

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 10/02/2019		Time of Crash 17:22 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	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		
GROVE ST												2		
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10		
WOODLAND RD						Feet N S E W of _____ • _____ or _____ 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						11		
Route# Direction Name of Intersecting Roadway/Street						Landmark						3		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001000						
License # --- St MA DOB/Age ---				Reg # S22591		Reg Type CON		Reg State MA						
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015		Veh Make FORD		Veh Config. 2 20						
Operator WINSLOW JASON B				Owner STAFFORD BRADLEY									12	
Address 35 GILL ST				Address 52 BAKER PLACE										
City WALTHAM State MA Zip 02453				City NEWTON State MA Zip 02462										
Insurance Company SAFTEY INSURANCE				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 4 22 22 22 22		2 3 4		10 Undercarriage						
Citation # (If Issued) _____				Most Harmful Event 4 23		0 9		5 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		8 7 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 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 _____				Veh Year ---		Veh Make ---		Veh Config. 20						
Operator AGURCIA BRYAN				Owner ---										
Address 74 BOWEN ST				Address ---										
City NEWTON State MA Zip ---				City --- State --- Zip ---										
Insurance Company ---				Vehicle Action Prior to Crash 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 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				-----		8 2 NWH								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Woodland Rd.

Grove St.

Unit 1

NOT TO SCALE

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 motor vehicle 1 states he came to a stop on Grove Street headed north at the stop sign at the intersection of Woodland Rd. Vehicles on Woodland Rd. stopped to let him go. As motor vehicle 1 proceeded into the intersection a bicycle came out of no where and the operator of motor vehicle 1 struck the bicycle at a low speed with the front of motor vehicle 1.

The cyclist states he was traveling east on Woodland Rd. when he proceeded into the intersection he was struck on his right side by motor vehicle 1. The crash was at a low speed and the bicycle tipped over to the left side, causing an injury to his left arm. The cyclist states it was hard to see due to the rain. When the cyclist was asked if he had stopped at the intersection he stated he was not sure if he stopped or just slowed down. When asked if he came to a complete stop and placed a foot onto the ground, the cyclist stated

(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
AGURCIA, BRYAN,	74 BOWEN STREET NEWTON, MASSACHUSETTS 0	857-231-1782	97	GREEN MONGOOSE BICYCLE

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

ALLAN L CICCONE, III NEWTON POLICE DEPARTM 10/02/2019

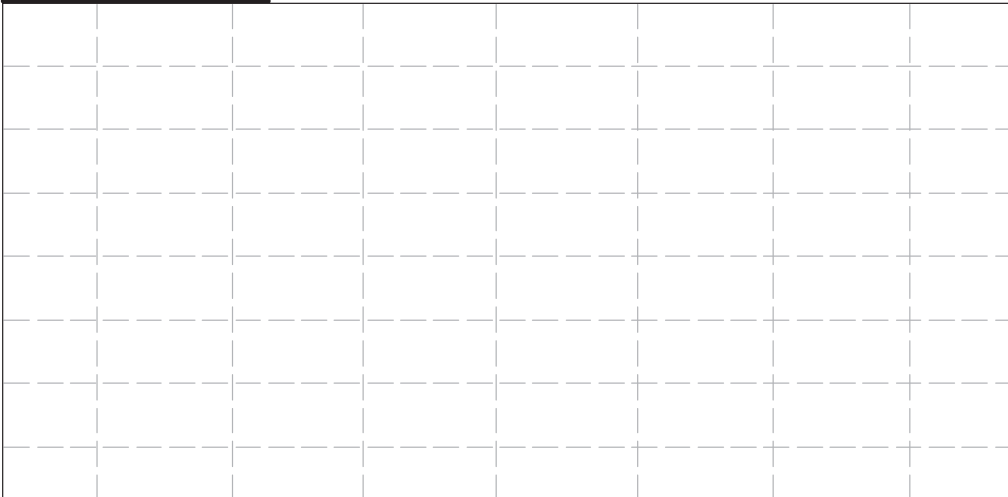
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24-00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 → Pedestrian



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:

no. The cyclist stated normally when he stops he just balances in place and doe not take his foot off the pedals. When I asked the cyclist if he passed other vehicles on the right to get up to the intersection he stated yes, he normally does so.

It should be noted there is no dedicated bike lane and both streets are narrow at this intersection. MED2 transported the cyclist to NWH for his arm injury. I took pictures of the roadway as well and the bicycle and motor vehicle 1. N497 transported the bicycle to property and evidence for safe keeping, N497 submitted memory chip with photos to IT.

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

ALLAN L CICCONE, III

NEWTON POLICE DEPARTM

10/02/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date