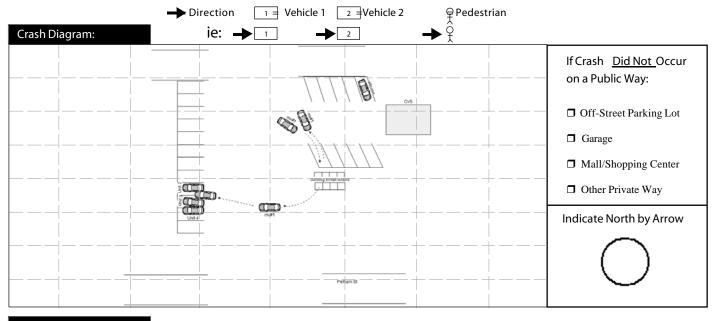
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4	Address 130D SEMI	NARY AV	E (apt. 324)				ess								
	City NEWTON			State MA	Zip_02456	City						_State	Zip _		
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Date of Crash	Time of Crash	City	/Town	M	ntor Va	hicle Cras	an Inu	mber N	Number	Speed Lim	nt <u>3</u>		te Police
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			At			Feet N	S E W	of		_ •	or		
Route# Dire	ection N	Name of Interse	cting Roadway	/Street					Mile Ma	ırker		Ex	it Number
		Also at I	ntersection with	l		Feet N	SEW		Route#	Interse	cting Ro	oadway	/Street
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XVehicle ³	3 <u>0</u> #Occupants	Hit/R	un M	loped	Case Numbe	er	190000	00019					
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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	l on next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
CORLISS , SHARON,		154 HIGH ST DEDHAM,M						N
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	n of Damage	d Property	
Truck and Bus Information: Carrier Name	Registration #		,	icle Section)		Carrier Issuin	g Authority Co	de 35
Address			_ City			St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_			Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State _	Reg Year	T	railer Length			
Hazmat Information:								
Placard 40 Material 1 di	git # 41 Material N	ame		_ Material 4	digit #]	Release code	42
ADAM D GABRIEL		251	17 NEWTO	ON POLICE DEPART	гм		01/05/2	2019

ADAM D GABRIEL 25117 NEWTON POLICE DEPARTM 01/05/2019

-	Direction 1 :	Vehicle 1 2	≢Vehicle 2	Pedesti	rian		
Crash Diagram:	ie: → 1		_ →	₽		_	
				 		If Crash <u>Did Not</u> on a Public Way:	<u>Occur</u>
						☐ Off-Street Parking	ng Lot
	 					☐ Garage	
						☐ Mall/Shopping G	Center
			+		 	☐ Other Private W	ay
						Indicate North by	Arrow
	 	<u>+</u>	+-				
Crash Narrative:							
After the medics intial e	valuation of Ms	Hymanwegsche	ider, I was ab	le to as	k her wh	nat happened? She	stated
she backed out of her spa	ce, hit the curb	going forwa	rd and then pu	t her fo	ot on th	ne gas instead of	the bra
before the collision. She	was deliberate	when speakin	g and appeared	l confuse	ed. She r	reported to medic	s she ha
no medical history and wa							
did not hit her head afte							
discovered her blood/suga							vy dalila
It appeared #1 struck Mv#							the
passenger side rear. #1 w				_			
(Continued	on next page)						
Witnesses:							
Name (Last, First, Middle)		Address				Phone #	Stateme
Property Damage:					'		,
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	n of Damaged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)			
Carrier Name						Carrier Issuing Authority Co	ode
Address			City			St Zip	
US DOT #:	_ State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gr	ross Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	39	
Hazmat Information: Placard 40 Material 1 digit	# 41 Material Na	.me		_ Material 4	digit#	Release code	42
						L	
ADAM D GABRIEL		25117	NEWTO	ON POLICE DEPART	Th.	01/05/	2019

	_	Vehicle 1	₂ ≢Vehicle 2	무 Pedestriai	า	
	ie: I I I I I I I I I I I I I	rear end dama	ge. #4 susta	ined light of	If Crash Did Not On a Public Way: Off-Street Parking Garage Mall/Shopping Composite Way Indicate North by A	g Lot enter y Arrow
#4 was able to be driver	n from the scene	raction/no ac	cident histo	ery.	pany. A note was left on	
citation (#T0340410) to				-		
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:			1			
Owner (Last, First, Middle)	Address		Phone #	34-Type D	escription of Damaged Property	
Truck and Bus Information:						
Carrier Name	_		(From V	Vehicle Section)	Carrier Issuing Authority Coc	35
					C4 7:	ic
Address			City		St Zip	
AddressUS DOT #:			•		· _	
US DOT #:			•		Interstate	
US DOT #:	State Number	38	Issuing State	ICC #:	Interstate 39	

ADAM D GABRIEL 25117 NEWTON POLICE DEPARTS 01/05/2019

Police Officer Name (Place Print) Signature ID/Dedge # Department Project (Demarks ID/Dedge # Department)