

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/24/2019	Time of Crash 15:00 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 0	Number Injured 1	Speed Limit <u>25</u> 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:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 126 AUBURNDALE AVE 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 _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ 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 _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input type="checkbox"/> Vehicle _____ #Occupants _____			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000529			
License # _____ St _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State _____			
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____			Veh Year _____		Veh Make _____		Veh Config. <input type="checkbox"/> 20			
Operator _____ Last _____ First _____ Middle _____			Owner _____ Last _____ First _____ Middle _____							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		2 3 4					
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 23		1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 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 _____			See Above		-----		-----			
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants _____			<input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14		Action <input type="checkbox"/> 15		Location <input type="checkbox"/> 16		Condition <input type="checkbox"/> 17	
									<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # _____ St _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State _____			
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____			Veh Year _____		Veh Make _____		Veh Config. <input type="checkbox"/> 20			
Operator _____ Last _____ First _____ Middle _____			Owner _____ Last _____ First _____ Middle _____							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		2 3 4					
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Operator/Non-Motorist _____			See Above		-----		-----			

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Date of Crash		Time of Crash		City/Town		Motor Vehicle Crash Police Report		Number Vehicles		Number Injured		Speed Limit		State Police <input type="checkbox"/>	
		24HR										Latitude		Local Police <input type="checkbox"/>	
												Longitude		MBTA Police <input type="checkbox"/>	
														Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >				NOT AT INTERSECTION:				9			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street				10							
At				Feet N S E W of or Exit Number											
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Route# Intersecting Roadway/Street				11							
Also at Intersection with				Landmark											
Route# Direction Name of Intersecting Roadway/Street															
<input type="checkbox"/> Vehicle #Occupants				<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				12							
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 Most Harmful Event 23				10 Undercarriage 11 Totaled							
Citation # (If Issued)				Driver Contributing Code 24 24											
Violation 1: Ch Sec Violation 2: Ch Sec				Underride/Override 25 Towed											
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Operator See Above				-----											
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants				<input checked="" type="checkbox"/> Non-Motorist A Type 2 14 Action 2 15 Location 4 16 Condition 1 17				<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped							
License # St DOB/Age				Reg # Reg Type Reg State											
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				Veh Year Veh Make Veh Config. 20											
Operator COLANGELO JOHN				Owner Last First Middle											
Address 371 LEXINGTON ST				Address											
City NEWTON State MA Zip 02466				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 Most Harmful Event 23				10 Undercarriage 11 Totaled							
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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				-----				7 2 BETH ISRAEL							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 → Pedestrian

126 Auburndale Ave

ONE

P.O.I.

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:

Bike One was travelling Eastbound on Auburndale Ave when it appeared the operators front tire came in contact with a slightly raised manhole cover causing the operator to fall off his bike and impact the roadway. The cyclist was wearing a safety helmet but received a laceration around his eye and several lacerations to his arms and legs. He was transported to Beth Israel Boston. I spoke to the bicyclist who was unsure of how the crash occurred. I contacted his brother, Paul Colangelo (603 434-1251) who was advised of the incident. Photos were taken of the crash scene and emailed to the IT Bureau. I placed his bike into support services for safekeeping.

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

DENNIS J O'BRIEN NEWTON POLICE DEPART 05/24/2019

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

CDP1 11 24:00