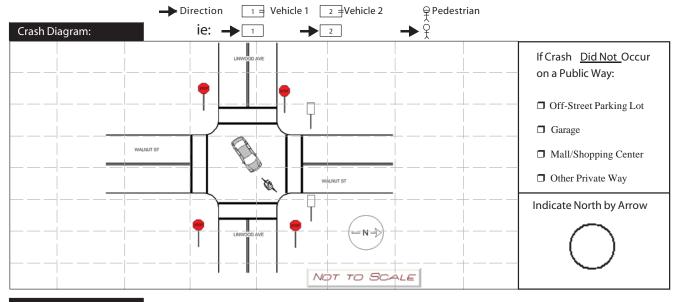
	Poli	ice Use Only		Commonwe	alth o	of Mass	achı	usetts	}		RMV	Docum	ent Number	
	Date of Crash 12/01/2020	Time of Crash 08:36	City/Town	MIOTOI		icle Cra	sh	Number Vehicles			d Limit ude	25	State Police Local Police MBTA Police	NA NA
	,,,,,	24HR		Po		Report		1	0		itude_		Other:	_
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	EAST	Γ LINWO	OOD AVE											
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direc	tion	Name of R	oadway/Street		Route# Directi	on Ac	ddress #		Nan	ne of Ro	oadway/S	treet	2 10
	NOR	TH WALNU				Feet [N S E	W of	— — Mile N	• Marker	o	or	Exit Number	-
	Route# Direc	etion N	Jame of Intersecting Also at Interse			Feet	N S E	W of					Ziii i tailioti	
2						Feet	N S E	W of	Route	I1	ntersecti	ing Roadv	way/Street	- 11 1
² 2	Route# Direc	tion	Name of Intersecti	ng Roadway/Street							Land	dmark		
3	XVehicle1	_1_#Occupants	Hit/Run	Moped Case	e Number		20	000000685						
	License#		St MA	DOB/Age _ 	Reg#	5HMX80			Reg Ty	ne PAN	1	Reg S	tate MA	
	Sex_M Lic.	18 1		B CDL	_	ear 2010							20	_
4	Operator TEC		TIMOTHY	Endorsment	_	(Same as ope								- 1 ¹²
4	Address 40 CF		First	Middle		SS			First			Middle		. 1
	City NEWTO	N	State	MA Zip 02465	_ City _						_State_	Zi	ip	-
	Insurance Com	pany_VERMON	T MUTUAL		Vehicle	e Action Prior t	o Crash	4	21 I	Damageo	l Area (Code: (Ci	ircle Up to Thre	ee)
5 1	Vehicle Travel	Direction:	S E W Respon	nding to Emergency? N	Event	Sequence 4	22 22		22 2		3			
	Citation # (If I	ssued) T2015904			Most I	Harmful Event	4 23		1	←	9	/ <u> </u>	10 Undercarr 5 11 Totaled	iage
6	Violation	1: Ch90/14/9ec	Violation 2	: ChSec	Driver	Contributing C		19 24	24		\bigcap_{i}	إللا	5	
⁶ 2				: ChSec	Under	ride/Override	25	Towe	d_N	0 20	/			12
	Name (Last Fir		ator and all occupa	ants involved Address		Age/DOB	Sex	26 27 Seat Safety Pos. System	28 Airbag Airb Status Swi	9 30 ag Eject ch Code	31 Trap I Code S	32 3 njury Tran Status Code	sp. e Medical Facili	ty 13
	Operator			See Above				1	4 4	0	0	10 1		
⁷ 2	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A Ty	ype 2	Action 2	Local	ation 2	16 Cond	ition 1	17	Hit/	Run Mop	ed
	License#		St	DOB/Age	_ Reg#_				Reg Ty	pe		Reg S	tate	_
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8 1	Operator <u>LE</u>	Last	NICOLAS First	Middle	_ Owner	La	st		First			Middle		-
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	City NEWTO	N	State	MA Zip 02460	_ City _						_State_		ip	-
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	l			2: ChSec		Contributing C	ode 25	L	8		7		5	
				4: ChSec ccupants involved	Under	ride/Override		Tower	28 2 Airbag Airb	9 .30	31 Trap In	32 3	33	_
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	Operator/	Non-Motorist		See Above								10 1		\dashv
					<u> </u>									

Pol	lice Use Only		Commo	onweal	th o	f Mass	achi	isetts	\$		RMV D		nt Number	
Date of Crash	Time of Cras	sh City/T	own N			cle Cra	ash	Number Vehicles			l Limit _ ıde	SL	tate Police ocal Police IBTA Police	
	24H					Report					itude	C	Other:	
	AT INTE	ERSECTION:		< Lo	OCAT	ION	>		NOT	AT	INTER	SECT	ION:	
Route# Direc	ction	Name o	of Roadway/Street At		R	oute# Direct	ion A	ldress #		Nan	ne of Roa	dway/Str	eet	_
1			At		- -	Feet	N S E	W of		•	or		Exit Number	_
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		Also at Inte	ersection with		- -				Route	Ir	ntersecting	g Roadwa	ny/Street	-
Route# Direc	ction	Name of Inters	ecting Roadway/Stre	eet	— -	Feet	N S E	w of						
	#0		<u> </u>	$\overline{}$							Landn	nark		
Vehicle	#Occupan	ts Hit/Rur	Moped											
License #	18	St	DOB/Age		Reg#_				Reg Ty	ре		Reg Sta	te	_
Sex Lic.		Lic. Restriction	ons CDL	rsment	Veh Yea	ar	Ve	h Make			V	eh Config		
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Vehicle Trave	l Direction:	N S E W Res	sponding to Emerge	ency?	Event S	sequence	22 23		22 2		3	4	10.11	
Citation # (If	Issued)				Most H	armful Event	23		24	←	9	5	10 Undercarr 11 Totaled	age
Violation	n 1: ChS	Sec Violatio	n 2: ChSec_		Driver (Contributing C	Code 25	24	24 8		<u> </u>			
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved				Underri	de/Override		Towe	ed	0 20				
Name (Last Fi		erator and all occ		dress		Age/DOB	Sex	26 27 Seat Safety Pos. System	28 2 Airbag Airb Status Swit	ag Eject ch Code	Trap Inju Code Stat	32 33 Iry Transp Code	Medical Facili	ity
Operator	:		See Al	bove								_		
Please Select	I Vehic	cle# Occupa	nts Non-Moto	orist A Type	97	Action 97	15 Loc	ation 99	16 Cond	ition 1	17	Hit/Ru	un Mop	ed
	J	G,	DOD/A == 1		D #				D T			D. G.		
License # Sex_M_ Lic.	18	StStStStSt	19			ar							20	-
Operator LE		THANH		rsment				n Make			V	eh Config	3.	
Address 13 B	Last	First	Mid	ldle		L	ast		First			Middle		_
1			tate MA 7 in 024	160)					State	Zip		-
City NEWTON State MA Zip 02460 Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency?					-	Action Prior			21 [ele Up to Thre	ee)
						Sequence	22 2	2 22	22 2		3	4	•	,
Citation # (If						armful Event	23						10 Undercarr	iage
1		Sec Violati	on 2: ChSec			Contributing (Code	24	24	←	9	5	11 Totaled	
			on 4: ChSec			de/Override	25	Tower			7	6		
			ll occupants invol						28 2 Airbag Airb	9 30 Eiect	31 3 Trap Inju	32 33 Iry Transp		
Name (Last F				ldress		Age/DOB	Sex	Pos. System	m Status Swi	tch Code	Code Sta	atus Code		lity
Operator	/ INOH-MOIOIOISI		See At	DOVE						+	10) 1		
										+				



Crash Narrative:

Operator of vehicle one Timothy Trencher stated that on 12/01/2020 at 08:36 hours he was driving his vehicle a 2010 Toyota Prius east bound on Linwood Ave near Walnut St. Linwood Ave and Walnut St are public ways in the City of Newton. Techler stated that he came to a stop at the stop sign at Walnut St and then turned left into the north bound lane of Walnut St. Techler stated that he did not see any on coming traffic , bicyclist or pedestrians in the roadway before he turned into the north bound lane of Walnut St. Techler stated that his vehicle's front bumper made contact with a bicycle ridden by Nicolas Le (DOB 04/05/2006) .

Techler stated that he was not injured and his vehicle did not require a tow.

Le stated that he is a student at Newton North High School and was riding his bike a Giant mountain bike to school. Le stated that he was stopped on his bike on the northeast corner of the intersection of Linwood Ave

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
KAUFMAN , JASON, T		27 ELLIOT AVI W NEWTON,M						N
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	of Damaged	Property	
Truck and Bus Information: Carrier Name	Registration #		(From Vehic	le Section)	Cai	rrier Issuing	Authority Code	35
Address		(City		S	t	Zip	
US DOT #:			Issuing State	ICC #:_		I	Interstate	36
	s Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length			
Hazmat Information:					_			
Placard 40 Material 1 digit #	Material Nam	ne		Material 4	digit #	Re	elease code	42

rash Diagram:	→ Direction 1 = ie: → 1	Vehicle 1 2 =Vehicle 2	→ Ž	
 	 		. 	If Crash <u>Did Not</u> Occur on a Public Way:
				☐ Off-Street Parking Lot
				☐ Garage
				☐ Mall/Shopping Center
	- — — — — — — 		+	☐ Other Private Way
				Indicate North by Arrow
	 		. + +	
ash Narrative:		1		
	d that he saw a peo	destrian latter ident	ified as Jason Kaufm	an walking west bound
crosswalk from the	east side of Walnut	t St to the west side	of Walnut St. Le st	ated that as Kaufman wa

and Walnut St. Le stated that he saw a pedestrian latter identified as Jason Kaufman walking west bound in the crosswalk from the east side of Walnut St to the west side of Walnut St. Le stated that as Kaufman was crossing over Walnut St he assumed that it was clear to cross over Walnut St while riding his bike. Le stated that he was unsure if the yellow flashing crosswalk lights were activated. Le stated that he rode his bike off of the side walk at the northeast corner of Walnut St at Linwood Ave. Le stated that he did not ride his bike in the marked crosswalk that run from east to west over Walnut St at Linwood Ave. Le stated he rode his bike diagonally into the intersection towards the south west corner of the intersection. Le stated that he did not see Techler's vehicle prior to entering the intersection. It should be noted that at the time of the crash Le was wearing earphones and stated the he was listening to music. Le stated that he was not

(Continued or	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	ription of Damag	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)				25
Truck and Bus Information:	Registration #		(From Vehic	le Section)		Carrier Issui	ing Authority Cod	35
								e
Carrier Name		(City			St	Zip	e
Carrier Name Address US DOT #: 37	State Number	(City			St	Zip	e
Carrier Name Address US DOT #: 37	State Numbers Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	e
Carrier Name	State Numbers Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	e
Carrier Name	State Numbers Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC #: Tra	ailer L	Stength 39	Zip Interstate	e

MICHAEL A MCSWEENEY NEWTON POLICE DEPARTS 12/01/2020
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

_	Direction 1	1 = Vehicle 1	2 =Vehicle 2	Pedestri	an	
Crash Diagram:	ie: →□	1 -	2	· Ŷ		
					If Crash <u>Did No</u> on a Public Way:	
					☐ Off-Street Park	ing Lot
					Garage	
	į		į		☐ Mall/Shopping	Center
					Other Private W	/ay
					Indicate North by	Arrow
Crash Narrative:						
to the crash scene. Le's h						esponded
Based upon statments made						at they
both bear responsibility f	_					
the flashing yellow crossy						
diagonally into the inters					_	
violation of MGL 90/14 , i						
· · ·						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
rame (zasy) msq maarey		7.444.655			1 Hone ii	Statement
Property Damage:	Address		Phone #	34-Type	Description of Damaged Property	
Owner (Last, First, Middle)	Address		Priorie #	34-1ype	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		35
Carrier Name					Carrier Issuing Authority C	
Address			City		St Zip	
US DOT #:	_ State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38			L	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iller Length 39	
Hazmat Information:			-			
Placard 40 Material 1 digit	# 41 Material N	Name		Material 4 d	ligit # Release code	42
						
MICHAEL A MCSWEENEY			NEWTO	N POLICE DEPARTA	12/01	/2020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)