

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 05/21/2019	Time of Crash 08:14 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 1	Number Injured 1	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>				
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>							
<b>EAST COMMONWEALTH AVE</b> Route# _____ Direction _____ Name of Roadway/Street _____ At _____ <b>NORTH GRANT AVE</b> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____									
<input checked="" type="checkbox"/> Vehicle 1 <u>0</u> #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000514					
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____			Reg # _____ Reg Type <u>UNKNOWN</u> Reg State _____ Veh Year _____ Veh Make <u>UNKNOWN</u> Veh Config. <u>1</u> <u>20</u> Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>3</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>4</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>8</u> <u>4</u> Most Harmful Event <u>4</u> <u>23</u> <u>1</u> <u>9</u> <u>5</u> <u>11</u> <u>Totaled</u> Driver Contributing Code <u>19</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u>									
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility Operator See Above ----- - - - - -    									
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type <u>2</u> <u>14</u>		Action <u>2</u> <u>15</u>		Location <u>1</u> <u>16</u>		Condition <u>1</u> <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # _____ St _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Operator <u>WELSTEAD</u> <u>GORDON</u> Endorsment _____ Address <u>12 DEVON TR</u> City <u>NEWTON</u> State <u>MA</u> Zip <u>02459</u> Insurance Company _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>20</u> Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>23</u> <u>1</u> <u>9</u> <u>5</u> <u>11</u> <u>Totaled</u> Driver Contributing Code <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed _____									
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**Crash Narrative:**

Bicyclist was traveling north on Grant Ave with traffic on the right side of the cars. He was intending on traveling straight across Comm Ave. The unknown silver BMW who was traveling next to the bicyclist turned right onto Comm Ave eastbound and struck the bicyclist with rear right part of the car. The BMW continued east on Comm Ave. The bicyclist was knocked from his bike and sustained minor cuts to his legs. His bike was not damaged. He refused medical attention and left the scene prior to amb arrival. No pictures were taken because he left before I could take them.

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

MICHAEL WADE			NEWTON POLICE DEPT#3		05/21/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					