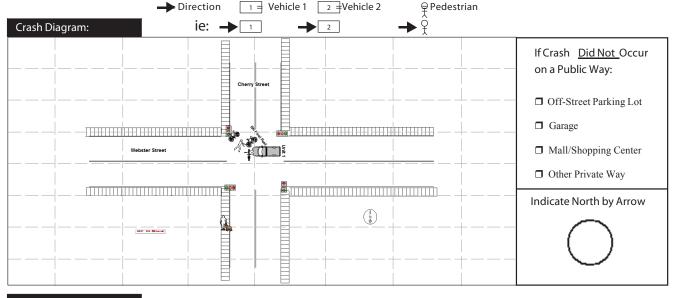
	Poli	ice Use Only		Commonwea	alth o	of Massa	achu	setts			RMV	Docum	ent Number	
	Date of Crash 11/01/2021	Time of Crash 12:19	City/Town	MIOTOI		icle Cra	sh	Number Vehicles			d Limit ude		State Police Local Police MBTA Police	XI
		24HR				Report		1	1		itude_		Other:	_
		AT INTER	SECTION:	<]	LOCA	IION :	>		NOT	AT	INTE	RSEC	CTION:	
	SOU	TH CHERR	Y ST											
1	Route# Direc	tion	Name of R	oadway/Street		Route# Direction	on Add	lress #		Nan	ne of Ro	oadway/S	Street	2
	EAST	T WEBST				Feet N	N S E V	V of		•	o	or		. -
	Route# Direc	etion N	Jame of Intersecting			Fast 3	N S E V	V .c	Mile N	larker			Exit Number	_
			Also at Interse	ction with				_	Route#	Ir	ntersecti	ing Road	way/Street	-
2 1	Route# Direc	tion	Name of Intersecti	ng Roadway/Street		Feet N	N S E V	V of						3
3				 							Land	dmark		\dashv
	XVehicle1	1_#Occupants	Hit/Run	Moped Case	Number		210	00000886						┙
	License#		St MA	DOB/Age	Reg#	2MHL91			Reg Ty	pe_PAN	I	Reg S		_
	Sex_M_ Lic.	Class D 18 1	8 Lic. Restrictions	1 CDL	Veh Y	ear_2020	Veh	Make_FC	ORD			Veh Con	afig. 20	
4_	Operator CAI	RTER	JEFFREY	Endorsment	Owner	(Same as oper	rator)		First			Middle		- 1
3	Address 425 N	IAIN STREET	First	Middle		SS						Middle		_
	City MILLIS		State	MA Zip 02054								Z	ip	
	Insurance Com	pany COMMER	CE		Vehicle	e Action Prior to	Crash	1 2	1	amaged	l Area (Code: (C	ircle Up to Thre	ee)
5 1	Vehicle Travel	Direction: N	S X W Respon	nding to Emergency? N	Event	Sequence 1 2	22 22	22	22 2		3		4	
1	Citation # (If I	ssued)			Most I	Harmful Event	1 23				9		10 Undercarr	iage
	Violation	1: ChSec	Violation 2	: ChSec	Driver	Contributing Co		24	24	┱	/		5 11 Totaled	
⁶ 1	Violation	3: ChSec	Violation 4	: ChSec	Under	ride/Override	25	Towe	$\frac{1}{d}$ 0		7		6	
			ntor and all occupa				Se	26 27 at Safety	28 2 Airbag Airb	9 30 Eject	31 Trap I	32 Tran	33 1sp.	1
	Name (Last Fir Operator	st Middle)	1	Address See Above		Age/DOB	Sex Po	s. \$ystem	Status Swit	ch Code 0	Code 5	tatus Cod	le Medical Facili	4
	1								1 1			10 1		
_														
2	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A Tyj	pe 2	Action 1	5 Locat		16 Cond	ition 9	9	Hit/	/Run Mop	ed
		<u> </u>	C4	DOD/A	D #				D. o. To			D C		-
	License # Sex M Lic. (Class 18 1		DOB/Age 19								_	20	-
8	Operator NG		Lic. Restrictions THANH	CDL Endorsment		ear		маке				Veh Con	ing.	
8 1	Address 223 R	Last	First	Middle		Las	t		First			Middle		-
	City NEWTO		Ct-t-	MA Zip 02465		SS					Ctata	7	·:_	-
			State	Zip <u>02403</u>		A di Di Di da		2	<u>1</u>)amaged	_State_ Area (ipircle Up to Thro	- ee)
	Insurance Com		e F w P			e Action Prior to	22 22	22	22 2	umagea	3	,	4	
	Vehicle Travel		S E W Respo	onding to Emergency?		Sequence	23						10 Undercarr	iage
	Citation # (If I	·		2 61 6		Harmful Event		24	24	←	9		5 11 Totaled	
	l			2: ChSec		Contributing Co	ode		8		7	اللا	6	
			operator and all o	4: ChSec ccupants involved	Under	ride/Override		Towed		9 30	31	32 \ 3	33	
	Name (Last Fi	rst Middle)	operator and all 0	Address		Age/DOB		at Safety os. Systen	28 2 Airbag Airb Status Swi	ng Eject tch Code	Trap II	njury Tran Status Co	nsp. de Medical Faci	lity
	Operator/	Non-Motorist		See Above			-					7 2	BI BOSTON	



Crash Narrative:

On Monday November 1st 2021, I responded the intersection of Cherry Street and Webster Street with several other units, for a report of a motor vehicle accident involving a bicyclist. At the time of the accident the weather was sunny and the road surface was dry. Both Cherry Street and Webster Street are owned and maintained by the City of Newton.

While in route to the scene, units updated dispatch that the party was unconscious and not responding. Upon arrival I observed the bicyclist laying in the middle of the intersection being tended to by the medics.

Medics on scene updated that the bicyclist was now conscious but was not alert and not responding to questions. Medics were able to locate a wallet and cell phone in his pocket and I was able to identify the bicyclist by his Mass License as Thanh Nguyen (S84815152).

(Continued on next page)

Witnesses:							
Name (Last, First, Middle)		Address			Pho	ne #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Da	amaged Property	
NGUYEN, THANH,	223 RIVER ST NEWTON,MASS	ACHUSETTS 02	617-750-1747	3	RED FIFIELD FO	LDING BICYCLE	
Truck and Bus Information: Carrier Name	Registration #			ĺ	Carrier	Issuing Authority Co	35 de.
						loouing Humorny Co	
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gros	ss Vehicle Weight	38				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr		39	
Hazmat Information:							
Placard 40 Material 1 digit #	Material Nat	me		Material 4	digit #	Release code	42

		deficie 1 2	_=tVehicle 2	Pedestrian		
Crash Diagram:	ie: 🕕 1	2		<u> </u>		
					If Crash <u>Did Not (</u> on a Public Way:	Occur
	_				Off-Street Parking	g Lot
		į	į		☐ Mall/Shopping Co	enter
	_	+	+-	+	Other Private Way	y
					Indicate North by A	irrow
		 		+		
Crash Narrative:						
My first observations of th	ne scene was tl	nat Mr. Nguye	n was wearing	a helmet at t	the time of the accide	nt. I
also observed his bicycle						
Fifiel folding bicycle with	n a basket atta	ached to the	front. Inside	the basket wa	as a plastic bag conta	ining
recyclable cans. Also insid	le the basket w	was a bike lo	ck and cable	charger. Faste	ened on the handlebars	of the
bicycle with tape was a Kir	ng meter reade	r.				
While the medics were prepared	aring Mr. Nguye	en for transp	ort I spoke w	ith the operat	tor of the motor vehic	le
involved, identified by a M	Mass License as	s Jeffrey Ca	rter (S219038	31). Mr. Carte	er was visibly shaken	up
and very concerned about th	ne bicyclist. M	Mr. Carter st	ated he was t	ravelling east	tbound on Webster Stre	et and
had the green light to cros	ss over Cherry	Street. He s	tated as he p	roceeded throu	igh, the bicyclist app	eared
(Continued or	n next page)					
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Name (Last, Flist, Midule)		Addless			riione #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type Descri	iption of Damaged Property	
				Сторе Сторе	,p. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Truck and Bus Information:	Registration #		(From Veh	icle Section)		35
Carrier Name					Carrier Issuing Authority Cod	le
Address			City		St Zip	36
US DOT #:	State Number	38	Issuing State	ICC #:	Interstate	30
Cargo Body Type Code Gros	s Vehicle Weight	30			39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Le	ength	
Hazmat Information: 40	41					42
Placard Material 1 digit #	Material N	ame		Material 4 digit #	Release code	

	Direction 1 :	Vehicle 1 2	₹Vehicle 2	Pedesti	rian		
Crash Diagram:	ie: 🕕 🛚	2	→	· ĝ			_
						ash <u>Did Not</u> C Public Way:)ccur
						ff-Street Parking	Lot
			 			Garage	
						fall/Shopping Ce	nter
						other Private Way	
					Indic	ate North by Ar	row
						\bigcirc	
Crash Narrative:							
out of nowhere very fast	in the wrong lan	e and struck	the front of	his Ford	F150 truck. Mr	. Carter sta	ted he
immediately pulled over as	nd tried to assi	st the bicyc	list but he wa	s not re	sponsive. Mr. C	arter stated	l he
moved the bicycle to the	side of the road	to get it o	ut of the way	and wai	ted for help to	arrive. Mr.	Carter
stated his vehicle struck	the bicyclist o	n his right	side which cau	sed him	to fall to the	ground and s	lide
several feet. Mr. Carter	stated the bicyc	list did not	come up onto	the roof	of his vehicle	. He reporte	d minor
damage to the front grill	and bumper of h	is truck. Mr	. Carter state	d he was	not injured an	d signed a p	atient
refusal on scene. His Fore	d F150 had minor	front damage	e and was able	to leav	re the scene.		
Sgt. Wade was on scene and	d speaking with	a witness who	o was in the a	rea walk	ing her dog at	the time of	the
accident. Kara Brewton st	ated she was wal	king on the	sidewalk of C	herry St	reet, approachi	ng Webster S	treet
(Continued	on next page)						
(Continued of Witnesses:	on next page)						
	on next page)	Address			Phone #		Statement
Witnesses:	on next page)	Address			Phone #		
Witnesses:	on next page)	Address			Phone #		
W itnesses: Name (Last, First, Middle)	on next page)	Address			Phone #		
Witnesses:	on next page) Address	Address	Phone #	34-Type	Phone #		
Witnesses: Name (Last, First, Middle) Property Damage:		Address	Phone #	34-Type			
Witnesses: Name (Last, First, Middle) Property Damage:		Address	Phone #	34-Type			
Witnesses: Name (Last, First, Middle) Property Damage:		Address	Phone #	34-Type			
Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information:	Address Registration #		(From Vehi	cle Section)	Description of Damac	jed Property	Statement
Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name	Address Registration #		(From Vehi	cle Section)	Description of Damac	ged Property	Statement
Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name	Address Registration #		(From Vehi	cle Section)	Description of Damac	ged Property	Statement 35
Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #:	Address Registration #		(From Vehi	cle Section)	Description of Damac Carrier Issu St_	ged Property ing Authority Code Zip	Statement
Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #:	Address Registration #		(From Vehi	cle Section)	Description of Damac Carrier Issu St_	ged Property ing Authority Code Zip	Statement 35
Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code Trailer Reg #:	Address Registration # State Number coss Vehicle Weight	38	(From Vehi City Issuing State	cle Section)	Description of Damac Carrier Issu St 39	ged Property ing Authority Code Zip	Statement 35
Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code 37 Green	Address Registration # State Number oss Vehicle Weight Reg Type	38 Reg State	(From Vehi City Issuing State Reg Year	cle Section) ICC #:Tr	Description of Damac Carrier Issu St 39	ing Authority Code Zip Interstate	Statement 35

	▶ Direction 1	Vehicle 1 2	Vehicle 2	Pedestrian		
Crash Diagram:	ie: → 🛚 1	→ 2	□ →	Ŷ		
	 				If Crash <u>Did Not</u> on a Public Way:	Occur
		<u> </u>	-		Off-Street Parkin	g Lot
					☐ Garage	
					☐ Mall/Shopping C	Center
		+			Other Private Wa	
					Indicate North by I	Arrow
				+-		
Crash Narrative:						
when she heard a loud pop	sound. As she	looked toward	s the sound sh	e saw the b	picycle and truck make o	contact
and she remembers the red	light was faci	ng her on Che	rry Street. Ka	ra stated t	the truck had the green	light
and the bicycle had the red	d light at the	time she hea	rd and saw the	crash. She	stated she ran over to	assist
and dialed 911. She stated	she observed	the bicyclist	with a helmet	on at the	time of the accident ar	nd he was
not responsive.						
Several photos of the scene	e were taken a	nd submitted	to the IT Bure	au. The bio	cycle was taken over to	support
services were it was logged	d into evidence	e for safe k	eeping. Proper	ty and evid	dence form was completed	l and
submitted by Officer Gaude	t.					
I responded to 223 River St	treet the resid	dential addre	ss listed for	Mr. Nguyen	to notify his family of	the
(Continued or	n next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		-				1
Owner (Last, First, Middle)	Address		Phone #	34-Type De	scription of Damaged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)		35
Carrier Name					Carrier Issuing Authority Co	de
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gros	s Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 39	
Hazmat Information:						
Placard 40 Material 1 digit #	41 Material N	ame		Material 4 digit	# Release code	42

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

11/01/2021

Date

Precinct/Barracks

ANDREA M FERGUSON

	→ Direction	1 = Vehicle 1	2 ≢Vehicle 2	₽Pedestrian		
Crash Diagram:	ie: →□	1 →□	2	₽Ŷ		
					If Crash on a Pub	<u>Did Not</u> Occur blic Way:
					□ Off-St	treet Parking Lot
					☐ Garag	e
					□ Mall/S	Shopping Center
						Private Way
					Indicate	North by Arrow
					(
Crash Narrative:						
accident but got no res	sponse. I was able	to locate a	phone number	for his place	e of work who w	as able to
provide me with his eme	ergency contact in	formation. I	was able to	leave several	messages with	his wife,
daughter and sister. H	s daughter identi	fied as Quynl	n-Chi Nguyen	returned my	phone call and	was notified of
the accident and that h						
my direct line and adv						
state that her father w						pital staff. I
will be following up wi						
On Tuesday November 2nd					_	
husband was ok and she	ed on next page)	prek nim up	Trom the nos	picai. She st	ated she will h	
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
, , , , , , , , , , , , , , , , , , , ,						
Property Damage:				24.7		
Owner (Last, First, Middle)	Address		Phone #	34-Type De	scription of Damaged P	roperty
Truck and Bus Information:	Registration #		(From V	ehicle Section)		
Carrier Name					Carrier Issuing A	authority Code 35
Address			City		St	Zip
US DOT #:	State Number		Issuing State	ICC#:	In	iterstate 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 1	Name		Material 4 digit	# Rele	ease code 42

→	➤ Direction	1 = Vehicle 1	₂ =Vehicle 2	₽Pedestr	ian	
Crash Diagram:	ie: →□	1 -	2	Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	_Occur
		<u> </u>			Off-Street Parkin	ng Lot
					Garage	
	į	į į		į	☐ Mall/Shopping (Center
	- — — — — — 	_		+	Other Private W	
	- – – – – –	-			Indicate North by	Arrow
	- — — — — —	 - +				
	į	į į		į	()	
Crash Narrative:						
me when he arrives home. I	asked about 1	his injuries a	and she stated	he did n	ot have any broken bones l	but
wasn't sure and will contact	ct me when the	ey get home.				
Later that afternoon I atte	empted to make	e contact with	n Mr. Nguyen an	d was on	ly able to leave a message	e. I am
still waiting to hear back	•					
On Friday 11/05/2021 I retu	urned a phone	call to Mr. N	Iguyen's daught	er, Quyn	ch-Chi who left me a voice	email.
She stated Mr. Nguyen was l	home and all	his test resul	ts came back n	egative.	She stated she provided	him with
my contact number and he w	ill contact me	e when he is f	feeling up to i	t. She a	lso stated she believes M	r. Nguyen
suffered some kind of head	injury as he	has wound on	his head and d	loes not	remember anything about t	he
accident. Quynch-Chi asked	that I refra	ain from conta	acting her moth	er as sh	e does not feel comfortab	le
(Continued or	n 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 Veh	icle Section)		
Carrier Name					Carrier Issuing Authority Co	ode 35
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:_	Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38				
Trailer Reg #:		Reg State	Reg Year	Trs	uiler Length	
Hazmat Information:		1105 511110	105 1001	110		
Placard 40 Material 1 digit #	41 Material	Name		Material 4 c	ligit # Release code	42
ANDREA M FERGUSON			NEWIC	N POLICE DEPARTM	11/01/	/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

	Direction 1	Vehicle 1	₹Vehicle 2	₽Pedestrian		
Crash Diagram:	ie: → 🛚 1	→ [2	□ →	Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	g Lot
	_					
					☐ Mall/Shopping C	enter
				+-	Other Private Wa	у
					Indicate North by A	Arrow
Crash Narrative:						
speaking to me since she d	oes not speak I	English well.	She asked tha	t all commu	unication go through her	. She
also asked for a copy of t	he report and 1	advised Quy	nch-Chi that I	am still w	waiting to hear from her	father
so I can complete the repo	rt.					
I received a call from Mr.	Nguyen a few m	ninutes later	. He was able	to state th	nat he doesn't remember	anything
from the accident except t	hat he thinks w	when he went	through the in	tersection	the light changed from	green to
red. Mr. Nguyen also state	d that the only	other thing	he remembers	is waking u	up in the hospital. Whe	n asked
about his injuries Mr. Ngu	yen stated he h	nas a hard ti	me breathing a	nd his head	d, neck and legs are sor	e. I
advised Mr. Nguyen that I	will be adding	his statemen	ts to the repo	rt and to h	nave his daughter contac	t me if
he needs anything further.						
(Continued o	n next page)					
Witnesses:					_	
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		-				1
Owner (Last, First, Middle)	Address		Phone #	34-Type De	scription of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		35
Carrier Name					Carrier Issuing Authority Cod	de
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 39	
Hazmat Information:	5 ,1					
Placard 40 Material 1 digit #	41 Material N	ame		Material 4 digit	# Release code	42

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

11/01/2021

Date

Precinct/Barracks

ANDREA M FERGUSON

	Direction	1 =	Vehicle 1	2 = Vehicle 2		Pedestr	ian		
Crash Diagram:	ie: →	1	→	2	→	o T			
				<u> </u>				If Crash <u>Did Not</u> on a Public Way:	_Occur
				_	<u> </u>			☐ Off-Street Parki	ng Lot
								☐ Garage	
								☐ Mall/Shopping	Center
		_			+-			☐ Other Private W	
		_		_	+-			Indicate North by	Arrow
	_ _	_			+-				
	 	j							
Crash Narrative:									
Mr. Nguyen called me agai	n to state th	at t	he accid	ent happened	becau	se he w	as turn	ing left and the d	river was
turning right. I informed	Mr. Nguyen t	hat	based c	n the evider	ce and	witnes	s state	ments it appears t	hat both
him and the driver of th									
party were attempting to									
were turning right. I adv	rised Mr. Nguy	en I	will ad	d his stater	ents t	o my re	port to	which he was sati	sfied.
Witnesses:									
Name (Last, First, Middle)			Address					Phone #	Statement
Property Damage:							'		
Owner (Last, First, Middle)	Address			Phone #		34-Type	Description	on of Damaged Property	
Truck and Bus Information:	Registration #			(F1	om Vehic	e Section)			35
Carrier Name								Carrier Issuing Authority C	
Address				City				St Zip	26
US DOT #:	_ State Number		38	Issuing Sta	te	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gr	ross Vehicle Weight		38					39	
Trailer Reg #:	Reg Type		Reg State	e Reg	Year	Tr	ailer Lengtl	h	
Hazmat Information:	41	137				N. F. J. J. S.	11.14.11		42
Placard Material 1 digi	Materia	ai Nam	ne			Material 4	11g1t #	Release code	
ANDREA M FERGUSON					NEWTON	POLICE DEPART		11/01,	/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00