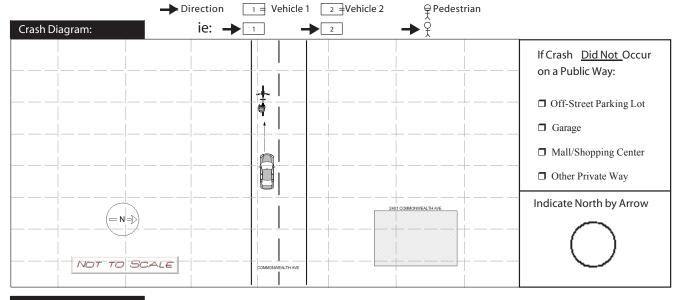
	Poli	ice Use Only		Commonwea	lth o	f Massa	achu	isetts			RMV		ent Number	
	Date of Crash 05/11/2021	Time of Cras 22:08	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 0		Latit	d Limit ude gitude		State Police Local Police MBTA Police Other:	XI D
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	Route# Direc	ction	Name of Intersecting	Roadway/Street	<u> </u>				Mile N	Iarker			Exit Number	
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	1				Address	3								-
	City		State	Zip	City								p	-
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	Operator	Last	First	Endorsment	Owner	Las			First			Middle		-
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-		24HR					Report			210		gitude_		_ Othe	r:	_
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ſ	Please 1		rator and all occ	cupants invo	olved Address		Age/DOB	Sex	26 2 Seat Safet Pos. Syste	7 28 y Airbag Ai m Status Sv	29 30 rbag Ejec ritch Code	31 t Trap c Code	32 Injury Tr Status C	33 ransp. rode M	edical Facilit	y
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r		Non-Motorist			See Above		Age/DOE		Sys	Status S	witch Coo	de Code		2 BI		ıty
r																
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Crash Narrative:

Bicyclist Michael Foley stated that on 05/11/2021 at approximately 22:00 hours he was riding his Blanch mountain bike west bound near 2401 Commonwealth Ave when he was struck from behind by an unknown vehicle.

Commonwealth Ave is a public way in the City of Newton. Foley stated that he was thrown from his bike and onto the roadway. It should be noted that the section of Commonwealth Ave were the crash occurred is not lit. At the time of the crash Foley was wearing dark non reflective clothing. Foley was not wearing a helmet or any other safety equipment at the time of the crash. Foley stated that he did not see what type of vehicle struck him from behind and could not offer any other description. Foley was discovered laying in the roadway by a Good Samaritan at 22:08 hours. Upon inspection of Foley's bike I observed that the rear tire and rear fender was bent inward to the left side. I further observed that Foley's bike had no reflective materials

(Continued on next page) Witnesses: Address Name (Last, First, Middle) Phone # Statement **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: _____ Material 4 digit # _____ Release code Placard Material 1 digit # Material Name

MICHAEL A MCSWEENEY			NEWTON POLICE DEPARTM		05/11/2021	
Police Officer Name (Please Print)	Signature	ID/Badge#	Department	Precinct/Barracks	Date	

	→ Direction 1 = Ve	hicle 1 2 =Vehicle 2	♀ Pedestrian	
Crash Diagram:	ie: → 1	2	→ Ŷ	
		_	 	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
		 	 	
Crash Narrative:				
affixed to it. Foley sta	ted he did not lose of	consciousness as a	result of the crash	. Foley was transported vi
EMS to the Beth Israel	Hospital in Boston fo	or treatment. I resp	oond to the Beth Is	rael Hospital and Foley
again reiterated what he	had stated at the co	rash site, about no	ot having any descr	iption of the vehicle that
struck him. The staff I	spoke with at the hos	spital stated that	Foley had a possible	e broken shoulder and/or
collarbone and abrasions	to his hands and leg	gs. Foley's bike a	nd a bag of his pos	sessions were secured at
Support Services at the	station and Ofc Fay	filled out a prope	rty form. During a	canvass of the crash site

no physical evidence from a vehicle was observed. I also observed no skid marks on the roadway. There were no cameras in the area. Due to the lack of physical evidence ,and no witness to this crash I believe that the operator of the vehicle that struck Foley may not of even been aware that a crash occurred. It should be

(Continued on next next)

(Continued o	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 Vehi	cle Section)	
Truck and Bus Information: Carrier Name	Registration #			Carrier Issuing Authority Code 35
Carrier Name		City		Carrier Issuing Authority Code St Zip
Carrier Name Address US DOT #:		City		Carrier Issuing Authority Code St Zip Interstate 36
Carrier Name Address US DOT #:	State Number	City Issuing State	ICC#:_	Carrier Issuing Authority Code St Zip Interstate 36
Carrier Name Address US DOT #: Cargo Body Type Code37 Gros	State Number	City Issuing State	ICC#:_	Carrier Issuing Authority Code St Zip Interstate 36

MICHAEL A MCSWEENEY

Police Officer Name (Please Print)

Signature

NEWTON POLICE DEPARTM

O5/11/2021

Department

Precinct/Barracks

Date

-	→ Direction	1 = Vehicle 1	2 =Vehicle 2	Pedestria	an	
Crash Diagram:	ie: →□	1	2	→ ĝ		
					If Crash <u>Did No</u> on a Public Way	
		_			Off-Street Park	ring Lot
				į	☐ Mall/Shopping	g Center
		_			Other Private V	Vay
		<u> </u>		+	Indicate North b	y Arrow
	_					.
		_)
Crash Narrative:						
noted that over the past	18 years I have	e had numerou	s interaction	s with Fole	y, and I know that he i	s homeless
and has resisted any aid						
adjacent to the Massachus						hington St
Newton, and the law fir	m of Jason and	Fisher at 47	winter St Bo	ston as con	tact locations.	
When						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:			- N "	24.7		
Owner (Last, First, Middle)	Address		Phone #	34-Type I	Description of Damaged Property	
Truck and Bus Information: Carrier Name				Tehicle Section)	Carrier Issuing Authority	Tode 35
Address						
US DOT#:						36
37	oss Vehicle Weight	38				
Trailer Reg #:		Reg State	Reg Year	Trai	ler Length 39	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material	Name		Material 4 di	git# Release code	42
MICHAEL A MCSWEEN	EY		NE	WTON POLICE DEPARTM	05/	11/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)