

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/24/2022		Time of Crash 22:55 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# Direction Name of Roadway/Street At				NORTH 480 WALNUT ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet X S E W of WALNUT Route# Intersecting Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Landmark								11	
X Vehicle 1 Occupants		X Hit/Run		Moped		Case Number 22000176						3	
License # St XX DOB/Age				Reg # UNKNOWN Reg Type UNKNOWN Reg State XX				Sex Lic. Class 18 18 Lic. Restrictions 9 19 CDL Endorsment				12	
Operator UNKNOWN UNKNOWN				Owner (Same as operator)				Veh Year UNKN Veh Make UNKNOWN Veh Config. 1 20				1	
Address UNK				Address				City State Zip UNK					
Insurance Company UNKNOWN				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 4 22 22 22 22				10 Undercarriage					
Citation # (If Issued)				Most Harmful Event 4 23				5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 99 24 24				6					
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N				7					
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				4	
Operator				See Above				Sex					
								26 Seat Pos. 99					
								27 Safety System 99					
								28 Airbag Status 99					
								29 Airbag Switch 0					
								30 Eject Code 0					
								31 Trap Code 99					
								32 Injury Status 1					
								33 Transp. Code					
								Medical Facility					
Please Select One of the Following: M Vehicle Occupants X Non-Motorist A Type 2 14 Action 1 15 Location 99 Condition 3 17 Hit/Run Moped													
License # St DOB/Age				Reg # Reg Type Reg State				Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				20	
Operator GERSHON YONATAN				Owner				Veh Year Veh Make Veh Config.					
Address 41 SUMMIT ST				Address				City State Zip					
City NEWTON State MA Zip 02460				City State Zip				Vehicle Action Prior to Crash 21					
Insurance Company				Event Sequence 22 22 22 22				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency?				Most Harmful Event 23				10 Undercarriage					
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Name (Last First Middle)				Address				Age/DOB				4	
Operator/Non-Motorist				See Above				Sex					
								26 Seat Pos.					
								27 Safety System					
								28 Airbag Status					
								29 Airbag Switch					
								30 Eject Code					
								31 Trap Code					
								32 Injury Status 9					
								33 Transp. Code 97					
								Medical Facility NWH					

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 → Pedestrian

Unknown location, unknown travel direction on vehicle

P.O.I.

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

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

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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	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

ALLAN L. CICCONE, III

NEWTON POLICE DEPT.

02/24/2022

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:

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Indicate North by Arrow



Crash Narrative:

locate bicycle. Bicyclist was wearing a grey sweatshirt, black jeans and brown shoes. If the Bicyclist and his father find the bicycle later they will call NPD to canvas the area.

Traffic Bureau update (Officer Gaudet): On March 1, 2022, I was able to speak with the injured bicyclist, Mr. Yonatan Gershon. Mr. Gershon stated he was traveling on Walnut Street (N) in the right shoulder lane towards the area of Hull Street and Kirkstall Road. Walnut Street, Hull Street, and Kirkstall Roads are all public ways maintained by the City of Newton.

Mr. Gershon stated while operating his blue Trek gravel bicycle he continued on Walnut Street when a black vehicle (no further description) appeared out of no where on his left hand side and entered his

(Continued on next page)

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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

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→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



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Indicate North by Arrow



Crash Narrative:

travel lane. Mr. Gershon stated he did not have time to react and crashed into the rear passenger side of the vehicle. Mr. Gershon stated he does not recall anything between the time he made contact with the vehicle and the time he came to a rest on the roadway. Mr. Gershon stated the vehicle never made an attempt to stop and it left the area.

Mr. Gershon stated after the crash he began walking towards the Newtonville Square area until his father picked him up and brought him to Newton Wellesley Hospital. Mr. Gershon stated he suffered injuries to the right side of his face, his right should, right hand, and was diagnosed with a concussion as a result of the crash.

Mr. Gershon initially believed the vehicle entered Walnut Street from either Kirkstall Road. Kirkstall

(Continued on next page)

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

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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

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NEWTON POLICE DEPART

02/24/2022

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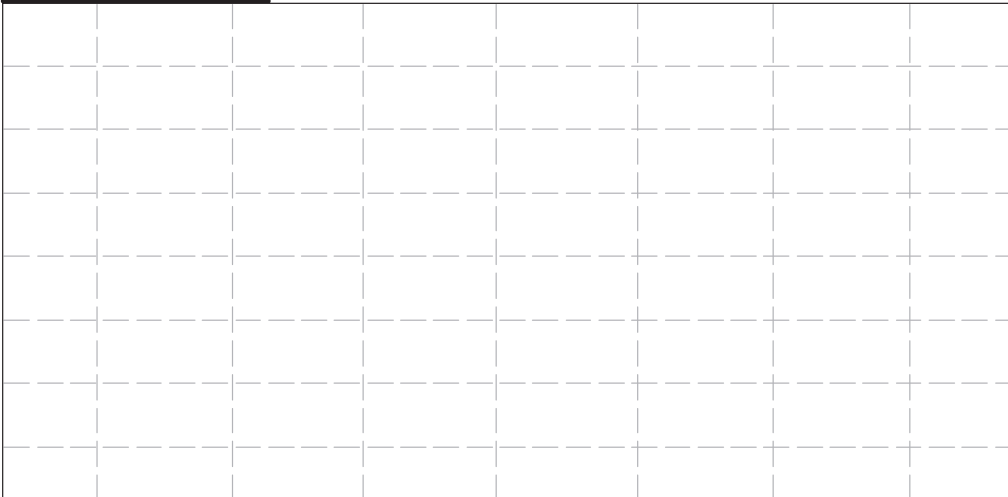
Precinct/Barracks

Date

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Indicate North by Arrow



Crash Narrative:

Road is on the Eastbound side of Walnut Street and if a vehicle exited the street onto Walnut Street it's driver side would be facing Mr. Gershon's direction of travel.

Hull Street is on the Westbound side of Walnut Street. Hull Street supports one-way traffic and traffic can only enter Hull Street from Walnut Street. If the vehicle were to enter Mr. Gershon's travel lane as he described, the vehicle would have to travel Eastbound on Hull Street in violation of the one-way restriction to take a left onto Walnut Street and travel Northbound.

Mr. Gershon stated it is possible the vehicle may have exited a driveway from a residence on the Westbound side of Walnut Street, taking a left turn to travel Northbound. After speaking with Mr. Gershon about his injuries and his attempt to avoid crashing into the vehicle, we surmised Mr. Gershon attempted to

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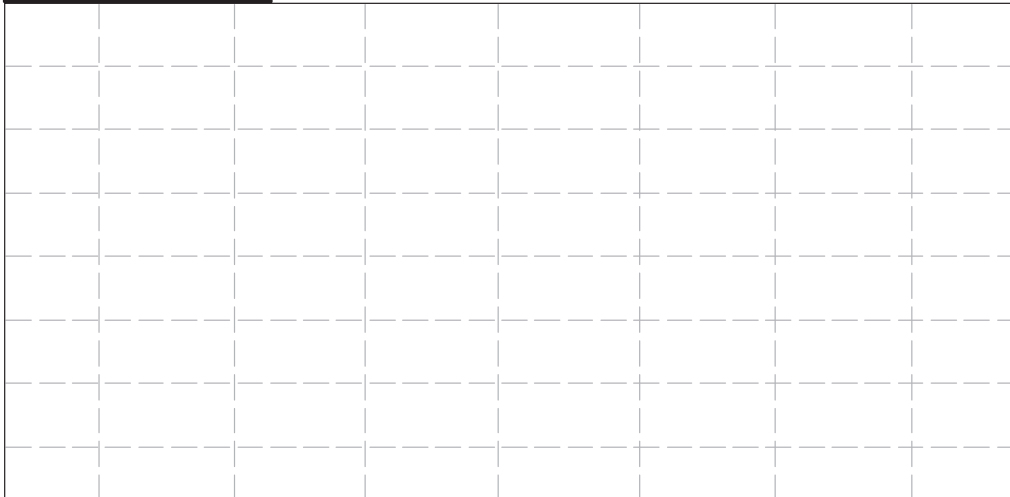
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

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Crash Diagram:



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Indicate North by Arrow



Crash Narrative:

travel around the vehicle's left side prior to impact, with the right side of his person crashing into the vehicle.

Mr. Gershon stated he was not wearing a helmet at the time of the crash and there were not lights or reflective equipment on his bicycle. Mr. Gershon stated he was wearing a gray and white hooded sweatshirt with jeans at the time of the crash.

Mr. Gershon stated he returned to the scene after the crash and discovered his bicycle resting near the lawn of a residence on Walnut Street in the area of the crash on the Westbound side of the street. Mr. Gershon stated there was extensive damage to the front wheel and the frame of the bicycle was bent in half.

I canvassed the area for black vehicles with fresh damage to their rear passenger side with a negative

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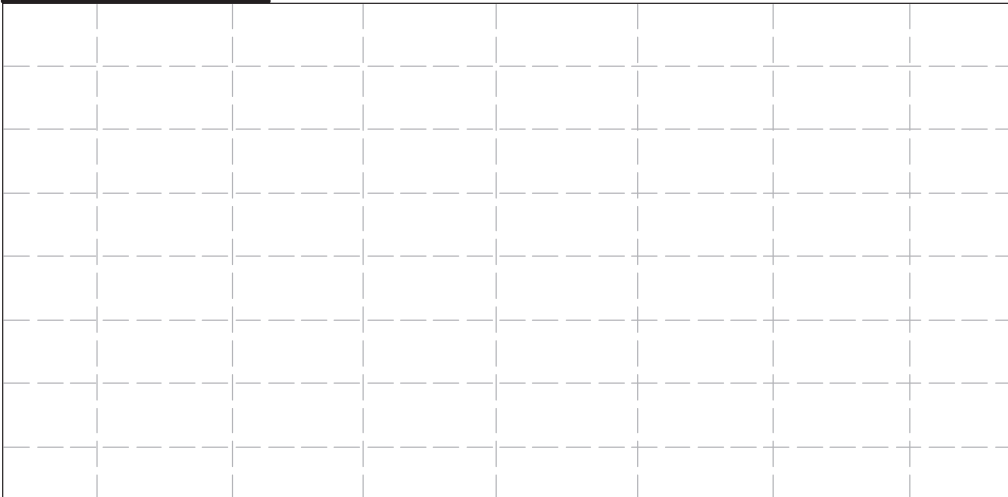
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Crash Diagram:

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Indicate North by Arrow



Crash Narrative:

result. I also canvassed the area for cameras with a negative result.

To be further investigated.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

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