

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 08/19/2020	Time of Crash 13:28 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 1	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 553 WATERTOWN STREET Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet X S E W of CRAFTS ST Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of				Landmark				
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000462		
License # --- St MA DOB/Age ---			Reg # M89944 Reg Type CON Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2012 Veh Make KRIS Veh Config. 2 20								
Operator HJELM CODY Last First Middle			Owner TOWN OF UPTON HIGHWAY DEPT Last First Middle								
Address 141 OVERLOOK DRIVE			Address P.O. BOX 814								
City GREENVILLE State NH Zip 03048			City UPTON State MA Zip 01568								
Insurance Company SELF INSURED			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 4 22 22 22 22 2			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 4 23			5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24								
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N								
Please fill out for operator and all occupants involved											
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility											
Operator See Above			99 4 3 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 F Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year Veh Make Veh Config. 20								
Operator FELL HARRIET JANE Last First Middle			Owner Last First Middle								
Address 384 LINWOOD AVE.			Address								
City NEWTON State MA Zip 02460			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			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 23			5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24								
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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status 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:

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 August 19th, 2020, while working in marked unit N526, I responded to a MVA vs. bicyclist in the area of the intersection of Crafts Street and Watertown Street, Newton. The weather at the time of the crash was clear and cloudy. The road surface was dry. Crafts Street and Watertown Street are both public ways maintained by the City of Newton.

The operator of MV1, Cody Hjelm (NHL19517660), stated he was traveling westbound on Watertown Street and had just crossed over Crafts Street when he saw a bicyclist traveling in the same direction on Watertown Street. As MV1 approached the bicyclist he moved over to the left towards the double yellow lines to give the bicyclist room. MV1 states the bicyclist was no longer in front of his vehicle when he heard a thud type noise come from the side of his van. MV1 stated he pulled over and saw the bicyclist on the ground with a

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Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
VERGONA, FELICE, JOHN	67 WALTHAM ST WATERTOWN, MA 02472	-----	Y

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 <u>Did Not</u> Occur on a Public Way:	
	<input type="checkbox"/> Off-Street Parking Lot	
	<input type="checkbox"/> Garage	
	<input type="checkbox"/> Mall/Shopping Center	
	<input type="checkbox"/> Other Private Way	
	Indicate North by Arrow	
		

Crash Narrative:

head injury.

MV1 sustained moderate damage to the right passenger side of the vehicle. The operator of MV1 reported no injuries and signed a patient refusal. MV1 was able to leave the scene of the accident.

The bicyclist identified as Harriet Fell (S04980771) was being treated by medics on scene at the time of my arrival. I spoke with her briefly inside the ambulance as she was being treated for a head injury.

Harriet stated she has no recollection of the accident and does not remember what happened before or after the crash. Medics advised she was being taken to NWH for treatment.

I spoke with Harriet on the telephone around 1630 hours. She stated she still does not remember what happened but stated she was just finishing her forty mile bike ride and was heading home. Harriet stated she has a

(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

ANDREA M FERGUSON

NEWTON POLICE DEPART

08/19/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

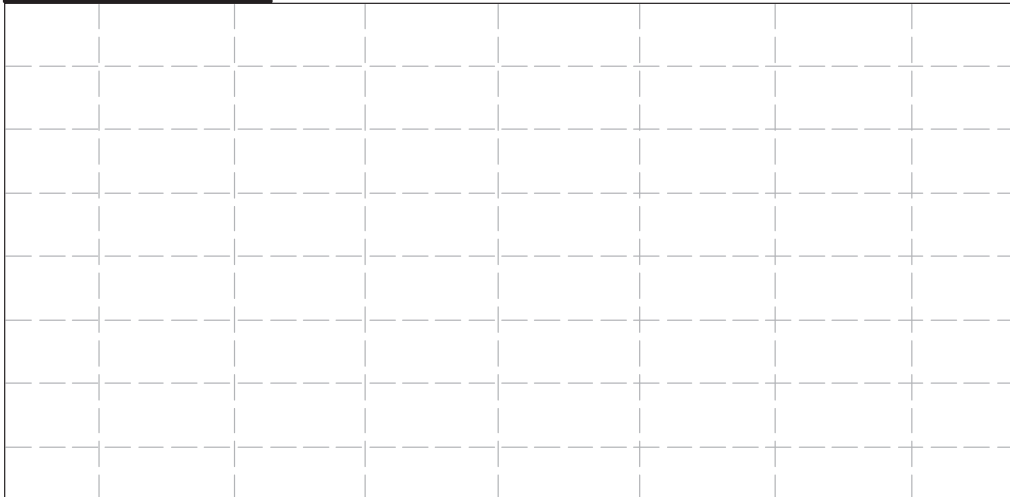
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



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:

hematoma on her head and recieved three stiches. Harriet also stated she has small abrasions on both hands. Harriet stated she was being released from the hospital shortly and will pick up her bicycle tomorrow. The bicycle was transported to the police station by Newton DPW and was secured for safekeeping inside Support Services by Officer Manouk. A property form was completed and submitted along with an Incident report # 20039014.

I took photographs of the accident scene and submitted them to the IT Bureau.

Update by Ofc. Geagan:

On 08/20/2020 Ms. Fell came to the Support Serices Bureau to retrieve her bicycle. See attached Evidence/Property Form and Return of Property Sheet

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

ANDREA M FERGUSON

NEWTON POLICE DEPARTM

08/19/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date