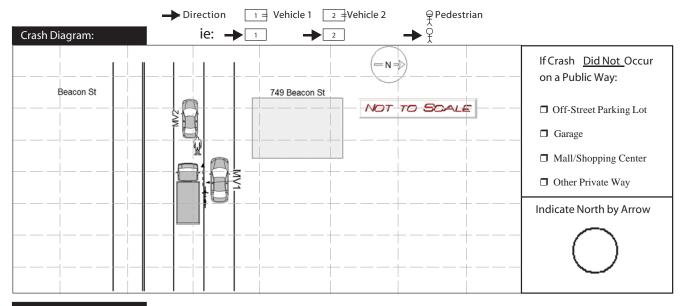
Poli	ce Use Only				of Mass		etts				ent Number	
Date of Crash 09/16/2019	Time of Crash 17:50	City/T NEWTON	own <b>M</b>	lotor Ve	ehicle Cra	sh Nu	ımber Nun hicles Inju		eed Limi titude		State Police Local Police MBTA Police	X
03/10/2013	17.50 24HR				Report	2	'		ngitude_		Other:	
	AT INTER	RSECTION:	<	LOC	ATION	>	N	OT AT	ΓΙΝΤΙ	ERSEC	TION:	_
					WEST	749	BEA	CON ST	ſ			
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_			At		Feet 1	N S E W	of		•	or		
Route# Direc	tion N	Name of Intersect	ing Roadway/Street		-		Mi	e Markei	r		Exit Number	_
		Also at Into	ersection with		Feet	N S E W	of Rou	ite#	Intersec	ting Road	way/Street	_
Route# Direct					Feet	N S E W						
Route# Direct	tion	Name of Inters	ecting Roadway/Stree	t					Laı	ndmark		_
XVehicle1	#Occupants	Hit/Rur	Moped	Case Numb	er	19000	000947					
License#		St N	IA DOB/Age	Res	g # <u>1542</u>		Reg	Type PA	AR	Reg S	State MA	
Sex_F Lic. (	18 1		19	-	Year 2019		_			_	20	_
Operator WA		DIANA	Endorsi PERRY	ment Ow	ner (Same as ope							ŀ
Address 97 CH	Last IESTNUT ST	First	Middle	e	dress	it	First			Middle		_
City_BOSTON		<u> </u>	tate_MA Zip_0210		y					7	ïn	-
1 -		K DEDHAM MI			nicle Action Prior to		21				ircle Up to Thr	
<b>⊣</b>			sponding to Emergen		ent Sequence 4	22 22	22 22	2	3		4	
	ssued)		sponding to Emergen		st Harmful Event	23				$\overline{A}$	10 Undercari	riage
,			n 2: ChSec		l	d ode 1	24 24	1	9	$\downarrow \mid \mid$	5 11 Totaled	
			n 4: ChSec		ver Contributing Contributing Contribution	25	Towed N	8	C	)	6	
			upants involved	Uli	derride/Override	26 Seat		29 .3	30 31 ect Trap	32 Injury Tran	33	$\dashv$
Name (Last Firs		1	Addre		Age/DOB		System Status :		de Code	Status Cod	le Medical Facil	ity
Operator			See Abo	Jve			0 4	4 0	0	10 1		_
Please Select C of the Followin	IX Mahicle	e2 <u>1</u> #Occupa	nts Non-Motor	rist A Type	14 Action	Location	16 Co	ondition	17	☐ Hit,	/Run Mop	oed
License#		St_N	IA DOB/Age	Res	<sub>z #</sub> 6AX485		Reg	Type_PA	AN	Reg S	State_MA	
Sex_F_ Lic. (	Class D 18 1		19		Year 2016	Veh Ma	_	J1 —		Veh Con	20	_
Operator SIM	is	AMANDA	Endorsi	ment Ow	ner (Same as ope	rator)						_
Address 65 BC	Last	First	Middle		dress	t	First			Middle		
City NEWTO		S	tate_MA Zip_02459		у				State	Z	ip	_
Insurance Com	pany COMMER				nicle Action Prior to		2 21	Damag	ged Area	Code: (C	ircle Up to Thr	ee)
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			ll occupants involve			26 Seat		29 3 Airbag Eje	30 31 Trap	32 Injury Tran	33	$\dashv$
Name (Last Fi	rst Middle)	<u> </u>	Addr See Abo	ress	Age/DOB	Sex Pos.	System Status	Switch C	ode Code	Status Co		ility
Operator/	Non-Motorist		Sec Abo	JVC			1 4	4 0	0	10 1		$\dashv$
												$\dashv$

Poli	ice Use Only		Commonw	ealth o	of Massa	achus	etts		RMV	V Docum	ent Number	
Date of Crash	Time of Crasl	h City/To	14100		icle Cra	sh Nu			peed Limi atitude		State Police Local Police MBTA Police	
	24HI		]	Police I					ongitude_		Other:	_
	AT INTE	RSECTION:	<	LOCAT	ΓΙΟΝ	>	N	OT A	T INTI	ERSEC	TION:	
Route# Direc	etion		Roadway/Street		Route# Direction	on Addres	ss #	1	Name of F	Roadway/S	treet	_
-			At		Feet [	N S E W	of		•	or		_
Route# Direc	ction	Name of Intersectin	g Roadway/Street	-				ile Marke	er		Exit Number	
		Also at Inters	section with	-		N S E W	Ro	ute#	Intersec	ting Road	way/Street	-
Route# Direc	tion	Name of Interce	eting Roadway/Street		Feet 1	N S E W	of					
Koute# Biree	tion	Name of intersec							Lai	ndmark		$\neg$
Vehicle	#Occupant	s Hit/Run	Moped									
License#		St		Reg#_			Re	g Type_		Reg S		_
Sex Lic.	Class 18				ear	Veh Ma	ike			_ Veh Con	fig. <b>20</b>	
Operator	Last	First	Endorsment		Las	t	Fir	et .		Middle		_
			Middle		SS					widdie		_
City		Sta	teZip	City					State	Z	p	_
Insurance Com	npany			Vehicle	Action Prior to	Crash	21	Dama	iged Area	Code: (Ci	rcle Up to Thre	ee)
Vehicle Travel	Direction: N	S E W Resp	onding to Emergency?_	Event	Sequence 2	22 22	22 22	2	3	,	1	
Citation # (If I	ssued)			Most I	Harmful Event	23			. 9		10 Undercarr 5 11 Totaled	iage
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Please		rator and all occup	oants involved  Address		Age/DOB	Sex Pos.	27 28 Safety Airbag	29 Airbag E	30 31 ject Trap ode Code	32 Injury Tran Status Code	sp. Medical Facili	
Operator			See Above		Age/DOB		\$ystem Status	Switch C	ode Code	status Cou	e Medicai Facili	<u>ty</u>
			,				16		15			_
Please Select C of the Followi	I Vehic	le# Occupant	s Non-Motorist A	Type 2	Action 2	5 Location	4 16	ondition	99	Hit/	Run Mop	ed
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Sex_M Lic.	Class 18	18 Lic. Restriction	19		ear					_ Veh Con	20	
Operator AD	AMS	BRUCE	Endorsment	Owner	Las							_
Address 52 PU	Last JRITAN RD	First	Middle	Addres	Las	t	Fire	st		Middle		_
City NEWTO	N	Sta	te_MA Zip	City					State	Z	p	_
Insurance Com	npany			Vehicle	e Action Prior to	Crash	21	Dama	iged Area	Code: (Ci	rcle Up to Thre	ee)
Vehicle Travel	_	S E W Res	ponding to Emergency?_	Event	Sequence 2	22 22	22 22	2	3	,	1	
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1		Sec Violation	n 2: ChSec		Contributing Co	ode	24 24		- 9		5 11 TOTALEG	
			n 4: ChSec	_	ide/Override	25	 Γowed	8	7		5	
Pl	ease fill out fo		occupants involved			26 Seat	27 28 Safety Airbag	29 Airbag E	30 31 ject Trap	Injury Tran	3 sp.	
Name (Last Fi	Non-Motorist		Address See Above		Age/DOB	Sex Pos.	System Statu	Switch C	Code Code	Status Cod		
Operator/	1.011-11/10/01/150		See Above					+		1 2	THE OF WELLES	
								+				



## Crash Narrative:

On September 16, 2019 at approximately 17:50 hours I, Officer Guarino, responded to the area of 749 Beacon
St. for a report of a motor vehicle crash involving a bicycle.

Upon arrival with other units, we determined that MV 1 was parked in front of 749 Beacon St. The operator of MV1 opened the door to her vehicle to exit and her door struck a passing bicyclist. Traffic on Beacon St. westbound was stopped, the bicyclist fell off of the bicycle and sustained injuries and was transported to Newton-Wellesley Hospital for further evaluation. As the bicyclist was falling, he struck the rear of MV2, which did not appear to have any damage.

The operator of MV1 said she did not see the bicyclist, as she went to exit her vehicle. Witness 1, who was stopped in traffic said that the bicyclist was traveling at a high speed and understood how MV1 did not see

(Continued on next page)

Witnesses:				
Name (Last, First, Middle)	Address	Phone #	Statement	
	50 OLIVER RD			
FABRIZIO, RYAN,	BELMONT,MA 02478		N	

## Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property 12 PURITAN RD NEWTON,MASSACHUSETTS 6172443124 97 BICYCLE LOGGED INTO PROPERTY

Truck and Bus Information:	Registration #	(From Vehic	cle Section)		25
Carrier Name				Carrier Issu	ing Authority Code
Address		City		St	Zip
US DOT #:	State Number	Issuing State	ICC #:		Interstate 36
Cargo Body Type Code Gross	s Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Len		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #_		Release code 42

CHARLES P GUARINO	38802	NEWTON POLICE DEPARTM	09/16/2019		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction 1	∃ Vehicle 1 2	_=tVehicle 2	Pedestr	ian	
Crash Diagram:	ie: → 🛚	2	■ →	Ŷ		
Crash Diagram:	·	_			If Crash Did Not Con a Public Way:  Off-Street Parking Garage Mall/Shopping Co	g Lot enter
Crash Narrative:						
the bicycle coming.						
Witnesses						
W itnesses: 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 Vehi	cle Section)		
Carrier Name	_				Carrier Issuing Authority Cod	e 35
Address			City		St Zip	
US DOT #:	_State Number		Issuing State	ICC #:	Interstate	36
37	oss Vehicle Weight	38	<u> </u>			
					39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length	
Hazmat Information:  40 Material 1 digit	41 M	iam a		Motorial 4	ligit # D. 1	42
Placard Material 1 digit	# Material N	ame			ligit # Release code	
CHARLES P GUARINO		38802	NEWTO	N POLICE DEPARTN	09/16/20	019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)