

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 09/26/2019		Time of Crash 16:47 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 30 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 275 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11	
3		<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000978					3
4		License # _____ St MA DOB/Age _____		Reg # 5XP916		Reg Type PAS		Reg State MA					12
1		Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____		Veh Year 2007		Veh Make HONDA		Veh Config. 1 20					1
1		Operator TEJADA-NUNEZ JUAN Last First Middle		Owner (Same as operator)		Last First Middle							
		Address 228 CHATHAM STREET		Address _____		City _____		State _____ Zip _____					
		City LYNN State MA Zip 01902		Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)							
5		Insurance Company PROGRESSIVE CASUALTY		Event Sequence 4 22 22 22 22		2 3 4		10 Undercarriage					
		Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N		Most Harmful Event 4 23		1 2 3 4		5 11 Totaled					
6		Citation # (If Issued) _____		Driver Contributing Code 19 24 24		8 9							
1		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Underride/Override 25 Towed N		6							
		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
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 2 14 Action 2 15 Location 4 16 Condition 1 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
8		License # _____ St _____ DOB/Age _____		Reg # _____		Reg Type _____		Reg State _____					
4		Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL _____		Veh Year _____		Veh Make _____		Veh Config. 20					
		Operator JOYCE JOSEPH Last First Middle		Owner _____		Last First Middle							
		Address 517 CALIFORNIA STREET		Address _____		City _____		State _____ Zip _____					
		City NEWTON State MA Zip 02460		Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)							
		Insurance Company _____		Event Sequence 22 22 22 22		2 3 4		10 Undercarriage					
		Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? _____		Most Harmful Event 23		1 2 3 4		5 11 Totaled					
		Citation # (If Issued) _____		Driver Contributing Code 24 24		8 9							
		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Underride/Override 25 Towed _____		6							
		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 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 ----- --- 8 1													

Crash Narrative:

OPERATOR OF MV 1 WAS PULLED OVER IN FRONT OF 275 WASHINGTON STREET WITH HIS HAZARD LIGHTS ON. HIS MV WAS PARKED FACING WEST IN A BUS STOP ONLY AREA, AND WAS FAR ENOUGH OFF OF THE CURB THAT HIS VEHICLE WAS ALSO SLIGHTLY IMPEDING THE OUTER TRAVEL LANE CLOSEST TO THE SIDEWALK. A BICYCLIST WAS TRAVELING WEST ON WASHINGTON STREET AND JUST AS HE WAS PASSING MV 1, THE OPERATOR OF MV 1 OPENED UP HIS DRIVERS SIDE DOOR. THE DOOR OPENED RIGHT IN THE PATH OF THE BICYCLIST AND A COLLISION OCCURRED, SENDING THE BICYCLIST TO THE GROUND. HE SUSTAINED MODERATE INJURIES AND SIGNED A PATIENT REFUSAL. THE OPERATOR OF MV 1 SUSTAINED NO INJURIES AND HIS DOOR SUSTAINED MINOR DAMAGE.

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

MATTHEW W COLELLA			NEWTON POLICE DEPT		09/27/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					