

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/16/2020	Time of Crash 21:37 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: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
SOUTH LANGLEY RD Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street					9		
EAST UNION ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number					10		
Route# Direction Name of Intersecting Roadway/Street			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 200000061			
License # --- St MA DOB/Age ---			Reg # 7GK152		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019		Veh Make PORSCHE		Veh Config. 2 20			
Operator POZEN JEREMY D			Owner (Same as operator)		First Middle		12			
Address 61 MONTVALE CRESCENT			Address		First Middle		1			
City NEWTON State MA Zip 02459			City _____ State _____ Zip _____		First Middle					
Insurance Company BAKERS STANDARD INS			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24		7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved			26		27		28			
Name (Last First Middle) Address			Age/DOB Sex		Seat Pos. Safety System		Airbag Status			
Operator See Above			-----		--- 1 4 4		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 1 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 1 19 CDL _____			Veh Year _____		Veh Make _____		Veh Config. 20			
Operator FRANCIS MIKE			Owner _____		First Middle					
Address 66 HAMLET ST			Address _____		First Middle					
City NEWTON State MA Zip 02459			City _____ State _____ Zip _____		First Middle					
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			
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Please fill out for operator and all occupants involved			26		27		28			
Name (Last First Middle) Address			Age/DOB Sex		Seat Pos. Safety System		Airbag Status			
Operator/Non-Motorist See Above			-----		--- 8 2		NEWTON-WELLESLEY			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Langley Rd

Union St

MV1

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:

On January 16, 2020 Officer Bergdorf, Sergeant M Wade and I, Officer Guarino responded to Union St @ Langley Rd for a report of a motor vehicle crash into a bicyclist.

Upon arrival, both the operator of MV1 and the bicyclist were inside of 45 Union St, "Baramor" to get out of the cold. I spoke with the bicyclist who was complaining of left wrist and left hip/ tailbone pain. The bicyclist was driving Southbound on Langley Rd on the sidewalk on his black bicycle with no lights. He said that as he was traveling on the sidewalk on Langley Rd, crossing the intersection of Union St (just outside of the crosswalk), he was struck on his right front of the bicycle causing him to fall on his left side. The bicyclist was not wearing a helmet and did not have any lights on his bicycle. He was wearing a blue jacket and dark pants on a black bike.

(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

Crash Diagram:

ie: → 1 → 2 →



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 operator of MV1 spoke with Sergeant M. Wade and Officer Bergdorf. MV1 said that he was traveling East on Union St and stopped at the stop sign and did not see any pedestrians or traffic coming. He proceeded across Langley Rd and struck the bicyclist with the front driver's side of his vehicle.

Officer Bergdorf took photos at the scene, which were submitted to IT to be attached to this report. The bicyclist was transported to Newton-Wellesley for medical treatment. His bicycle was transported to his house and secured by Officer Larson.

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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

CHARLES P GUARINO

38802

NEWTON POLICE DEPART

01/16/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date