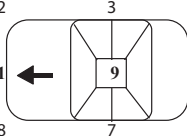
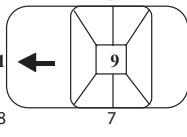


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash		Time of Crash 24HR		City/Town		Motor Vehicle Crash Police Report		Number Vehicles	Number Injured	Speed Limit _____ Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
1	Route# _____ Direction _____ Name of Roadway/Street _____ At _____					Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							10
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____					____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____							11
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____					Landmark _____							
3	<input type="checkbox"/> Vehicle _____ #Occupants _____		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped								
	License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Endorsment _____					Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20							12
4	Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____					Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three)							
5	Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Most Harmful Event <input type="checkbox"/> 23 1  10 Undercarriage Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24 5 11 Totaled Underride/Override <input type="checkbox"/> 25 Towed _____							
6	Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												
	Please fill out for operator and all occupants involved												13
	Name (Last First Middle) _____ Address _____ Age/DOB _____ Sex _____					26 Seat Pos. _____ 27 Safety System _____ 28 Airbag Status _____ 29 Airbag Switch _____ 30 Eject Code _____ 31 Trap Code _____ 32 Injury Status _____ 33 Transp. Code _____ Medical Facility _____							
	Operator _____ See Above												
7	Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants _____ <input checked="" type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 <input type="checkbox"/> 97 Action <input type="checkbox"/> 15 <input type="checkbox"/> 97 Location <input type="checkbox"/> 16 <input type="checkbox"/> 99 Condition <input type="checkbox"/> 17 <input type="checkbox"/> 1 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												
	License # _____ St _____ DOB/Age _____ Sex <input type="checkbox"/> M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Endorsment _____					Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20							
8	Operator <input type="checkbox"/> LE <input type="checkbox"/> THANH <input type="checkbox"/> _____ Last First Middle Address <input type="checkbox"/> 13 BEMIS RD City <input type="checkbox"/> NEWTON State <input type="checkbox"/> MA Zip <input type="checkbox"/> 02460 Insurance Company _____					Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three)							
	Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Most Harmful Event <input type="checkbox"/> 23 1  10 Undercarriage Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24 5 11 Totaled Underride/Override <input type="checkbox"/> 25 Towed _____							
	Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												
	Please fill out for operator and all occupants involved												
	Name (Last First Middle) _____ Address _____ Age/DOB _____ Sex _____					26 Seat Pos. _____ 27 Safety System _____ 28 Airbag Status _____ 29 Airbag Switch _____ 30 Eject Code _____ 31 Trap Code _____ 32 Injury Status _____ 33 Transp. Code _____ Medical Facility _____							
	Operator/Non-Motorist _____ See Above												

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Linwood Ave

Walnut St

NOT TO SCALE

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:

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 AVE W NEWTON, MA 02465	-----	N

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

MICHAEL A MCSWEENEY NEWTON POLICE DEPT 12/01/2020

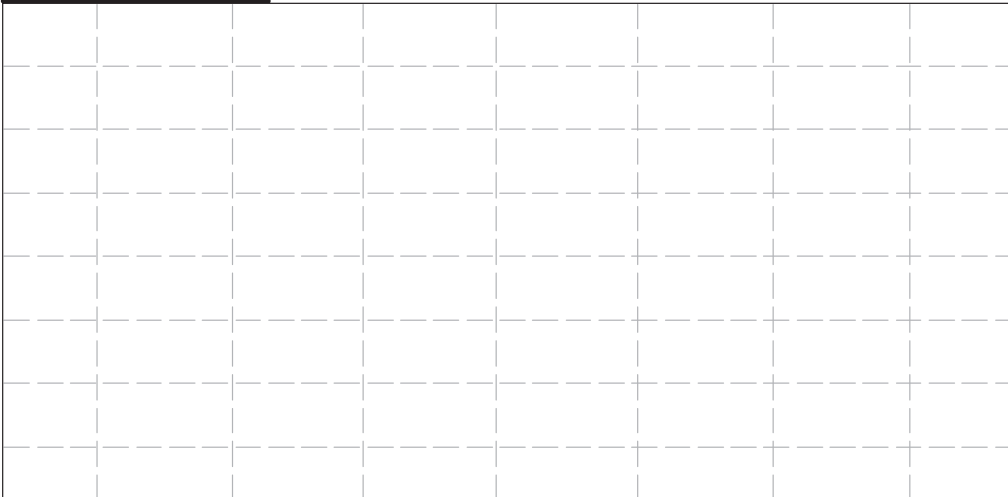
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

→ 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:

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 on next page)

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

MICHAEL A MCSWEENEY

NEWTON POLICE DEPT

12/01/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

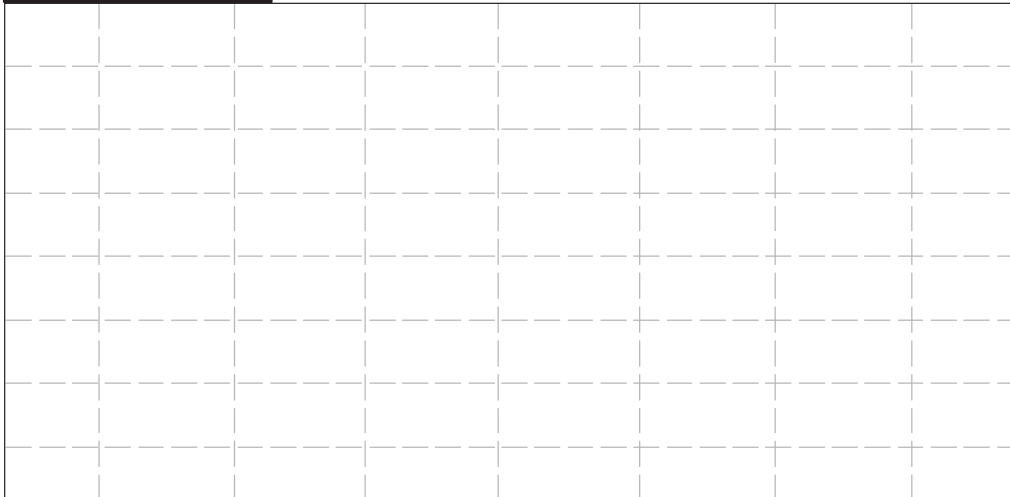
Precinct/Barracks

Date

→ 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:

injured in the crash and signed a patient refusal from in the presence of his father Thanh Le who responded to the crash scene. Le's bike had damage to the front tire and front breaks.

Based upon statements made to me by Le, Techler and my observations of the crash area, I believe that they both bear responsibility for the cause of the crash. Le was not in a marked crosswalk and was not sure if the flashing yellow crosswalk lights were activated. Le also was listening to earphones while crossing diagonally into the intersection. I issued Techler MA Uniform Citation T2015904 and cited him for a violation of MGL 90/14 , failure to yield to a bicyclist while turning left.

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

MICHAEL A MCSWEENEY

NEWTON POLICE DEPT

12/01/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date