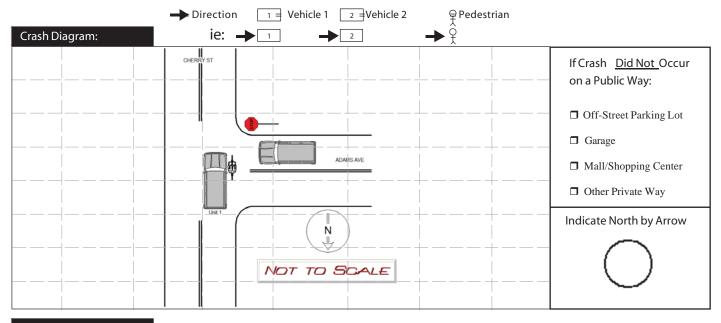
| | Police Use Only | Common | wealth o | of Massa | chusett | S | RM | V Document | t Number | 1 |
|----------------|---|----------------------------|-------------|---------------------|---------------------|----------------------------|-------------------------|---------------------------------------|----------------------------------|------------------------|
| | | ty/Town M | otor Veh | icle Cras | h Numbe | | Speed Lim | | ate Police ate Police BTA Police | 1 |
| | 09/18/2020 08:39 NEWTON | | Police 1 | | Vehicle 1 | es Injured | Latitude _ Longitude | | BTA Police | |
| | AT INTERSECTIO | N: < | | | | | | ERSECTI | ON: | |
| | ADAMS AVE | | | | _ | | | | | 2 9 |
| 1 | | me of Roadway/Street | | Route# Direction | Address # | | Name of I | Roadway/Stre | et | 2 ¹⁰ |
| 1 | CHERRY CHERRY CT | At | | E4 N | S E W .c | | • | | | 2 |
| | Route# SOUTH CHERRY ST Name of Inter | secting Roadway/Street | | reet N | S E W of | Mile Ma | arker | E> | tit Number | |
| | | Intersection with | | Feet N | S E W of | | | D. 1 | /0. | |
| 2 | | | | Feet N | S E W of | Route# | intersec | cting Roadway | //Street | 4 11 |
| 2 | Route# Direction Name of Ir | ntersecting Roadway/Street | | | | | La | ndmark | | |
| 3 | XVehicle 1 1 #Occupants Hit/ | Run Moped | Case Number | | 200000053 | 30 | | | | |
| | License # | St MA DOB/Age | Reg# | 1EV437 | | Reg Typ | e PAN | Reg State | MA | 1 |
| | Sex_M Lic. Class D 18 M 18 Lic. Restr | | | ear_2014 | Veh Make_l | LNDR | | _ Veh Config. | 20 | |
| 4_ | Operator BRADLEY PETER | Endorsm | Owner | (Same as operat | tor) | First | | Middle | | 1 ¹² |
| 2 | Address 426 MAIN ST (apt. 4) | Middle | | SS | | | | Middle | | |
| | City WALTHAM | State_MAZip_02452 | City | | | | State | Zip_ | | |
| | Insurance Company NORFOLK AND DED | OHAM | Vehicle | e Action Prior to C | Crash 1 | 21 Da | maged Area | Code: (Circl | e Up to Three) | |
| 5 | Vehicle Travel Direction: NXEW | Responding to Emergency | y? N Event | Sequence 4 22 | 22 22 | 22 2 | 3 | 4 | | |
| | Citation # (If Issued) | | Most I | Harmful Event 4 | 23 | | | 7 1 1 | 10 Undercarriage 11 Totaled | |
| | Violation 1: ChSec Vio | lation 2: ChSec | Driver | Contributing Code | e 1 24 | 24 | |] | 11 Totaled | |
| ⁶ 1 | Violation 3: ChSec Viol | lation 4: ChSec | Under | ride/Override | 25 Tow | ved N 8 | 7 | 6 | | |
| | Please fill out for operator and all | 1 | | T | 26 2 Seat Safet | 7 28 29 y Airbag Airbag | 30 31 Eject Trap | 32 33 Injury Transp. | | 4 13 |
| | Name (Last First Middle) Operator | Addres See Abov | | T | ex Pos. \$yste | M Status Switch | Code Code 0 0 | \$tatus Code 10 1 | Medical Facility | ╀ |
| | | | | | | | | | | - |
| | | | | | | | | | | 1 |
| | | | | | | | | | | _ |
| 7 | | | | | | | | | | |
| 3 | Please Select One of the Following: | rupants Non-Motoris | st A Type 2 | Action 2 15 | Location 4 | Condit | ion 17 | Hit/Ru | n Moped | |
| | License # | St DOB/Age | Reg#_ | | | Reg Typ | e | Reg State | e | 1 |
| | Sex_M Lic. Class 18 18 Lic. Restr | 19 | | ear | _ Veh Make_ | | | _ Veh Config. | 20 | |
| 8 | Operator DAMES TAMER | | | Last | | First | | Middle | | |
| 1 | Address 25 FALMOUTH RD | Middle | | SS | | | | Middle | | |
| | City NEWTON | State_MAZip_02465 | | | | | | Zip_ | | |
| | Insurance Company | | Vehicle | e Action Prior to C | Crash | 21 Da | maged Area | Code: (Circl | e Up to Three) | |
| | Vehicle Travel Direction: NSEW | Responding to Emergence | ey? Event | Sequence 22 | 22 22 | 22 2 | 3 | 4 | | |
| | Citation # (If Issued) | | Most I | Harmful Event | 23 | | | -/ | 10 Undercarriage 11 Totaled | |
| | Violation 1: ChSec Vi | olation 2: ChSec | Driver | Contributing Code | e 24 | 24 | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | rounca | |
| | Violation 3: ChSec Vi | | | ride/Override | 25 Towe | ed 8 | 7 | 6 | | |
| | Please fill out for operator ar | | | | 26 27 Seat Safet | 7 28 29 y Airbag Airbag | 30 31 Eject Trap | 32 33 Injury Transp. | | 1 |
| | Name (Last First Middle) Operator/Non-Motorist | See Abov | | Age/DOB | Sex Pos. Syst | em Status Switc | h Code Code | Status Code 7 2 | Medical Facility BCH | |
| | | | | | | | | | | 1 |



Crash Narrative:

Operator of vehicle one Peter Bradley stated that on 09/18/2020 at 08:39 hours he was driving his 2014 Land rover (MA reg 1EV437) south bound on Cherry St near Adams Ave. Cherry St. is a public way in the

City of Newton. Bradley stated that as his vehicle was approaching Adams Ave he saw a vehicle stopped facing east bound that was about to turn into the south lane of Cherry St. Bradley stated he also saw a bicyclist riding south bound on Cherry St. Bradley stated that as the bicyclist passed by the vehicle that was stopped at Adams Ave. it suddenly swerved to the left and into the path of travel of his vehicle. Bradley stated that the passenger side mirror of his vehicle struck the bicyclist causing him to fall off his bike. The bicyclist Tameon Dames, a 10th grader at NNHS (DOB 02/16/2005) stated that he was riding his bike south bound on Cherry St. near Adams Ave. when he saw a vehicle stopped on Adams Ave about to turn south bound on Cherry (Continued on next page)

Witnesses:

Name (Last, First, Middle)

Address
Phone # Statement

CAO , PIN, CI

NEWTON,MA 02465
N

| Cho, inv, ci | NEWTON,MA 02465 | | | |
|---|---------------------|--------------------|----------------------|-------------------|
| | | | | |
| Property Damage: | | | | |
| Owner (Last, First, Middle) Address | Phone # | 34-Type De | escription of Damage | ed Property |
| | | | | |
| | | | | |
| Truck and Bus Information: Registration # | (From Veh | nicle Section) | | 35 |
| Carrier Name | | | Carrier Issuin | ng Authority Code |
| Address | City | | St | Zip |
| US DOT #: State Number | Issuing State | ICC #: | | _ Interstate 36 |
| Cargo Body Type Code Gross Vehicle Weight | 38 | | 39 | |
| Trailer Reg #: Reg Type | Reg State Reg Year_ | Trailer | | |
| Hazmat Information: | | | | |
| Placard 40 Material 1 digit # 41 Material | Name | _ Material 4 digit | t # | Release code 42 |

| | Direction | 1 = Vehicle 1 | 2 =Vehicle 2 | ₽ Pedestriar | 1 | |
|---|---------------------|---------------|---------------|-----------------|---|-----------|
| Crash Diagram: | ie: →□ | 1 - | 2 | → ♀ | | |
| | | | | | If Crash <u>Did Not</u> on a Public Way: | _Occur |
| | | _ | <u> </u> | | — ☐ Off-Street Parki | ng Lot |
| | | _ | <u> </u> | | | |
| | | | | | ☐ Mall/Shopping (| Center |
| | | | | | ☐ Other Private W | ay |
| | | - | | | Indicate North by | Arrow |
| | | | | | | |
| Crash Narrative: | | | | | | |
| | | | | | en himself and the stop | |
| vehicle. Dames stated the side mirror causing him | | | | | <u> </u> | |
| crash and was not wearing | | | | | | |
| Hospital in Boston via El | MS from treatmen | nt. The opera | tor of the ve | hicle that w | as stopped on Adams Av | e was Pin |
| Cao. Cao stated that he | saw Dames "swer | ve" his bike | into Bradley | 's vehicle a | s passed his. At the ti | me of the |
| crash Dames was wearing | ear pods. Bradle | ey's vehicle | had minor sc | uff marks on | it's passenger side mi | rror |
| case. I took photos of B | | | | | _ | |
| Bureau. While taking pho | | ke I observed | that both of | it's tires | had very little tread l | eft |
| | on next page) | | | | | |
| Witnesses: Name (Last, First, Middle) | | Address | | | Phone # | Statement |
| | | | | | | |
| | | | | | | |
| Property Damage: | | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type Do | escription of Damaged Property | |
| | | | | | | |
| | | | | | | |
| Truck and Bus Information: | Registration #_ | | (From V | ehicle Section) | | |
| Carrier Name | | | | | Carrier Issuing Authority Co | ode 35 |
| Address | | | _ City | | St Zip | |
| US DOT #: | State Number | | Issuing State | ICC #: | Interstate | 36 |
| Cargo Body Type Code 37 G | ross Vehicle Weight | 38 | | | | |
| Trailer Reg #: | Reg Type | Reg State _ | Reg Year_ | Traile | r Length 39 | |
| Hazmat Information: Placard 40 Material 1 dig | it # 41 Material I | Name | | Material 4 digi | t#Release code | 42 |
| | | | | | | |

MICHAEL A MCSWEENEY

NewTon Folice Departs

O9/18/2020

Police Officer Name (Place Print)

Dispositor Department

Department

Department

Department

| Crash Diagram: ie: If Crash Diagram: If Crash Diagram: If Crash Diagram: Off-Street. Garage Mall/Shop Other Privil Indicate Nort I | Way: Parking Lot ping Center ate Way th by Arrow cers searched ng prior to |
|--|---|
| leaving them almost completely bladed. I further observed the bike was missing left pedal. Office the crash area for the bike's pedal with negative results, it appeared that the pedal was missing the crash. I further observed that only the front breaks of Dames bike where in working order. Date of the crash is a second order. | ng prior to |
| leaving them almost completely bladed. I further observed the bike was missing left pedal. Office the crash area for the bike's pedal with negative results, it appeared that the pedal was missing the crash. I further observed that only the front breaks of Dames bike where in working order. Date of the crash is a second to the crash of the cr | ng prior to |
| the crash area for the bike's pedal with negative results, it appeared that the pedal was missing the crash. I further observed that only the front breaks of Dames bike where in working order. Date of Dames bike where in working order. | ng prior to |
| | ames bike was |
| transported to the station and I filled out a property form (see report 20042471) | |
| | |
| | |
| | |
| | |
| | |
| | |
| Witnesses: | |
| Name (Last, First, Middle) Address Phone # | Statement |
| | |
| | |
| Property Damage: | |
| Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Proper | rty |
| | |
| | |
| Truck and Bus Information: Registration # (From Vehicle Section) | |
| Truck and Bus Information: Registration #(From Vehicle Section) Carrier Name Carrier Issuing Author | rity Code |
| | ip |
| US DOT #: State Number Issuing State ICC #: Intersta | 36 |
| 37] 38] | iic |
| Cargo Body Type Code Gross Vehicle Weight 39 | |
| Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information: | |
| Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release of | |