

|  |                                |                     |   |  |  |                                  |   |                     |  |   |      |
|--|--------------------------------|---------------------|---|--|--|----------------------------------|---|---------------------|--|---|------|
| Police Use Only  |                                |                     | Commonwealth of Massachusetts   |  |  |                                  | RMV Document Number   |                     |  |   |      |
| Date of Crash<br>11/14/2019  | Time of Crash<br>12:13<br>24HR | City/Town<br>NEWTON | Motor Vehicle Crash<br>Police Report  |  |  |                                  | Number Vehicles<br>2  | Number Injured<br>0 | Speed Limit 5<br>Latitude<br>Longitude | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: |      |
| AT INTERSECTION:   |                                |                     | < LOCATION >  |  |  |                                  | NOT AT INTERSECTION:  |                     |  |   | 9    |
| Route# Direction Name of Roadway/Street<br>At  |                                |                     | WEST 1697 BEACON ST<br>Route# Direction Address # Name of Roadway/Street  |  |  |                                  | Feet N S E W of or Exit Number  |                     |  |   | 2 10 |
| Route# Direction Name of Intersecting Roadway/Street<br>Also at Intersection with              |                                |                     | Feet N S E W of   |  |  |                                  | Route# Intersecting Roadway/Street  |                     |  |   | 11   |
| Route# Direction Name of Intersecting Roadway/Street   |                                |                     | Feet N S E W of   |  |  |                                  | Landmark  |                     |  |   | 3    |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants                                     |                                |                     | <input type="checkbox"/> Hit/Run  |  |  | <input type="checkbox"/> Moped   |   |                     | Case Number 1900001173                 |   |      |
| License # --- St RI DOB/Age ---  |                                |                     | Reg # 395KR9 Reg Type PAN Reg State MA  |  |  |                                  | Veh Year 2001 Veh Make CHRYSLER Veh Config. 2 20                            |                     |  |   |      |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment                                 |                                |                     | Owner GOVERNO KRISTINE S  |  |  |                                  | Address 163 DORSET RD   |                     |  |   | 12   |
| Operator MOORE JESSICA K   |                                |                     | City WABAN State MA Zip 02468   |  |  |                                  | Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three) |                     |  |   |      |
| Address 163 DORSET ROAD  |                                |                     | Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23  |  |  |                                  | Driver Contributing Code 19 24 24 Underride/Override 25 Towed N             |                     |  |   |      |
| City NEWTON State MA Zip 02468   |                                |                     | Insurance Company BANKERS   |  |  |                                  | Vehicle Travel Direction: X S E W Responding to Emergency? N                |                     |  |   |      |
| Citation # (If Issued) T2016428  |                                |                     | Violation 1: Ch 19/75 Sec Violation 2: Ch Sec   |  |  |                                  | Violation 3: Ch Sec Violation 4: Ch Sec                                     |                     |  |   |      |
| 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 --- 2 4 99 0 0 10 1 N/A                                  |                     |  |   | 13   |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 MA DOB/Age ---  |                                |                     | Reg # M2546A Reg Type MVN Reg State MA  |  |  |                                  | Veh Year 2018 Veh Make FORD Veh Config. 6 20                                |                     |  |   |      |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment                                 |                                |                     | Owner CITY OF NEWTON  |  |  |                                  | Address 1000 COMMONWEALTH AVE   |                     |  |   |      |
| Operator LYS PATRICE   |                                |                     | City NEWTON State MA Zip 02459  |  |  |                                  | Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)  |                     |  |   |      |
| Address 605 MAIN STREET  |                                |                     | Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23  |  |  |                                  | Driver Contributing Code 1 24 24 Underride/Override 25 Towed N              |                     |  |   |      |
| City WATERTOWN State MA Zip 02472  |                                |                     | Insurance Company CITY OF NEWTON  |  |  |                                  | Vehicle Travel Direction: N S X W Responding to Emergency? N                |                     |  |   |      |
| Citation # (If Issued) N/A   |                                |                     | Violation 1: Ch Sec Violation 2: Ch Sec   |  |  |                                  | Violation 3: Ch Sec Violation 4: Ch Sec                                     |                     |  |   |      |
| 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/Non-Motorist See Above --- 2 4 99 0 0 10 1 N/A                     |                     |  |   |      |

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

1647 Beacon Street

NOT TO SCALE

Unit 1

Unit 2

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 Thursday, November 14, 2019, while assigned to Traffic unit N525, I responded to the rear parking lot of the Angier Elementary School located at 1697 Beacon Street for a motor vehicle crash involved a City of Newton owner vehicle. 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.

The operator of MV1, Jessica Moore, stated she was backing out of a parking spot in the rear of the Angier Elementary School while operating a 2007 Chrysler Town and Country (MA:395KR9). Moore stated she did not see MV2 passing by as she was backing out and the rear driver side bumper area of her vehicle crashed into the rear driver side of MV2. Moore reported no injuries. I observed moderate damage to the rear driver side bumper area of MV1.

(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

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

11/14/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ 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:

The operator of MV2, Patrice Lys, stated he was traveling Westbound in the parking lot of the Angier Elementary school in a 2018 Ford EcoVan (MA MVN: M2546A). Lys stated a vehicle on his driver side backed out of a parking spot and the rear end of MV1 crashed into the rear driver side of MV2. Lys reported no injuries. I observed minor damage to the rear driver side area of MV2.

The operator of MV1 was cited with Massachusetts Uniform Citation T2016428 for Newton City Ordinance Chapter 19, Section 75 (Fail to Use Care, Backing). Photos were submitted to the IT Bureau.

#### 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  Gross Vehicle Weight

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length

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Placard  Material 1 digit #  Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code

MICHAEL R GAUDET

NEWTON POLICE DEPT

11/14/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date