Fibula
fracture of the right leg,	and a concuss	ion. Keith	stated that Sc	ott has no recol	lection of the incident, as
far as to not remembering	leaving the hou	use that mor	ning.		
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
Dronouty Damage					
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type Description	on of Damaged Property
	110001000			2, 2	
Truck and Bus Information:	Registration #		(From Vel	nicle Section)	35
Carrier Name					Carrier Issuing Authority Code
Address			City		St Zip
US DOT #:	State Number		Issuing State	ICC #:	Interstate 36
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Length	39
Hazmat Information:					
Placard 40 Material 1 digit #	41 Material N	ame		_ Material 4 digit #	Release code 42
	_				
JOHN D BERGDORF				ON POLICE DEPARTM	09/18/2020
Police Officer Name (Please Print)	Signature		ID/Badge # De	partment Pr	recinct/Barracks Date