

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																						
Date of Crash 09/19/2020		Time of Crash 16:11 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>																																																																	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9																																																																	
<div>CHURCH ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>RICHARDSON ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>												2																																																																	
<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of _____</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div>												10																																																																	
<div><input checked="" type="checkbox"/> Vehicle 1 1 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div>Case Number 200000537</div>												11																																																																	
<div>License # --- St MA DOB/Age ---</div> <div>Reg # 29F10 Reg Type PAN Reg State MA</div> <div>Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____</div> <div>Veh Year 2020 Veh Make JEEP Veh Config. 2 20</div> <div>Operator MCCARTHY JR STEPHEN J</div> <div>Owner (Same as operator)</div> <div>Address 48 CLINTON ST</div> <div>Address _____</div> <div>City NEWTON State MA Zip 02458</div> <div>City _____ State _____ Zip _____</div> <div>Insurance Company METROPOLITAN PROPERTY AND CASUALTY INS</div> <div>Vehicle Action Prior to Crash 3 21</div> <div>Damaged Area Code: (Circle Up to Three)</div> <div>Vehicle Travel Direction: X S E W Responding to Emergency? N</div> <div>Event Sequence 4 22 22 22 22</div> <div>Most Harmful Event 4 23</div> <div>Driver Contributing Code 99 24 24</div> <div>Underride/Override 25 Towed N</div> <div>Citation # (If Issued) _____</div> <div>10 Undercarriage</div> <div>11 Totaled</div> <div>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____</div> <div>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>												12																																																																	
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→ 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:

to the rear frame.

As I was clearing the scene, Dispatch received a call from a Mr. James Gauthier. I spoke to Mr. Gauthier, and he stated that Mr. Hohmann's bicycle appeared to be broken when he observed him ride out of the YMCA driveway. He further stated that he was approximately 50 feet away from the scene, and did not see the accident occur, but that his attention was drawn to it when he heard the vehicle stop short. He stated that he does not believe that Mr. Hohmann struck the vehicle, because he didn't hear anything consistent with a bicycle making contact with a vehicle.

#### 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

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate

Cargo Body Type Code  Gross Vehicle Weight

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length

Hazmat Information:

Placard  Material 1 digit #  Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code

DECLAN G HEALY

NEWTON POLICE DEPART

09/19/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date