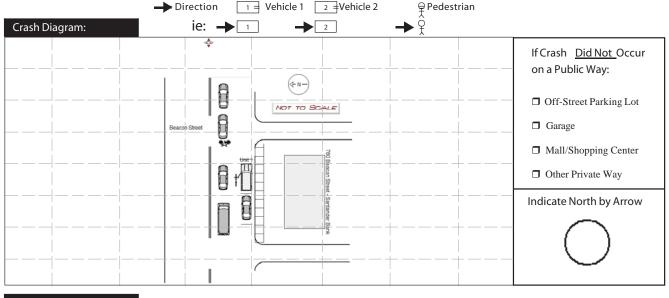
	Poli	ice Use Only		Commonwea	olth o	f Mass	achu	isetts	}		RMV	⁷ Docum	ent Number	
	Date of Crash 09/01/2020	Time of Crash 13:55 24HR	NEWTON	MIUIUI		icle Cra Report	sh	Number Vehicles		ed Latit	d Limit ude gitude_		State Police Local Police MBTA Police Other:	AN O
			RSECTION:		LOCAT		>		NO				TION:	
						EAST	780	1	BEAC	ON ST				
1	Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street							2		
		Route# Direction Name of Intersecting Roadway/Street					N S E	W of	Mile	Marker	(or	Exit Number	
	Route# Direc	etion I	Also at Intersecting			Feet	N S E	W of	D	ш т		D 1		
2 1						Feet	N S E	W of	Route	E# 1	ntersect	ing Koad	way/Street	4
3	Route# Direc	tion	Name of Intersecti	ng Roadway/Street							Lan	ıdmark		
	XVehicle1	#Occupants	Hit/Run	Moped Case	Number		20	00000491						┙
	License#	18 1	St MA		Reg #	727SZ7			Reg T	ype_PAN	1	Reg S	tate MA	
	Sex_F_ Lic.	Class D	Lic. Restrictions	B CDL Endorsment MARIE		ear_2015						Veh Con	fig. 2	
4 1	Operator HU	DSON Last ASHINGTON S	DINA First	MARIE Middle		(Same as ope						Middle		1
	Address			MA Zip 01915		s						7	ip	
		pany PROGRES		Zip	-	Action Prior to							ircle Up to Thre	
5	1	Direction: N		nding to Emergency? N			22 22		22 2	2	3		4	
	Citation # (If I	ssued) N/A			Most H	Iarmful Event	4 23		 1	_	9		10 Undercarri 5 11 Totaled	age
6	Violation	1: ChSec	c Violation 2	: ChSec	Driver	Contributing C			24				6	
⁶ 1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					ide/Override	25	Towe	d N		O 1 21			+
	Name (Last Fir		ator and all occupa	Address		Age/DOB	Sex I	26 27 Seat Safety Sos. System	Status \$w	itch Code	Trap Code	32 Tran Status Cod	le Medical Facilit	1 4
	Operator			See Above				99	4 9	9 0	0	10 1	N/A	
											+			\dashv
											-			_
7		_							10		15			_
1	Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist A Typ	pe 2	Action 2	Loca	tion 4	Con	dition 1	17 L	Hit/	/Run Mope	ed
	License#		St	DOB/Age	Reg#_				Reg T	`ype		Reg S	state	
	Sex_M_ Lic.	Class 18 1	Lic. Restrictions	CDL	Veh Ye	ear	Vel	Make				Veh Con	fig. 20	
8 2	Operator LIN	Last	MARC First	Middle	Owner	Las	st		First			Middle		
		Address 336 TAPPAN STREET (apt. 3)					Address							
	City BROOK		State	*	-	A .: D: .			<u></u>	Damage	_State_		ip ircle Up to Thre	e)
	Insurance Company Vahicle Travel Direction: NSEW Responding to Emergency?					Sequence	22 22		22 2	C	3	`	4	
	Vehicle Travel Direction: NSEW Responding to Emergency? Citation # (If Issued) N/A					Iarmful Event	23						10 Undercarri	age
	Violation 1: ChSec Violation 2: ChSec					Contributing C	ode	24	24	-	9		5 11 Totaled	
				4: ChSec		ide/Override	25	Tower	I8	3	7		6	
	Pl Name (Last Fi		operator and all o	ccupants involved		Age/DOB		26 27 Seat Safety Pos. System	28 Airbag Air n Status S	29 30 Frbag Eject Witch Code	31 Trap	32 Injury Tran Status Co		ity
		Non-Motorist		See Above		Age/DOB			Status S	Code	Couc	8 1	N/A	



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: 727SZ7) 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)

W itnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
WORTHINGTON, STEVE,		41 PINE STRE BELLINGHAN				Y
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information: Carrier Name	Registration #				Carrier Issuing Authority Cod	e 35
Address			City		St Zip	
US DOT #:	_State Number					36
Cargo Body Type Code Trailer Reg #: Hazmat Information:	oss Vehicle Weight Reg Type	Reg State	Reg Year	Tr	ailer Length 39	
Placard 40 Material 1 digit	# 41 Material Nar	me		Material 4	digit # Release code	42

MICHAEL R GAUDET NEWTON POLICE DEPARTN 09/02/2020
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

	→ Direction	1 = Vehicle 1	2 =Vehicle 2	₽Pedestria	n	
Crash Diagram:	ie: →□	1	2	₽Ŷ		
					If Crash <u>Did N</u>	
					orrar ublic wa	y.
		_			☐ Off-Street Par	king Lot
			L L _		Garage	
					☐ Mall/Shoppin	g Center
		_			☐ Other Private	Way
		_	 		Indicate North k	y Arrow
)
Crash Narrative:						
looking for her debit	card to go to the	bank. Ms. H	udson stated a	t this time	e a bicyclist was trave	eling at a
high rate of speed arou	and the stopped to	raffic toward	s the intersec	tion and co	rashed into her driver	side door.
Ms. Hudson stated the	e operator of the	bicycle then	traveled furt	her up the	roadway and crashed be	ehind a
vehicle stopped in tra	ffic. Ms. Hudson	stated she w	as unsure if t	he bicyclis	st crashed into the sto	opped
vehicle or if it had la	anded on the road	way just befo	re it. Ms. Hu	dson stated	d the bicyclist then go	ot up from
the roadway and began	yelling at her th	at the crash	was her fault.	I observe	ed a few small fresh so	crapes on
the outside of the driv	ver side door are	a.				
When I initially arrive	ed at the crash l	ocation, I ob	served Officer	Lazarakis	checking on his well-h	peing of
the injured bicyclist,	Marc Lind. Lind	was observed	laying on the	sidewalk in	n front of 780 Beacon S	Street.
(Continue	ed on next page)					
W itnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type D	Description of Damaged Property	
Owner (Last, First, Middle)	Address		Friorie #	34-Type L	rescription of Damaged Froperty	
Truck and Bus Information:	Registration #		(From Ve	hicle 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_	Trail	er Length 39	
Hazmat Information:	_ ,,		_	•		
Placard 40 Material 1	digit # 41 Material	Name		Material 4 dig	git # Release cod	e 42

	Direction 1 = Ve	enicie i 2 ‡venicie 2	Pedestrian	
Crash Diagram:	ie: → ¹	2	→ §	
			 	If Crash <u>Did Not</u> Occur on a Public Way:
				☐ Off-Street Parking Lot ☐ Garage
			 	☐ Mall/Shopping Center ☐ Other Private Way
				Indicate North by Arrow
Crash Narrativo				

After being evaluated by Newton Medics, I spoke with Mr. Lind. Mr. Lind stated he was traveling on his Trek bicycle Eastbound on Beacon Street towards Langley Road. Mr. Lind stated while traveling through the area at this time, traffic in the Eastbound Lane was stopped and there was a red light ahead of him at the intersection. Mr. Lind estimated his speed at this time to be 10-12 miles per hour. Mr. Lind stated as he travelled past the Santander Bank at 780 Beacon Street, the operator of a parked white Jeep to his right abruptly opened their door into traffic. Mr. Lind stated he attempted to avoid the vehicles door and veered to the left. Mr. Lind stated the right end of his handlebar made contact with the door and as he traveled forward and applied his brakes his right side crashed into the rear of a vehicle stopped in traffic ahead of him. Mr. Lind stated he crashed to the roadway on his right side. Mr. Lind was able to move to the side of

(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 _____ City____ Address___ US DOT #: State Number _____ Issuing State _____ ICC #:____ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #:_ Hazmat Information: Material Name______ Material 4 digit # ______ Release code Placard Material 1 digit #

MICHAEL R GAUDET			NEWTON POLICE DEPARTM		09/02/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

→	► Direction 1	■ Vehicle 1 2	yehicle 2	Pedestr	ian		
Crash Diagram:	ie: 🕕 🛚 1		□ →	Ŷ			
		 		<u> </u> 		rash <u>Did Not</u> O a Public Way:	ccur
				- — — 🗍		Off-Street Parking	Lot
		 				Garage	
	į	į		į		Mall/Shopping Cer	nter
						Other Private Way	
	-			+	Indic	cate North by Ar	row
						\bigcirc	
Crash Narrative:							
the roadway and wait for N	ewton PD, Fire	, and Medics	to respond.	Mr. Lind	reported injus	ries to his r	ight
arm, side, and leg area. M	r. Lind signed	d a patient r	efusal with Ne	wton Med	ics and was tra	ansported awa	y from
the area by his wife with	his bicycle.	I observed no	substantial d	amage to	his Trek bicyc	cle. At the	time of
the crash, Mr. Lind was we	aring a white	t-shirt, blac	k shorts, blac	k, shoes	, and a gray he	elmet with	
sunglasses.							
I spoke with a witness to	the crash, Stev	ve Worthingto	n. Mr. Worthi	ngton st	ated he was st	topped in tra	ffic on
Beacon Street about 4 vehic	cles back from	the red ligh	t. Mr. Worthi	ngton st	ated he looked	out of his	
passenger door mirror and	observed a bicy	yclist "whipp	ing" down Beac	on Stree	t in between ve	hicles parke	d on
the side of the road and ve	ehicles stopped	d in traffic	at the red lig	ht. Mr.	Worthington e	estimated the	speed
(Continued or	n next page)						
Witnesses:		1					
Name (Last, First, Middle)		Address			Phone #	ř .	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)			
Carrier Name			· 		Carrier Issu	ning Authority Code	35
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
37	s Vehicle Weight	38					
		D 01.4	D. W	T.	39		
Trailer Reg #: Hazmat Information:	кед гуре	Keg State	Keg Year	Tra	mer Length		
Placard 40 Material 1 digit #	41 Material N	ame		Material 4 o	ligit #	Release code	42
MICHAEL R GAUDET				N POLICE DEPARTM		09/02/20	

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)

-	Direction 1	Vehicle 1	2 ≢Vehicle 2	₽Pedestri	an	
Crash Diagram:	ie: → 🗆	→ [:	→	Ŷ		
					If Crash Did Not on a Public Way:	Occur
					☐ Off-Street Parkin	g Lot
					☐ Garage	
	— — — — — — 			+		
					Mall/Shopping C	
					☐ Other Private Wa	у
					Indicate North by A	rrow
		 			\	
Crash Narrative:						
	oximately 20 mi	les per hour.	Mr. Worthing	ton stat	ted the bicyclist had to "	lean" by
his vehicle to get by. M	r. Worthington	stated a veh	nicle just ahea	d of him	that was parked opened t	heir
door and the bicyclist ma	de contact with	the door. M	fr. Worthington	stated	the bicyclist then went d	own in
front of the car that was	in front of him	m. Mr. Worth	nington stated	the bicy	yclist was rolling around	on the
ground and screaming "It'	s your fault" a	t the woman t	that opened her	door		
Photos were taken of the	bicycle and the	vehicle invo	olved and submi	tted to t	the IT Bureau.	
Witnesses						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:	T		T			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		
Carrier Name					Carrier Issuing Authority Coc	de 35
Address			City		St Zip	
US DOT #:	_State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code Gr	oss Vehicle Weight	38				
 Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length 39	
Hazmat Information:				_	-	
Placard 40 Material 1 digit	# 41 Material N	ame		Material 4 d	ligit # Release code	42
MICHAFI R GAUDET				N POLICE DEPARTA	09/02/2	

ID/Badge #

Signature

Department

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)