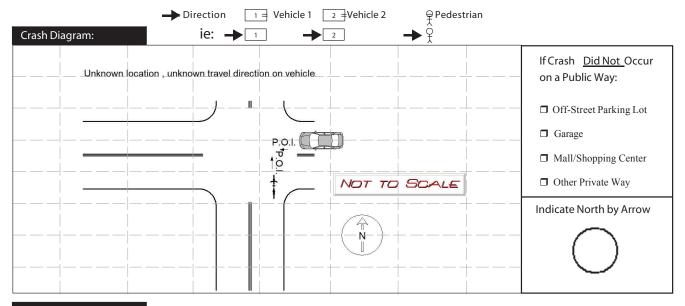
License # — St XX DOB/Age Reg # UKNOWN Reg State XX Veh Year UNKN Veh Make UNKNOWN Veh Config. 1		Poli	ice Use Only		Commonwea	lth o	f Massa	ichu	setts			RMV	Docun	ıent Number	
AT INTERSECTION: A			22:55	NEWTON	1410101			sh	Vehicles	Injure	d Latit	ude		State Police Local Police MBTA Police Other:	<u>X</u>
Route Direction Name of Readway/Street Al Route Direction Name of Readway/Street Al Route Direction Name of Intersecting Roadway/Street Alou at Intersecting Roadway/Street Tend Name of Intersecting Roa								>						CTION:	ℸ
Foot Name of Intersecting Readway/Street							NORTH	480		WALN	IUT ST				2
Foot Name of Intersecting Readway/Street	1 4	Route# Direc	tion			R	oute# Directio	n Ado	lress #		Nar	ne of Ro	oadway/	Street	
Reuted Direction Name of Intersecting Roadway/Street Feet St.	-			At			Feet N	SE	W of		•	c	or		_
Post N S E		Route# Direc	etion	Name of Intersecting	Roadway/Street	—F				Mile	Marker			Exit Number	_
Route® Direction Name of Intersecting Roadway/Street Landmanak Landmanak				Also at Interse	ction with	-	Feet _	(S E V	W of	Route			ing Road	lway/Street	- _
Case Number	² 1	Pouts# Direct	tion	Nama of Intercepti	ng Pondwoy/Street	-	Feet N	SE	W of						3
License Lice	3	Route# Direc	tion	т -	<u> </u>							Lan	dmark		\dashv
Sex Lie Class 99 18 18 Lie Restrictions 9 19 CDL Veh Vear UNKN Veh Make UNKNOWN Veh Config. 20 Operator UNKOWN UNKOWN Findomsmall Color of Control Con		XVehicle1	1_#Occupants	Hit/Run	Moped Case N	Number		220	000176						
Sex_Lic Class 99 Lic Restrictions 9 CDL. Veh Year VNNN Veh Make_UNKNOWN Veh Config_1 Operator UNKOWN UNKOWN Form State		License#				Reg#_U	JKNOWN			Reg T	ype_UNI	KNOW	N Reg		
Operator UNKOWN UNKOWN Owner (Same as operator) Address UNK Address UNK Address UNK Address UNK State Zip UNK City State Zip UNK Citation # (if Issued) Vehicle Travel Direction: NS EW Responding to Emergency? Notation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 99 24 24 24 24 25 25 25 25 25 25 25 25 25 25 25 25 25		Sex Lic.	Class 99 18		9 CDL	Veh Ye	ar_UNKN	Veh	Make_U	NKNOV	VN		Veh Cor	nfig. 20	
City State Zip UNK City State Zip UNK City State Zip UNK City State Zip UNK City Damaged Area Code: (Circle Up to Three) Event Sequence 4 22 22 22 22 22 23 4 Citation # (If Issued) Vehicle Travel Direction: N S E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch See Violation 2: Ch See Direct Contributing Code 99 24 24 Violation 3: Ch See Violation 4: Ch See Underride/Override Please fill out for operator and all occupants involved See Above Please Selection Operator See Above Please Selection Operator See Above Please Selection Operator See Above Please fill out for operator and all occupants Month Hamful Event Address AgeDOB See See Social Substants Social See See Social Substant Social See See See Social See See See Social See See See See See See See See See Se	4					Owner	(Same as oper	ator)		Vinot			Middle		_
City State Zip UNK City State Zip UNK City State Zip UNK City State Zip Damaged Area Code: (Circle Up to Three) Fivent Sequence 422 22 22 22 22 23 4 10 Undercarriage Citation # (If Issued) Violation 1: Ch See Violation 2: Ch See Underride/Override Please fill out for operator and all occupants involved Name Class First Middle) Address See Above Please fill out for operator and all occupants involved See Above See Above Non-Motorist A Type 2 14 Action 1 15 Location 90 16 Condition 3 17	99			rirst	Middle								Middle		_ ๋
Vehicle Travel Direction: NSEW Responding to Emergency? Note that the content of		City		State	Zip_UNK								7	Zip	_
Citation # (If Issued)		Insurance Com	pany UNKNOV	WN		Vehicle	Action Prior to	Crash	1 2	1	Damageo	d Area (Code: (C	Circle Up to Thre	ee)
Clatton (It issued)	5	Vehicle Travel	Direction: N	S E W Respon	nding to Emergency? N	Event S	sequence 4 2	2 22	22	22 6)	3		4	
Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed N		Citation # (If I	ssued)			Most H	armful Event	4 23					/		iage
Please fill out for operator and all occupants involved Name (Last First Middle) Operator See Above Please Select One of the Following: Defeator Please Select One of the Following: Defeator See Above Please Select One of the Following: Defeator See Above Please Select One of the Following: Defeator See Above Please Select One of the Following: Defeator See Above Please Select One of the Following: Defeator See Above Please Select One of the Following: Defeator See Above Please Select One of the Following: Defeator See Above Please Fill out for operator and all occupants involved Address Reg # Reg Type Reg State Veh Config. Defeator Sea Address Address Address Address Address State MA Zip 02460 City State Zip Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence Veh Laming Levent State Most Harmful Event Vehicle Travel Direction: N S E W Responding to Emergency? Please fill out for operator and all occupants involved Name (Last First Middle) Address Address Address Address Address Address Please fill out for operator and all occupants involved Name (Last First Middle) Address A		Violation	1: ChSe	ec Violation 2	: ChSec	Driver	L Contributing Co	de 9	9 24	24				3 11 Totaled	
Please fill out for operator and all occupants involved Name (Last First Middle) Address AgeDDB Sex Reg System Name Switch (Sec Switch	⁶ 1	Violation	3: ChSe	c Violation 4	: ChSec	Underri	de/Override	25	Towe	d N		7		6	
Operator See Above Operator Operator See Above Operator Operator See Above Operator Operator Operator See Above Operator Ope				rator and all occupa		Seat Safety Airbag Airbag Eject Trap Injury Transp.							1 1		
Please Select One of the Following: Wehicle #Occupants Non-Motorist A Type 14 Action 15 Location 99 Condition 3 17 Hit/Run Moped License # St DOB/Age Reg # Reg Type Reg State Sex M Lic Class 18 18 Lic Restrictions 19 CDL Veh Year Veh Make Veh Config. Operator GERSHON YONATAN Endorsment Address 41 SUMMIT ST Address City NEWTON State MA Zip 02460 City State Zip Insurance Company Vehicle Action Prior to Crash Insurance Company Vehicle Travel Direction: N S EW Responding to Emergency? Event Sequence 22 22 22 22 22 22 23 3 4 10 Undercarriage S 11 Totaled Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Set Sate Variage share solved Bject Travel Direction: N S EW Responding to Emergency? Event Sequence 23 Towed Set Sate(variage ships) Set Set Sate(variage ships) Set Set Sate(variage ships) Set Set Set Set Variage ships			st Middle)						os. System	Status Sw	itch Code	Code 3	status Co	de Medical Facili	ty =
Coupants Vehicle		*													
Coupants Vehicle															-
Coupants Vehicle															
Coupants Vehicle	7														
Sex_M_Lic. Class	99		I Vehicle	e# Occupants	Non-Motorist A Type		Action 1				dition 3	17	Hit	:/Run	ed
Sex_M_ Lic. Class		License#	10			Reg#_				_Reg T	ype		Reg S		_
Operator GERSHON YONATAN Owner Last First Middle Address Address City NEWTON State MA Zip 02460 City State Zip Insurance Company Vehicle Action Prior to Crash Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Most Harmful Event Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Address Owner Last First Middle Address Address Damaged Area Code: (Circle Up to Three) Vehicle Action Prior to Crash Owner Last First Middle Address Owner Last First Middle Address Address Owner Address Owner Last First Middle Address Owner Owner Address Owner Owner Address Owner Own		Sex_M Lic.			CDL	Veh Ye	ar	Veh	Make				Veh Cor		
Address City NEWTON State MA Zip 02460 City State Zip Insurance Company Vehicle Action Prior to Crash Vehicle Action Prior to Crash Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Address Address Address Address Address City State Zip Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 22 22 22 22 22 22 22 22 22	8 1		Last			Owner	Last			First			Middle		-
Insurance Company		Address 41 SU	JMMIT ST												-
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 22 22 22 22 22 22 22 22 22		City_NEWTO	N	State	MA Zip 02460	City						_State_	Z	Zip	-
Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence Citation # (If Issued)		Insurance Com	pany			Vehicle	Action Prior to	Crash	2	1	Damageo	d Area (Code: (C	Circle Up to Thre	;е)
Citation # (If Issued)		Vehicle Travel	Event S	Sequence 2	22	22	22 2	!	3						
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Driver Contributing Code 24 24 24 Towed 8 7 6 Violation 2: Ch Sec Violation 4: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex System Status Switch Code Code Status Code Medical Facility		Citation # (If I		Most H	armful Event	23		1	4	9	/		iage		
Violation 3: ChSec Violation 4: ChSec Underride/Override		Violatio	Driver Contributing Code 24 24												
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility Medical Facility		Violatio	n 3: ChS	Sec Violation	4: ChSec	Underri	de/Override	25	Towed			7		6	
				r operator and all o			Aga/DOD		26 27 eat Safety	Airbag Air	29 30 Eject	Trap I	njury [Гra	nsp.	lity
										saids S	vitcii Code	Code			ı.y
															$\overline{}$
															_



Crash Narrative:

Bicycle was traveling either north on Walnut Street or west on Washington Street from the area of Newton

Centre. MV1 pulled out from a side street, unknown which side of street, in front of the Bicycle. Causing

bicycle and vehicle to collide in an unknown manner. Further causing the bicycle and operator to flip

forward in the air. MV1 left the area. MV1 is an unknown description. Operator of bicycle continued on foot

on his path home where he was picked up by his father and brought by his father to NWH for cuts on his face

and hands. Operator of Bicycle was disoriented and stated he did not know where the accident occurred, manner

of collision, MV1's description or if he was wearing a helmet. Operator of bicycle left the bicycle on the

sidewalk or in the bushes somewhere on his route home. Bicycle was described as a light blue Trek that was

most likely mangled. Bicycle did not have any lights on it. Units canvassed the area and were unable to

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
GERSHON , YANIV, A	41 SUMMIT ST NEWTON,MA 02458						Y	
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descr	iption of Damag	ged Property	
Truck and Bus Information: Carrier Name	Registration#		(From Vehic	le Section)		Carrier Issu	ing Authority Cod-	35 e
Address		(City			St	Zip	
US DOT #:	State Number		_ Issuing State	ICC #:_			Interstate	36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Le			
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Nat	ne		Material 4	digit#		Release code	42

ALLAN L CICCONE, III Newton Police DEPARTA 02/24/2022

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

_	▶ Direction 1	Vehicle 1	vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: 🕕 🛚	→	2	Ŷ			
				 		Crash <u>Did Not</u> (n a Public Way:	Occur
		<u> </u>				Off-Street Parking	g Lot
						Garage	
						Mall/Shopping Co	enter
						Other Private Way	7
				+	Inc	licate North by A	rrow
						\bigcirc	
Crash Narrative: locate bicycle. Bicyclist his father find the bicycl					own shoes.	If the Bicycl:	ist and
Traffic Bureau updat	e (Officer Gaud	det): On Mar	ch 1, 2022, I	was able	to speak wit	h the injured	
bicyclist, Mr. Yonatan Ger	shon. Mr. Gers	shon stated h	ne was travelin	g on Wal	nut Street (N) in the right	
shoulder lane towards the	area of Hull St	treet and Kir	kstall Road.	Walnut	Street, Hull	Street, and K	irkstall
Roads are all public ways	maintained by t	the City of N	Newton.				
Mr. Gershon stated	while operating	g his blue Tr	rek gravel bicy	cle he c	ontinued on W	alnut Street	when a
black vehicle (no further	description) ap	ppeared out o	of no where on	his left	hand side an	d entered his	
(Continued o	on next page)						
Witnesses:		Address			Dhan	- "	Chahamaanh
Name (Last, First, Middle)		Address			Phone	2 #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dan	naged Property	
Truck and Bus Information: Carrier Name			(From Vehi		Carrier Is	suing Authority Cod	e 35
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
37	oss Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length		
Hazmat Information:	5 7x				<i>S</i> .		
Placard 40 Material 1 digit	# 41 Material Na	lame		Material 4	digit #	Release code	42
ALLAN L CICCONE, III			NEWTO	N POLICE DEPART?	Λ.	02/24/20)22

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

→	Direction 1	Vehicle 1 2	≠Vehicle 2	Pedestri	an		
Crash Diagram:	ie: 🕕 🛚	2	□ →	Ŷ			
						Crash <u>Did Not</u> (n a Public Way:	Occur
						Off-Street Parking	g Lot
						Garage	
			į			Mall/Shopping Co	enter
	. — — — —			+		Other Private Way	/
					- — — In	dicate North by A	rrow
	· — — — — - — — — —			+		\bigcirc	
Crash Narrative:							
travel lane. Mr. Gershon	stated he did n	not have time	to react and	crashed :	into the rear	passenger sic	de of
the vehicle.	Mr. Gershon sta	ated he does	not recall any	thing bet	tween the tim	e he made con	tact
with the vehicle and the to	ime he came to	a rest on th	e roadway. M	r. Gersho	on stated the	vehicle neve	r made
an attempt to stop and it	left the area.						
Mr. Gershon stated after the							
picked him up and brought l	nim to Newton W	Wellesley Hos	pital. Mr. G	ershon st	tated he suff	ered injuries	to the
right side of his face, his	s right should,	right hand,	and was diagn	osed with	n a concussio	n as a result	of the
crash.							
Mr. Gershon initially	y believed the	vehicle ente	red Walnut Str	eet from	either Kirks	tall Road. K	irkstall
(Continued or	n next page)						
Witnesses:		1					1-
Name (Last, First, Middle)		Address			Phon	e #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dar	naged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			25
Carrier Name					Carrier I	ssuing Authority Cod	e 35
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:		Interstate	36
Cargo Body Type Code Gros	ss Vehicle Weight	38				_	
Trailer Reg #:Hazmat Information:	Reg Type	Reg State	Reg Year	Tra	iler Length	9	
Placard 40 Material 1 digit #	41 Material Na	ame		Material 4 d	ligit #	Release code	42
ALLAN L CICCONE, III			NEWTO	N POLICE DEPARTA		02/24/20	022

Signature

Department

Precinct/Barracks

Date

CDP1 11 ·24·00

→	► Direction 1	Vehicle 1	vehicle 2	Pedestr	ian	
Crash Diagram:	ie: → 1	→ [2	<u>2</u> →	\$		
	 			<u> </u> 	If Crash Did N on a Public Wa	
		<u> </u>	<u>-</u>		Off-Street Par	rking Lot
		į	į	ĺ	☐ Mall/Shoppin	ig Center
				+	☐ Other Private	Way
		+		+	Indicate North b	oy Arrow
)
Crash Narrative:						
Road is on the Eastbound s	ide of Walnut S	Street and if	a vehicle exi	ted the	street onto Walnut Stree	et it's
driver side would be facing	g Mr. Gershon	's direction	of travel.			
					upports one-way traffic	
traffic can only enter Hul	1 Street from W	Walnut Street	. If the vehi	cle were	to enter Mr. Gershon's	travel
lane as he described, the					reet in violation of the	e one-way
restriction to take a left						
					eway from a residence o	
Westbound side of Walnut S	_					
about his injuries and his		void crashing	f into the vehi	cle, we	surmised Mr. Gershon at	tempted to
(Continued or	n next page)					
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	24 Tura a	Description of Damaged Property	
Owner (Last, First, Middle)	Address		Priorie #	34-Type	Description of Damaged Property	
Truck and Bus Information: Carrier Name				cle Section)	Carrier Issuing Authority	Code 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 Type	Reg State	Reg Vear	Tr	ailer Length	
Hazmat Information:	Nos 13pc	105 51410	Rog 1 cal	11	Longui Longui	
Placard 40 Material 1 digit #	41 Material N	Jame		Material 4	ligit # Release cod	e 42
ALLAN L CICCONE, III			NEWIC	N POLICE DEPART	02/	/24/2022

Department

Signature

Precinct/Barracks

Date

	→ 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
		 _			Off-Street Parkin	ug I ot
					☐ Garage	ig Eot
		_			☐ Mall/Shopping C	l'enter
			<u> </u>			
		_			Other Private Wa	
					Indicate North by A	Arrow
Crash Narrative:						
	le's left side p	rior to impac	ct, with the r	right side of	his person crashing int	to the
vehicle.	ed he was not we	aring a helme	at at the time	of the crash	h and there were not lig	thts or
reflective equipment on					ray and white hooded swe	
with jeans at the time						
Mr. Gershon state	d he returned to	the scene af	fter the crash	and discove	red his bicycle resting	near the
lawn of a residence on	Walnut Street in	the area of	f the crash or	the Westbour	nd side of the street.	Mr.
Gershon stated there wa	s extensive damag	ge to the fro	ont wheel and	the frame of	the bicycle was bent in	half.
I canvassed the a	rea for black vel	hicles with f	fresh damage t	to their rear	passenger side with a r	negative
(Continue	d on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From V	Vehicle Section)		
Carrier Name				,	Carrier Issuing Authority Co	de 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	r Length 39	
Hazmat Information:						
Placard 40 Material 1 d	igit # 41 Material	Name		Material 4 digi	t# Release code	42
ALLAN L CICCONE, III			NI	EWTON POLICE DEPARTA	02/24/	2022

Department

Signature

Precinct/Barracks

Date

	→ Direction 1	Vehicle 1	₂ ≢Vehicle 2	₽ Pedestriar	า	
Crash Diagram:	ie: → 1	→ □	2	₽ Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parking	g Lot
					Garage	
					☐ Mall/Shopping Co	enter
	- — — — — — — 			+-	☐ Other Private Way	y
	- — — — — —				Indicate North by A	irrow
				+-		
Crash Narrative:						
	sed the area for c	ameras with	a negative res	sult.		
To be further inv	estigated.					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		•				
Owner (Last, First, Middle)	Address		Phone #	34-Type D	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)		25
Carrier Name					Carrier Issuing Authority Cod	35 le
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38			39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length	
Hazmat Information:	41					42
Placard Material 1 d	igit # Material Na	nme		_ Material 4 dig	it# Release code	12
ALLAN L CICCONE, III			NEWT	ON POLICE DEPARTM	02/24/2	022
Police Officer Name (Please Print)	Signature			partment	Precinct/Barracks Date	

CDP1 11 ·24·00