

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/06/2020		Time of Crash 09:09 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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:						9	
NORTH FRANKLIN ST										2			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						10			
At				Feet N S E W of _____ or _____									
WEST SHORNECLIFFE RD													
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____						11			
Also at Intersection with				Route# Intersecting Roadway/Street						2			
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 2000000125							
License # --- St MA DOB/Age ---				Reg # M98492 Reg Type MVN Reg State MA									
Sex M Lic. Class A 18 18 Lic. Restrictions K 19 CDL _____				Veh Year 2005 Veh Make INTL Veh Config. 6 20									
Operator FLEMING JOHN				Owner CITY OF NEWTON								12	
Address 110 CRAFTS ST				Address 110 CRAFTS ST									
City NEWTON State MA Zip 02458				City NEWTON State MA Zip 02458									
Insurance Company SELF INSURED				Vehicle Action Prior to Crash 10 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4					
Citation # (If Issued) N/A				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24				11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6					
Please fill out for operator and all occupants involved												13	
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												1	
Operator See Above				-----				1 4 99 0 0 10 1 N/A					
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 # 5WP321 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2016 Veh Make HONDA Veh Config. 2 20									
Operator PERRY LISA M				Owner (Same as operator)									
Address 25 STILES TERRACE				Address _____									
City NEWTON State MA Zip 02459				City _____ State _____ Zip _____									
Insurance Company PLYMOUTH ROCK				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22				3 4					
Citation # (If Issued) T2013858				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch 90/9/B Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				7 6					
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				-----				1 4 99 1 1 10 1 N/A					

→ 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 Thursday, February 6, 2020 while assigned to Traffic unit N525, I responded to the intersection of Franklin Street and Shornecliff Road, Newton for a motor vehicle crash involving a City of Newton owned vehicle. The weather at the time of the accident was light rain. The road surface was wet. Franklin Street and Shornecliff Road are both public ways maintained by the City of Newton.

I spoke with the operator of MV1, John Fleming (S67400731). Fleming works for the Utilities Division for the City of Newton and was operating a City of Newton owned 2005 INTL 700SER (MA MVN: M98492) at the time of the crash. Fleming stated he was traveling on Franklin Street (N) at the intersection of Shornecliff Road. Fleming stated he went to back his vehicle up and did not see any vehicles behind him. Fleming stated the rear of his vehicle crashed into the front of MV2. I observed damage to the

(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 DEPARTMENT** **02/06/2020**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

→ 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:

sand dispensing attachment on the rear of MV1. Fleming reported no injuries.

I spoke with the operator of MV2, Lisa Perry (S21890600). Perry stated she was operating her 2016 Honda Pilot (MA: 5WP321) on Franklin Street (N) towards Shornecliff Road. Perry stated she was stopped behind MV1 when it backed up and crashed into the front of her vehicle. I observed damage to the front bumper/light area of MV2. Perry reported no injuries. A query of Perry's registration status through Newton Dispatched stated it was expired. Perry was able to renew her registration on scene and was issued Massachusetts Uniform Citation T2013858 in hand for Chapter 90, Section 9 (Expired Registration).

Photos were taken of both vehicles and 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 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

MICHAEL R GAUDET

NEWTON POLICE DEPART

02/06/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date