

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 09/06/2019		Time of Crash 17:03 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	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				WEST 125 DERBY ST		Route# Direction Address # Name of Roadway/Street						2			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Mile Marker _____ Exit Number _____		Feet N S E W of _____						10			
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Route# Intersecting Roadway/Street Landmark _____						11			
Route# Direction Name of Intersecting Roadway/Street												4			
<input checked="" type="checkbox"/> Vehicle 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000916							
License # --- St MA DOB/Age ---				Reg # 555EK8		Reg Type PAN		Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2014		Veh Make MAZDA		Veh Config. 1 20							
Operator BURRES BRADLEY				Owner (Same as operator)									12		
Address 49 SHERIDAN ST				Address _____											
City NEWTON State MA Zip 02465				City _____ State _____ Zip _____											
Insurance Company GOVT EMPLOYEE INS				Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 4 22 22 22 22		2 3 4		10 Undercarriage							
Citation # (If Issued) _____				Most Harmful Event 4 23		1 9		5 11 Totaled							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24		8 6									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N											
Please fill out for operator and all occupants involved													13		
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					4		
Operator				See Above		-----		--- --- 1 4 99 0 0 10 1							
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants				<input checked="" type="checkbox"/> Non-Motorist A Type 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 _____				Veh Year _____		Veh Make _____		Veh Config. 20							
Operator COLLINS JAMAL				Owner _____											
Address 14 UNDERWOOD PK (apt. 3)				Address _____											
City WALTHAM State MA Zip 02453				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 3 4		10 Undercarriage							
Citation # (If Issued) _____				Most Harmful Event 23		1 9		5 11 Totaled							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24		8 7 6									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 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/Non-Motorist				See Above		-----		--- ---		10 1					

→ Direction

1 Vehicle 1 2 Vehicle 2

⊙ Pedestrian

Crash Diagram:

ie: → 1 → 2 →

Franklin School

Derby St

NOT TO SCALE

N

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:

Operator of MV#1 stated he was parked in front of Franklin School 125 Derby St. He opened his driver side door and was struck by Bicyclist #1. He said he did not see Bicyclist #1 coming. Minor damage to drivers door. Bicyclist #1 stated he was biking westbound on Derby St when Operator #1 opened his driver side door. He did not have time to stop and struck the door with his bicycle and collarbone, then fell to the ground. Damage to bicycles handlebars. Bicyclist #1 signed a refusal. Bicyclist #1 and his bicycle were transported to his residence. MV#1 was driven away from the scene.

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