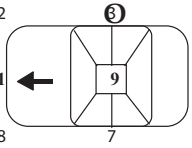
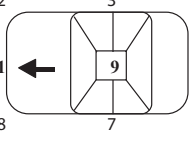


|   |  |                                  |                               |   |  |                                      |                     |  |                     |   |  |  |  |
|---|--|----------------------------------|-------------------------------|---|--|--------------------------------------|---------------------|--|---------------------|---|--|--|--|
| Police Use Only   |  |                                  | Commonwealth of Massachusetts |   |  |                                      | RMV Document Number |  |                     |   |  |  |  |
| Date of Crash<br>08/09/2021   |  | Time of Crash<br>13:56<br>24HR   |                               | City/Town<br>NEWTON   |  | Motor Vehicle Crash<br>Police Report |                     | Number Vehicles<br>1   | Number Injured<br>1 | Speed Limit 30<br>Latitude _____<br>Longitude _____ |  | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |  |
| AT INTERSECTION:  |  |                                  |                               | < LOCATION >  |  | NOT AT INTERSECTION:                 |                     |  |                     |   |  |  |  |
| <div>EAST CALIFORNIA ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>NORTH ADAMS 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> |  |                                  |                               | <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Landmark</div> |  |                                      |                     |  |                     |   |  |  |  |
| <input checked="" type="checkbox"/> Vehicle 1 #Occupants  |  | <input type="checkbox"/> Hit/Run |                               | <input type="checkbox"/> Moped  |  | Case Number 210000591                |                     |  |                     |   |  |  |  |
| License # --- St MA DOB/Age ---   |  |                                  |                               | Reg # 1YEM63 Reg Type PAN Reg State MA  |  |                                      |                     |  |                     |   |  |  |  |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment  |  |                                  |                               | Veh Year 2004 Veh Make HONDA Veh Config. 2 20   |  |                                      |                     |  |                     |   |  |  |  |
| Operator DIAZ MARCO Last First Middle   |  |                                  |                               | Owner (Same as operator) Last First Middle  |  |                                      |                     |  |                     |   |  |  |  |
| Address 4 CANESSA ST  |  |                                  |                               | Address   |  |                                      |                     |  |                     |   |  |  |  |
| City RANDOLPH State MA Zip 02368  |  |                                  |                               | City State Zip  |  |                                      |                     |  |                     |   |  |  |  |
| Insurance Company LM GENERAL  |  |                                  |                               | Vehicle Action Prior to Crash 1 21  |  |                                      |                     | Damaged Area Code: (Circle Up to Three)  |                     |   |  |  |  |
| Vehicle Travel Direction: N S X W Responding to Emergency? N  |  |                                  |                               | Event Sequence 4 22 22 22 22 2  |  |                                      |                     |    |                     |   |  |  |  |
| Citation # (If Issued)  |  |                                  |                               | Most Harmful Event 4 23   |  |                                      |                     |  |                     |   |  |  |  |
| Violation 1: Ch Sec Violation 2: Ch Sec   |  |                                  |                               | Driver Contributing Code 1 24 24  |  |                                      |                     |  |                     |   |  |  |  |
| Violation 3: Ch Sec Violation 4: Ch Sec   |  |                                  |                               | Underride/Override 25 Towed N   |  |                                      |                     |  |                     |   |  |  |  |
| 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 See Above  |  |                                  |                               | -----   |  |                                      |                     |  |                     |   |  |  |  |
|   |  |                                  |                               |   |  |                                      |                     |  |                     |   |  |  |  |
|   |  |                                  |                               |   |  |                                      |                     |  |                     |   |  |  |  |
|   |  |                                  |                               |   |  |                                      |                     |  |                     |   |  |  |  |
| Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped  |  |                                  |                               |   |  |                                      |                     |  |                     |   |  |  |  |
| License # --- St DOB/Age ---  |  |                                  |                               | Reg # Reg Type Reg State  |  |                                      |                     |  |                     |   |  |  |  |
| Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment  |  |                                  |                               | Veh Year Veh Make Veh Config. 20  |  |                                      |                     |  |                     |   |  |  |  |
| Operator Last First Middle  |  |                                  |                               | Owner Last First Middle   |  |                                      |                     |  |                     |   |  |  |  |
| Address   |  |                                  |                               | Address   |  |                                      |                     |  |                     |   |  |  |  |
| City State Zip  |  |                                  |                               | City State Zip  |  |                                      |                     |  |                     |   |  |  |  |
| Insurance Company   |  |                                  |                               | Vehicle Action Prior to Crash 21  |  |                                      |                     | Damaged Area Code: (Circle Up to Three)  |                     |   |  |  |  |
| Vehicle Travel Direction: N S E W Responding to Emergency?  |  |                                  |                               | Event Sequence 22 22 22 22 2  |  |                                      |                     |   |                     |   |  |  |  |
| Citation # (If Issued)  |  |                                  |                               | Most Harmful Event 23   |  |                                      |                     |  |                     |   |  |  |  |
| Violation 1: Ch Sec Violation 2: Ch Sec   |  |                                  |                               | Driver Contributing Code 24 24  |  |                                      |                     |  |                     |   |  |  |  |
| Violation 3: Ch Sec Violation 4: Ch Sec   |  |                                  |                               | Underride/Override 25 Towed   |  |                                      |                     |  |                     |   |  |  |  |
| 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    →

**Crash Diagram:**

CALIFORNIA ST

Unit 1

ADAMS ST

← N →

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:**

On 08/09/2021 at 13:56 hours I responded to the intersection of California St at Adams St for a crash involving a motor vehicle and a bike. California St and Adams St are both public ways in the City of Newton. Upon my arrival I was informed the bicyclist, Joshua Cohen was transported to Newton Wellesley Hospital for treatment. I spoke with Marco Diaz who stated that he was driving his 2004 Honda Pilot (MA reg 1YEM63) east bound on California St near Adams St. Diaz stated that as his vehicle passed Adams St he heard a loud bump coming from the rear passenger side of his vehicle. Diaz stated that he looked into his rearview mirror and realized that something had crashed into his vehicle. Diaz stated that he stopped his vehicle had saw a male on a bike had crash into his vehicle. Diaz stated that he was not injured in the crash and his vehicle did not require a tow. I observed small scrape marks on the rear passenger side quarter panel of

(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

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      08/09/2021

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:

Diaz's vehicle. Cohen's bike was a Metakoo 26'' electric bike, that has a top speed of 20 MPH. Cohen's bike did not appear to have any damage on it and was secured at Cohen's residence. I spoke with Cohen at the ER at Newton Wellesley Hospital where he was waiting treatment for a laceration to his forehead and a possible concussion. Cohen stated that he "was going to fast and took a too wide of a turn" from the north bound lane of Adams St onto the east bound lane of California St. Cohen stated "I hit into him " ( Diaz ) . Based upon statements made to me by Diaz and Cohen and my observations of the crash area I believe that Cohen is at fault for this crash. I took photos of Diaz's vehicle and Cohen's bike, the disk was downloaded by the NPD IT Bureau.

#### 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

08/09/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date