

| | | | | | | | | | | |
|-----------------------------|--------------------------------|---------------------|--------------------------------------|--|--|----------------------|---------------------|--|---|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | |
| Date of Crash 01/05/2019 | Time of Crash 12:10 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | | Number Vehicles 4 | Number Injured 1 | Speed Limit 5 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: | |
| Route# Direction Name of Roadway/Street At | | SOUTH 0 PELHAM ST 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 N S E W of Route# Intersecting Roadway/Street | | | |
| Route# Direction Name of Intersecting Roadway/Street | | Landmark | | | |

| | | | |
|--|----------------------------------|--------------------------------|------------------------|
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | <input type="checkbox"/> Hit/Run | <input type="checkbox"/> Moped | Case Number 1900000019 |
|--|----------------------------------|--------------------------------|------------------------|

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|--|--|
| License # --- St MA DOB/Age --- | Reg # 5TWS10 Reg Type PAN Reg State MA |
| Sex F Lic. Class D 18 18 Lic. Restrictions 99 19 CDL | Veh Year 2012 Veh Make TOYOTA Veh Config. 1 20 |
| Operator HYMANWEGSCHEIL MARY Last First Middle | Owner (Same as operator) Last First Middle |
| Address 130D SEMINARY AVE (apt. 324) | Address |
| City NEWTON State MA Zip 02456 | City State Zip |
| Insurance Company NGM INSURANCE | Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) |
| Vehicle Travel Direction: N S E X Responding to Emergency? | Event Sequence 2 22 22 22 22 2 23 1 9 10 Undercarriage 11 Totaled |
| Citation # (If Issued) T0340410 | Most Harmful Event 2 23 |
| Violation 1: Ch 90/24 Sec Violation 2: Ch Sec | Driver Contributing Code 10 24 24 |
| Violation 3: Ch Sec Violation 4: Ch Sec | Underride/Override 25 Towed Y |

| | | | | | | | | | | | | |
|---|-----------|---------|-----|--------------|------------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Please fill out for operator and all occupants involved | | 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 | ----- | --- | --- | 99 | 4 | 99 | 0 | 0 | 4 | 2 | NWH |

| | | | | | | | | |
|-------------------------------------|--|--|-----------|-------------|--------------|----|----------------------------------|--------------------------------|
| Please Select One of the Following: | <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants | <input type="checkbox"/> Non-Motorist A Type | 14 Action | 15 Location | 16 Condition | 17 | <input type="checkbox"/> Hit/Run | <input type="checkbox"/> Moped |
|-------------------------------------|--|--|-----------|-------------|--------------|----|----------------------------------|--------------------------------|

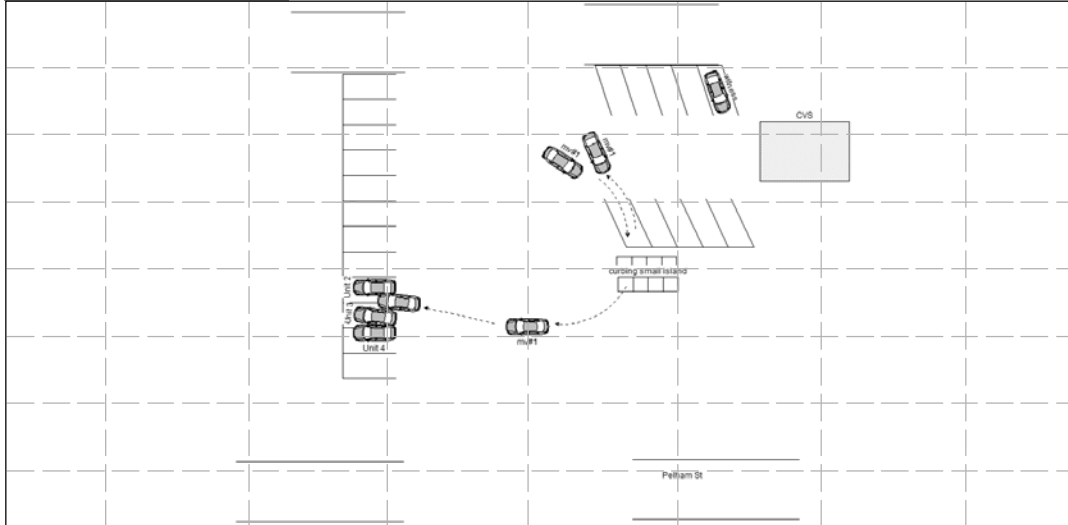
| | |
|--|---|
| License # --- St DOB/Age --- | Reg # 3KY392 Reg Type PAN Reg State MA |
| Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL | Veh Year 2017 Veh Make BMW Veh Config. 1 20 |
| Operator --- Last First Middle | Owner GORDON ELAINE Last First Middle |
| Address | Address 4 OLD COLONY RD |
| City State Zip | City WORCESTER State MA Zip 01609 |
| Insurance Company STANDARD FIRE | Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) |
| Vehicle Travel Direction: N S E X Responding to Emergency? | Event Sequence 1 22 22 22 22 1 23 1 9 10 Undercarriage 11 Totaled |
| Citation # (If Issued) | Most Harmful Event 1 23 |
| 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 Y |

| | | | | | | | | | | | | |
|---|-----------|---------|-----|--------------|------------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Please fill out for operator and all occupants involved | | 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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|---|--|--------------------------------|-------------------------------|----------------------------------|--|--|--|-----------------------|--|-----|-------------------------|------------------------|--|--|---|--|---|
| Police Use Only | | | Commonwealth of Massachusetts | | | | | | | | | | RMV Document Number | | | | |
| Date of Crash 01/05/2019 | | Time of Crash 12:10 24HR | | City/Town NEWTON | | Motor Vehicle Crash Police Report | | | | | Number Vehicles 4 | Number Injured 1 | Speed Limit 5 Latitude Longitude | | State Police Local Police MBTA Police Other: | | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| AT INTERSECTION: | | | | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | | | | | |
| Route# Direction Name of Roadway/Street At | | | | | | Route# Direction Address # Name of Roadway/Street | | | | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | | | | Feet N S E W of Mile Marker Exit Number | | | | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | | | | Feet N S E W of Route# Intersecting Roadway/Street Landmark | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 3 0 #Occupants | | | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 190000019 | | | | | | | | | |
| License # St DOB/Age Reg # 8670VX Reg Type PAN Reg State MA | | | | | | Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Veh Year 2014 Veh Make ACURA Veh Config. 20 | | | | | | | | | | | |
| Operator Last First Middle Owner FRESHMAN KENNETH A | | | | | | Address 106 GREENWOOD ST City NEWTON State MA Zip 02459 | | | | | | | | | | | |
| Insurance Company SAFETY | | | | | | Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | | | | |
| Vehicle Travel Direction: N S E X Responding to Emergency? | | | | | | Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 | | | | | | | | | | | |
| Citation # (If Issued) | | | | | | Driver Contributing Code 1 24 24 Underride/Override 25 Towed N | | | | | | | | | | | |
| Violation 1: Ch Sec Violation 2: Ch Sec | | | | | | 10 Undercarriage 5 11 Totaled | | | | | | | | | | | |
| Violation 3: Ch Sec Violation 4: Ch Sec | | | | | | 9 | | | | | | | | | | | |
| 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 checked="" type="checkbox"/> Vehicle 4 0 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | | | | | | | | | | | | | | | |
| License # St DOB/Age Reg # 834YME Reg Type PAN Reg State MA | | | | | | Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Veh Year 2006 Veh Make TOYOTA Veh Config. 20 | | | | | | | | | | | |
| Operator Last First Middle Owner HUBERMAN ELLEN | | | | | | Address 19 MANEMET RD City NEWTON State MA Zip 02459 | | | | | | | | | | | |
| Insurance Company AMICA | | | | | | Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | | | | |
| Vehicle Travel Direction: N S E X Responding to Emergency? | | | | | | Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 | | | | | | | | | | | |
| Citation # (If Issued) | | | | | | Driver Contributing Code 1 24 24 Underride/Override 25 Towed N | | | | | | | | | | | |
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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 | | ----- | | --- | | | | | | | |

→ 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 1/5/19 at 1210hrs I was dispatched to the Pelham St Municipal Lot (public way inviting access maintained by the City of Newton) behind CVS for a report of an MVA involving several vehicles. On arrival, I observed Mv#1 MA Reg 5TWS10 with heavy front end damage wedged in between two other vehicles parked in marked spaces. #1 operator, in the driver's seat, was being evaluated by Medics. #1 was identified as Mary Jane Hymanwegscheider (10/14/38). I first made contact with a witness identified as Sharon Corliss. Ms Corliss stated she was sitting in her parked vehicle and observed Mv#1 backing out of the end spot next to CVS. She explained once #1 had came to a stop from backing, #1 then pulled forward, drove over a curb island and continued driving straight into the two parked vehicles. Ms Corliss stated it appeared #1 was travelling about 5mph preceeding the crash.

(Continued on next page)

Witnesses:

| Name (Last, First, Middle) | Address | Phone # | Statement |
|----------------------------|--------------------------------|---------|-----------|
| CORLISS, SHARON, | 154 HIGH ST DEDHAM,MA 02026 | ----- | N |
| | | | |

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

→ 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:

After the medics initial evaluation of Ms Hymanwegscheider, I was able to ask her what happened? She stated she backed out of her space, hit the curb going forward and then put her foot on the gas instead of the brake before the collision. She was deliberate when speaking and appeared confused. She reported to medics she had no medical history and was not using any medications including allergy medication as well. She reported she did not hit her head after the collision. She was then transported to NWH for further evaluation after medics discovered her blood/sugar readings were very low. I advised Ms Hymanwegscheider her vehicle had heavy damage and was being towed by Tody's and to expect paperwork at the conclusion of the crash investigation. It appeared #1 struck Mv#2 first on its driver's side rear before striking Mv#3 parked next to it on the passenger side rear. #1 wedged itself between #2 and #3, #3 was then pushed to the left into the passenger

(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 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

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:

side of Mv#4. #2 and #3 sustained heavy rear end damage. #4 sustained light damage. #1 towed by Tody's with heavy front end damage. #2 arranged for her own tow through her insurance company. A note was left on #3, and #4 was able to be driven from the scene.

Ms Hymanwegscheider is showing no MV infraction/no accident history.

Based on the totality of all information received as a result of this investigation, I will be issuing a citation (#T0340410) to Ms Hymanwagscheider for Ch90/Sec24, Negligent Operation.

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 | 37 | Gross Vehicle Weight | 38 |
|----------------------|----|----------------------|----|

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42