

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/11/2021	Time of Crash 22:08 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 0	Number Injured 1	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 2401 COMMONWEALTH AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input type="checkbox"/> Vehicle #Occupants _____			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000333			
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20 Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three) Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 2 3 4 Most Harmful Event <input type="checkbox"/> 23 1 9 5 11 Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24 8 7 6 Underride/Override <input type="checkbox"/> 25 Towed _____							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____										
Citation # (If Issued) _____										
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										
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 _____ See Above			-----							
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants _____			<input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14		Action <input type="checkbox"/> 15	Location <input type="checkbox"/> 16	Condition <input type="checkbox"/> 17	<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20 Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three) Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 2 3 4 Most Harmful Event <input type="checkbox"/> 23 1 9 5 11 Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24 8 7 6 Underride/Override <input type="checkbox"/> 25 Towed _____							
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Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										
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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			-----							

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Date of Crash		Time of Crash		City/Town		Motor Vehicle Crash Police Report		Number Vehicles	Number Injured	Speed Limit		State Police <input type="checkbox"/>	
		24HR								Latitude		Local Police <input type="checkbox"/>	
										Longitude		MBTA Police <input type="checkbox"/>	
												Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street						9	
At						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	
Also at Intersection with						Landmark							
Route# Direction Name of Intersecting Roadway/Street													
<input type="checkbox"/> Vehicle #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped									
License # St DOB/Age				Reg # Reg Type Reg State									
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL				Veh Year Veh Make Veh Config. 20									
Endorsment				Operator Last First Middle				Owner Last First Middle				12	
Address				Address									
City State Zip				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					
Citation # (If Issued)				Most Harmful Event 23				1 9 10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 24 24				5 11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed				8 7 6					
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator				See Above				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	
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									
Endorsment				Operator FOLEY MICHAEL R				Owner Last First Middle					
Address HOMEL				Address									
City State Zip				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					
Citation # (If Issued)				Most Harmful Event 23				1 9 10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 24 24				5 11 Totaled					
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Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator/Non-Motorist				See Above				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	

→ 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:**

Bicyclist Michael Foley stated that on 05/11/2021 at approximately 22:00 hours he was riding his Blanch mountain bike west bound near 2401 Commonwealth Ave when he was struck from behind by an unknown vehicle. Commonwealth Ave is a public way in the City of Newton. Foley stated that he was thrown from his bike and onto the roadway. It should be noted that the section of Commonwealth Ave where the crash occurred is not lit. At the time of the crash Foley was wearing dark non reflective clothing. Foley was not wearing a helmet or any other safety equipment at the time of the crash. Foley stated that he did not see what type of vehicle struck him from behind and could not offer any other description. Foley was discovered laying in the roadway by a Good Samaritan at 22:08 hours. Upon inspection of Foley's bike I observed that the rear tire and rear fender was bent inward to the left side. I further observed that Foley's bike had no reflective materials

(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

**MICHAEL A MCSWEENEY**

NEWTON POLICE DEPT.

**05/11/2021**

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

CDP1 11:24:00

CDP1 11:24:00