

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/16/2019	Time of Crash 08:01 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	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:	
FREEMAN ST				
Route# _____	Direction _____	Name of Roadway/Street _____	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____	
At _____				
LEXINGTON ST				
Route# _____	Direction _____	Name of Intersecting Roadway/Street _____	_____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____	
Also at Intersection with _____				
Route# _____		Direction _____	Name of Intersecting Roadway/Street _____	_____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____
Route# _____		Direction _____	Name of Intersecting Roadway/Street _____	_____ Feet [N][S][E][W] of _____ Landmark _____

<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 1900000056
License # _____ St MA DOB/Age ____-____		Reg # 31TC87 Reg Type PAN Reg State MA	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____	Veh Year 2010 Veh Make MERZ Veh Config. 2 20		
Operator FARNESE REGINA Endorsment _____		Owner (Same as operator) _____	
Address 92 LEXINGTON ST		Address _____	
City NEWTON State MA Zip 02466		City _____ State _____ Zip _____	
Insurance Company COMMERCE INSURANCE		Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? _____		Event Sequence 1 22 22 22 22 2	
Citation # (If Issued) T1440538		Most Harmful Event 1 23	
Violation 1: Ch 90/20 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		See Above	-----	---	99	4	99	0	0	3	2	NEWTON WELLESLEY H

Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 2 3 #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 NY DOB/Age ____-____		Reg # BYG7963 Reg Type PAN Reg State NY							
Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____	Veh Year 2011 Veh Make CHRYSLER Veh Config. 2 20								
Operator HEIMBROCK MARILYN Endorsment _____		Owner THE SALVATION AR _____							
Address 4600 AMHERST AVE		Address 200 TWIN OAKS DR							
City VESTAL State NY Zip 13850		City SYRACUSE State _____ Zip 13206							
Insurance Company ZURICH AMER INS CO		Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? _____		Event Sequence 1 22 22 22 22 2							
Citation # (If Issued) T1440539		Most Harmful Event 1 23							
Violation 1: Ch 003 Sec _____ Violation 2: Ch _____ Sec _____		Driver Contributing Code 19 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	-----	---	99	1	99	0	0	5	1	
LAPAIX, SHAMAH		65 FALMOUTH RD NEWTON, MA 02465	---	M	6	4	1	99	0	0	5	1
LAPAIX, GRACE		65 FALMOUTH RD NEWTON, MA 02465	---	F	9	4	1	99	0	0	5	1

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

LEXINGTON STREET

AUBURN DALE AVENUE

FREEMAN STREET

IMPACT AREA

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 the above date/time I responded to Lexington Street / Freeman Street for a two motor vehicle crash with air bag deployment.

Upon arrival on scene I checked all parties for injuries. Operator of vehicle one Ms. Farnese complained of head / neck injuries and Fire and Medics responded on scene. All parties in vehicle two did not have any injuries.

I spoke with the operator of vehicle one Ms. Farnese in the ambulance she stated she was slowing traveling south on Lexington Street at the intersection of Freeman Street due to the traffic signal for Lexington Street was yellow. She stated as she was slowing she felt a heavy impact from in the rear by vehicle two.

I spoke to the operator of two Ms. Heimbrock, she stated she is a pastor for the Salvation Army in New York

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**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

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### Crash Diagram:

If Crash Did Not Occur  
on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
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Indicate North by Arrow



### Crash Narrative:

and she was transporting two children Shamah Lapaix d.o.b. 4-18-14 and Grace Lapaix d.o.b. 1-10-11 to a Christian school in Wayland. She stated that she is staying with the children at 65 Falmouth Road Newton MA with the childrens grandmother due to the fact the parents are in New York doing a continuing education program until Friday January 18, 2019. She stated she is not familiar with the area, she was traveling south on Lexington Street approaching Freeman Street when she glanced at the map on her cell phone. She stated she did not observe the color of the traffic signal and did not observe the rear brake lights in vehicle one. All parties were evaluated in vehicle two by medics with no injury. I spoke with the childrens mother Sarah Lapaix 1-203-685-2809 who confirmed Ms. Heimbrock's statement about the care of the children. I did observe an expired inspection sticker as of 12/18 on vehicle one. Therefore due to operator of vehicle

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### Crash Narrative:

two's statement I checked the rear brake lights. When the brake pedal was pressed the left brake light and top(3rd) brake light was operational but the right rear brake light was not operational.

Tody's towing arrived on scene and towed both vehicles top their lot.

Ms. Heimbrock made arrangements for transport of herself and the children.

Ms. Farnese was transported to Newton Wellesley Hospital for non life threatening injuries.

I advised all parties of the process and gave them each others information.

I checked the traffic signals in the intersection and they were fully functional.

Therefore with all the above mentioned I am issuing citations to both parties

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### Crash Narrative:

Operator of vehicle one citation # T1440538 for

Chapter 90 Section 20 EXPIRED INSPECTION STICKER \$ 55.00

Operator of vehicle two citation # T1440539 for

City Ordinance 19-75 FAILURE TO USE CARE IN STOPPING \$ 20.00

Both citations were filled out after investigation and will be mailed to their license address.

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