

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 09/01/2020		Time of Crash 13:55 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		
Route# Direction Name of Roadway/Street At				EAST 780 BEACON ST		Route# Direction Address # Name of Roadway/Street						2		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number		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		
<input checked="" type="checkbox"/> Vehicle 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000491					4	
License # --- St MA DOB/Age ---				Reg # 727SZ7		Reg Type PAN		Reg State MA					12	
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2015		Veh Make JEEP		Veh Config. 2 20					1	
Operator HUDSON DINA MARIE				Owner (Same as operator)		First Middle		Address _____					1	
Address 29 WASHINGTON STREET				City BEVERLY		State MA Zip 01915		City _____ State _____ Zip _____					13	
Insurance Company PROGRESSIVE				Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 4 22 22 22 22 2					4	
Vehicle Travel Direction: N S X W Responding to Emergency? N				Most Harmful Event 4 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed N					11	
Citation # (If Issued) N/A				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		10 Undercarriage 5 11 Totaled					6	
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		13		
Operator				See Above		-----		--- --- 99 4 99 0 0 10 1		N/A		4		
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		1
License # --- St --- DOB/Age ---				Reg # _____		Reg Type _____		Reg State _____					20	
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____		Veh Make _____		Veh Config. _____					2	
Operator LIND MARC				Owner _____		First Middle		Address _____					1	
Address 336 TAPPAN STREET (apt. 3)				City BROOKLINE		State MA Zip 02445		City _____ State _____ Zip _____					13	
Insurance Company _____				Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 22 22 22 22 2					4	
Vehicle Travel Direction: N S E W Responding to Emergency? _____				Most Harmful Event 23		Driver Contributing Code 24 24		Underride/Override 25 Towed _____					11	
Citation # (If Issued) N/A				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		8 7 6					6	
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Operator/Non-Motorist				See Above		-----		--- --- 8 1		N/A		4		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Beacon Street

780 Beacon Street

Unit

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 Tuesday, September 1, 2020, while assigned to marked unit N496, I responded to the area of 780 Beacon Street, Newton for a report of a motor vehicle crash involving a bicyclist. The weather at the time of the crash was clear and sunny. The road surface was dry. Beacon Street is a public way maintained by the City of Newton.

I spoke with the operator of the vehicle involved in the crash, Dina Hudson (S33833807). Ms. Hudson stated she was sitting in her 2015 white Jeep Grand Cherokee (MA: 727S27) that was parked (E) in a metered parking spot in front of 780 Beacon Street. Ms. Hudson stated traffic in the Eastbound lane of Beacon Street to her left was stopped. There was a red light ahead at the intersection and traffic had built up past where her vehicle was parked. Ms. Hudson stated she opened her driver side door while she was

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
WORTHINGTON, STEVE,	41 PINE STREET BELLINGHAM, MA 02019	-----	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


MICHAEL R GAUDET NEWTON POLICE DEPT 09/02/2020

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 →

	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:

looking for her debit card to go to the bank. Ms. Hudson stated at this time a bicyclist was traveling at a high rate of speed around the stopped traffic towards the intersection and crashed into her driver side door.

Ms. Hudson stated the operator of the bicycle then traveled further up the roadway and crashed behind a vehicle stopped in traffic. Ms. Hudson stated she was unsure if the bicyclist crashed into the stopped vehicle or if it had landed on the roadway just before it. Ms. Hudson stated the bicyclist then got up from the roadway and began yelling at her that the crash was her fault. I observed a few small fresh scrapes on the outside of the driver side door area.

When I initially arrived at the crash location, I observed Officer Lazarakis checking on his well-being of the injured bicyclist, Marc Lind. Lind was observed laying on the sidewalk in front of 780 Beacon Street.

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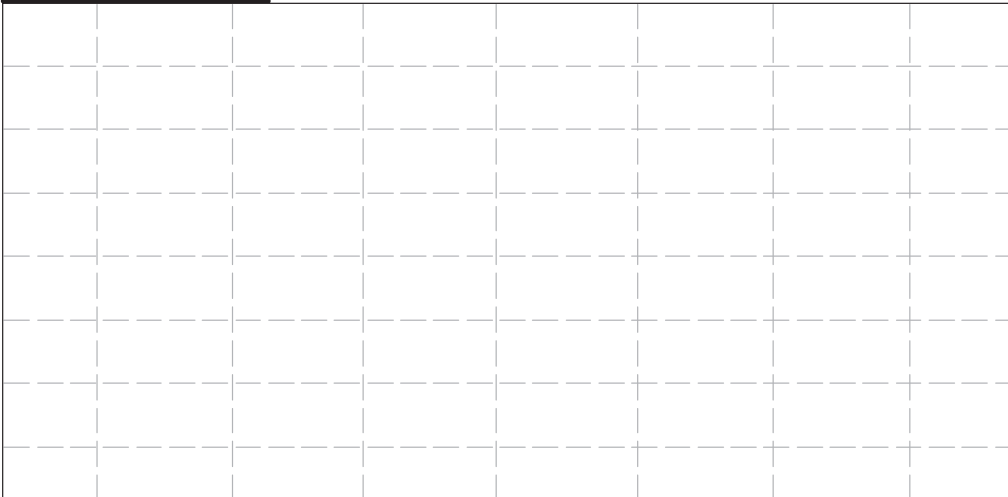
Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

→ 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:

of the bicycle to be approximately 20 miles per hour. Mr. Worthington stated the bicyclist had to "lean" by his vehicle to get by. Mr. Worthington stated a vehicle just ahead of him that was parked opened their door and the bicyclist made contact with the door. Mr. Worthington stated the bicyclist then went down in front of the car that was in front of him. Mr. Worthington stated the bicyclist was rolling around on the ground and screaming "It's your fault" at the woman that opened her door.

Photos were taken of the bicycle and the vehicle involved and submitted to the IT Bureau.

Witnesses:

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Property Damage:

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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 R GAUDET

NEWTON POLICE DEPT.

09/02/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date