

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 07/19/2019	Time of Crash 14:37 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 1	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 845 BEACON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000744		
License # --- St MA DOB/Age ---			Reg # JFP5331 Reg Type PAN Reg State NY			Veh Year 2019 Veh Make HYUNDAI Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Owner EAN HOLDINGS LLC			Address 14002 (apt. 1500) EAST 21ST ST					
Operator JORDAO ANDREI Last First Middle			City WESTBOROUGH State MA Zip 01581			City TULSA State OK Zip 74134					
Insurance Company OMNIBUS PRIVATE RENTAL			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 4 22 22 22 22			Most Harmful Event 4 23			10 Undercarriage 11 Totaled		
Citation # (If Issued) T1271041			Driver Contributing Code 19 24 97 24			Underride/Override 25 Towed Y					
Violation 1: Ch 90/144 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		
Operator			See Above			99			4 99		
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			Veh Year Veh Make Veh Config. 20					
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Owner			Address					
Operator ENGEL LEONARD W Last First Middle			City HOLLISTON State MA Zip 01746			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			Most Harmful Event 23			10 Undercarriage 11 Totaled		
Citation # (If Issued) N/A			Driver Contributing Code 24 24			Underride/Override 25 Towed					
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		
Operator/Non-Motorist			See Above			8			1		

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

847 Beacon Street

Beacon Street

Unit 1

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:**

On Friday, July 19, 2019, while assigned to traffic unit N525, I responded to the area of 845 Beacon Street, Newton for a report of a motor vehicle accident involving a bicyclist. It was reported that the bicyclist sustained minor injuries as a result of the accident. The weather at the time of the accident was clear and sunny. The road surface was dry. Beacon Street is a public way maintained by the City of Newton.

I spoke with the operator of MV1 while Newton Fire and Medics attended to the injured bicyclist. Andrei Jordao (S09978620) stated he was parked in his 2019 Hyundai Kona (NY: JFP5331) at a metered parking spot in front of 847 Beacon Street, Newton. Jordao stated he opened his driver door to exit his vehicle when a passing bicyclist crashed into the door. Jordao stated he did not look back at traffic prior to opening the door. Jordao stated the bicyclist fell to the roadway. I observed moderate damage to

(Continued on 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 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

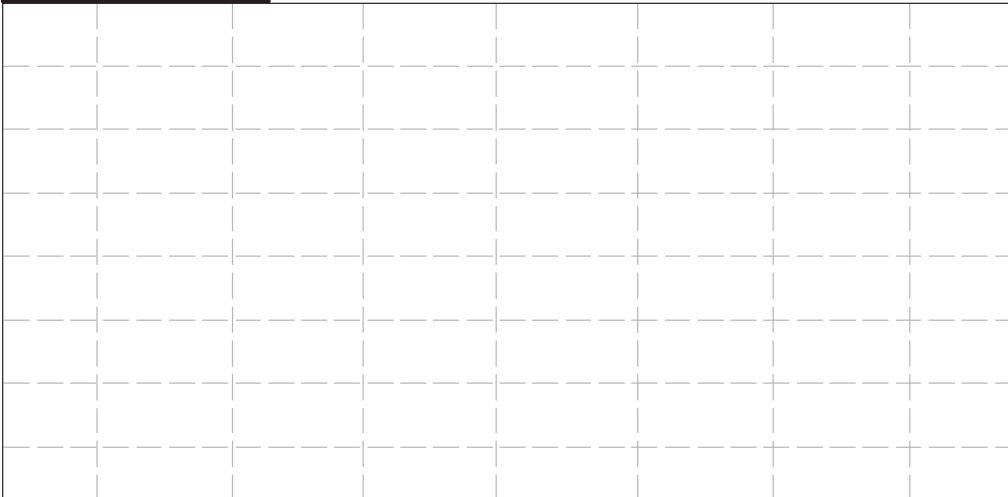
Hazmat Information:

Placard  Material 1 digit #  Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

### Crash Diagram:



If Crash Did Not Occur  
on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



### Crash Narrative:

the driver side door and it was unable to close as a result of the collision.

I spoke with the injured bicyclist, Leonard Engel (S53573803). Engel stated he was operating his bicycle Westbound on Beacon Street in the travel lane. Engel stated a vehicle to his right opened it's driver door into the roadway and he was unable to avoid hitting it. Engel stated he fell over the top of his handlebars and onto the roadway. Engel stated he injured his right shoulder/arm/neck area and his right ankle. Engel also had a small injury to his left knee. Engel stated he does not believe he hit his head as a result of the accident. Engel was wearing a helmet, I observed some scratch marks on it. Engel signed a patient refusal with Newton Medics. I observed damage to the rear tire area of Engel's black and green Giant bicycle. There was also damage to chain/pedal area. Engel's estimated the value of the bicycle at \$4,000.00

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### 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 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

MICHAEL R GAUDET

NEWTON POLICE DEPART

07/19/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

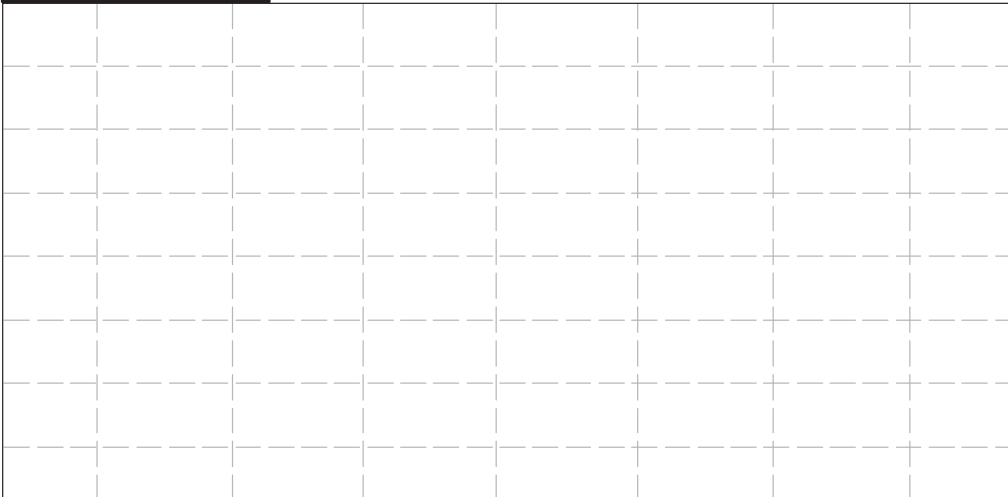
Precinct/Barracks

Date

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

**Crash Diagram:**

ie: → 1    → 2    →



If Crash Did Not Occur  
on a Public Way:

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- ☐ Mall/Shopping Center
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Indicate North by Arrow



**Crash Narrative:**

USD.

Massachusetts Uniform Citation T1271041 was mailed to Jordao for Chapter 90, Section 14 (Open car door into traffic). Tody's responded the removed MV1 from the roadway. Photos were taken of MV1 and the bicycle and submitted to the IT Bureau.

**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 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

MICHAEL R GAUDET

NEWTON POLICE DEPART

07/19/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date