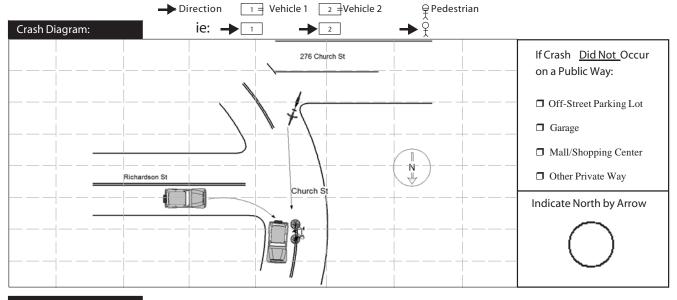
	Poli	ice Use Only		Commonwea	lth o	of Massa	achu	setts			RMV	Docum	ent Number	
	Date of Crash 09/19/2020	Time of Crash 16:11 24HR	NEWTON	1/10101		icle Cra Report	sh	Number Vehicles 1		Latitu	d Limit ude itude_	25	State Police Local Police MBTA Police Other:	Xi O
			RSECTION:		LOCAT		>		NOT	AT	INTE	RSEC	TION:	
		CHURG	CH ST											2
1 1	Route# Direc	etion		oadway/Street		Route# Directio	on Add	dress #		Nan	ne of R	oadway/S	treet	_ 2
	RICHARDSON ST Route# Direction Name of Intersecting Roadway/Street											. _		
											Exit Number	_		
Also at Intersection with				ction with	Feet NSEW			Route# Intersecting Road				ing Roadv	way/Street	
2 1	Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of								_ 1	
3					Landmark								\dashv	
	Wehicle1	#Occupants			Number		20	00000537						4
	License#	18 1	St MA	DOB/Age	Reg#	29F10			_ Reg Ty	pe_PAN	1	Reg S	tate MA	-
	Sex_M_ Lic.	Class D	Lic. Restrictions		Veh Ye	ear_2020	Veh	Make_JE	EP			Veh Con	fig. 2	
⁴ 2	Operator MC		STEPHEN First	J Middle	Owner	(Same as oper	ator)		First			Middle		- 1
		Address 48 CLINTON ST			Address									
	City NEWTO			MA Zip 02458	City				_					
5				TY AND CASUALTY INS	Vehicle	Action Prior to		3 2		amaged	l Area (Code: (Ci	rcle Up to Thre	e)
2	Vehicle Travel	Direction:	S E W Respo	nding to Emergency? N	Event S	Sequence 4 2	22 22 23	22	22 2		$\overrightarrow{}$	$\sum_{i=1}^{n}$	t 10 Undercarri	000
		ssued)			Most F	Harmful Event	4	24	24	←	9	(:	5 11 Totaled	age
⁶ 1				: ChSec		Contributing Co	ode 9	9			4		5	
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed N								
	Name (Last Fir		ator and all occupa	Address		Age/DOB	Sex Sex Pe		28 2 Airbag Airb Status Swit	9 30 Eject Code	31 Trap I Code S	32 3 njury Tran tatus Code	e Medical Facilit	1 4
	Operator			See Above				1	4 4	0	0	10 1	NONE	
⁷ 3	Please Select C of the Followi	I Vehicle	e# Occupants	Non-Motorist A Type	e 2	4 Action 1	5 Loca		16 Cond	ition 1	17	Hit/	Run Mope	ed
	License#StDOB/Age				Reg#_	Reg # Reg Type Reg State							.]	
	Sex_M_ Lic. Class 18 18 Lic. Restrictions CDL				Veh Ye	Zeh Year Veh Make Veh Config. 20								
⁸ 2	Operator HOHMANN RICHARD J Last First Middle Middle				Owner Last First Middle								-	
_	Address 276 CHURCH ST (apt. 312)				Address									
	City NEWTON State MA Zip 02458				City State Zip									
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								e)
	Vehicle Travel Direction: NSEW Responding to Emergency? E				Event Sequence 22 22 22 22 2 3 4									
Citation # (If Issued)					Most Harmful Event 23 10 Undercarri 5 11 Totaled							age		
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24								
	Violatio	Underride/Override 25 Towed 8 7 6												
	Pl Name (Last Fi		operator and all o	ccupants involved Address		Age/DOB		26 27 eat Safety Pos. System	28 2 Airbag Airb Status Swi	9 30 ag Eject tch Code	31 Trap I Code	32 3 njury Tran Status Coo		ity
	Operator/	Non-Motorist		See Above								10 1	NONE	
										+				



Crash Narrative:

The operator of Vehicle #1, identified as Mr. Stephen McCarthy, stated that he heard a noise beside his vehicle, which startled him. He then stopped his vehicle immediately to discover that a bicycle had fallen next to his vehicle. Mr. McCarthy stated that he is unsure if his vehicle was struck by the bicycle. He initially believed that contact was made, but he could not find any damage to the vehicle. Upon inspecting the vehicle myself, I did not find any damage.

Mr. Richard Hohmann stated that he rode his bicycle out of the driveway at 276 Church St, and turned left onto Church St. He stated that the rear of his bicycle was struck by Vehicle #1 as it turned right from Richardson St. onto Church St.

Mr. Hohmann was seen by the medics, but declined service. His bicycle, a grey Trek, appeared to have damage

(Continued on next page)

Witnesses: Name (Last, First, Middle) Address Phone # Statement 276 (apt 314) CHURCH ST NEWTON,MA 02458 N

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property** Truck and Bus Information: Registration # ______(From Vehicle Section) 35 Carrier Name _ ___ Carrier Issuing Authority Code Address__ US DOT #: State Number __ Issuing State _____ ICC #:___ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #:_ Hazmat Information:

DECLAN G HEALY		NEWTON POLICE DEPARTM	09/19/2020		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Material Name______ Material 4 digit # ______ Release code

Placard

Material 1 digit #

-	Direction	1 = Vehicle 1	≥ ≢Vehicle 2	Pedestria	ın	
Crash Diagram:	ie: →	1 -	2	▶ ♀		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					—	ng Lot
					☐ Garage	
					☐ Mall/Shopping C	Cantar
		+				
					Other Private Wa	iy
					Indicate North by A	Arrow
		<u> </u> +	-	+		
	- — — — — —				\	
Crash Narrative:	'			,		
to the rear frame.						
As I was clearing the scen	e, Dispatch re	eceived a call	from a Mr.	James Gauth	ier. I spoke to Mr. Gauth	nier, and
he stated that Mr. Hohmann	's bicycle app	peared to be h	roken when he	e observed	him ride out of the YMCA	
driveway. He further state	d that he was	approximately	50 feet away	from the	scene, and did not see th	ne
accident occur, but that h	is attention w	was drawn to i	t when he hea	ard the veh	icle stop short. He state	ed that
he does not believe that M	r. Hohmann str	ruck the vehic	ele, because h	ne didn't h	ear anything consistent w	vith a
bicycle making contact wit	h a vehicle.					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Dramarty Damage						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
			71			
Truck and Bus Information:	Registration #		(From Ve	ehicle Section)		35
Carrier Name					Carrier Issuing Authority Co	
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code Gros	ss Vehicle Weight	38				
 Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	ler Length 39	
Hazmat Information:						
Placard 40 Material 1 digit #	41 Material I	Name		Material 4 dis	git # Release code	42
					09/19/2	

CDP1 11 ·24·00

Police Officer Name (Please Print)

ID/Badge #