

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/28/2020		Time of Crash 12:11 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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:						9		
Route# Direction Name of Roadway/Street At				EAST 27 OAK ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2 10		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11		
Route# Direction Name of Intersecting Roadway/Street												1		
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000409					3	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company AMERICAN BANKERS INSURANCE				Reg # D2935 Reg Type PAS Reg State MA Veh Year 1991 Veh Make CHRYSLER Veh Config. 1 20 Owner DUMOULIN MARC Address 23 OAK ST City NEWTON State MA Zip 02464 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 3 22 22 22 22 2 Most Harmful Event 3 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								12		
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								13		
Operator				See Above								3		
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants				<input checked="" type="checkbox"/> Non-Motorist A Type 1 14		Action 7 15		Location 4 16		Condition 1 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		7 9
License # _____ St _____ DOB/Age _____ Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator FLORES-ROMAN LUCERO Address 137 LYNDE ST City MELROSE State MA Zip 02176 Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								8 1		
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								8 1		

→ Direction    1 = Vehicle 1    2 = Vehicle 2    ☉ Pedestrian

ie: → 1    → 2    → ☉

**Crash Diagram:**

27 OAK ST

DRIVEWAY OF 27 OAK ST

PEDESTRIAN

DRIVEWAY OF 23 OAK ST

23 OAK ST

COMMON DRIVEWAY

NOT TO SCALE

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 07/28/2020 at 1221hrs I responded to the area of 23 Oak St for a motor vehicle crash involving a pedestrian. The involved pedestrian had left the area prior to my arrival. The vehicle that was involved in crash was also not on scene.

The crash occurred on 07/28/2020 at approximately 0900hrs in the driveway of 27 Oak St. Prior to the crash the involved vehicle described as a 1991 Chrysler TC Convertible color Red bearing MA Antique Reg D2935 (Active) was located in the driveway of 23 Oak St. The vehicle was facing toward the rear of the driveway. The vehicle then rolled in reverse easterly across the common driveway and struck a pedestrian who was located in the driveway of 27 Oak St. After contact with the pedestrian the vehicle came to final rest in the driveway of 27 Oak St. As a result of the impact the pedestrian sustained a minor injury to her left knee.

(Continued on next page)

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
ANDREEV, GLEB,	204 BOYLSTON ST WATERTOWN, MA 02472	-----	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

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

JASON M. SCHLEGEL      NEWTON POLICE DEPT      07/28/2020

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

CDP1 11 -24:00

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

**Crash Diagram:**

ie: → 1    → 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:**

There were no occupants in the involved vehicle at the time of the crash. It is unknown at this time if the vehicle sustained any damage. The pedestrian left the area prior to this crash being reported to NPD. The vehicle was removed from the area prior to the crash being reported to NPD.

I then spoke to the owner of the involved vehicle Marc Dumoulin who was on scene and was the reporting person. Dumoulin stated that the crash occurred today 07/28/2020 at approximately 0900hrs. Dumoulin states that the involved vehicle described as a 1991 Chrysler Convertible was having issues due to a gas tank problem and he believes it wasn't going to pass inspection. Dumoulin stated that he took his vehicle for a

(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

JASON M. SCHLEGEL

NEWTON POLICE DEPT.

07/28/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

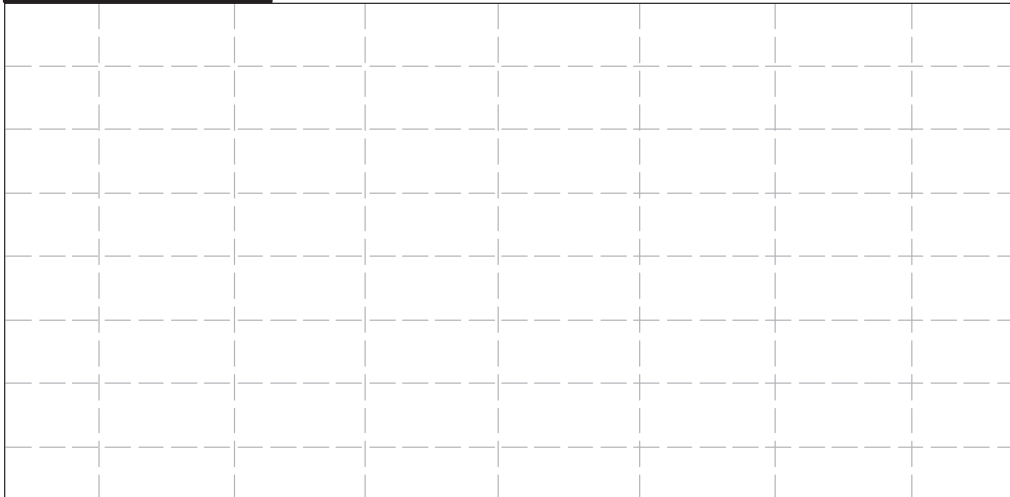
Date



→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 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:

removed the vehicle from his neighbor's driveway and brought it to CJ Auto for salvage. Dumoulin states that when he returned to his residence he became aware that the pedestrian may have been struck by his vehicle and had a minor injury. Dumoulin states that upon hearing this he called NPD.

At this time I was met by Nina Levin who is the homeowner of 27 Oak St. Levin stated that she did not observe the crash but a contractor working on her house did. Levin stated that the pedestrian involved was named Lucero Flores-Roman and that Flores-Roman was outside attending to some potted plants when she was hit by the involved vehicle. Levin stated that Flores-Roman received an injury to her left knee. Levin stated that she took photo's after the crash of the involved vehicle and of Flores-Roman's knee. Levin provided me with these photo's which I then submitted to the IT Bureau. Levin provided me with Flores-Romans contact phone number.

(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

JASON M. SCHLEGEL

NEWTON POLICE DEPT.

07/28/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department


Precinct/Barracks

Date



→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:    ie: → 1    → 2    →

	If Crash <u>Did Not</u> Occur on a Public Way:	
	<input type="checkbox"/> Off-Street Parking Lot	
	<input type="checkbox"/> Garage	
	<input type="checkbox"/> Mall/Shopping Center	
	<input type="checkbox"/> Other Private Way	
	Indicate North by Arrow	
		

Crash Narrative:

At 0230 hrs I was able to speak with the involved pedestrian Lucero Flores-Roman. Flores-Roman states that around 0900hrs today she was in the driveway of 27 Oak St attending to some plants near a wooden fence.

Flores-Roman stated that her back was turned towards the area of 25 Oak St, she then on a hunch turned around and observed the involved vehicle in reverse moving towards her. Flores-Roman stated that she turned her body quickly to avoid the vehicle but the vehicle's rear end passengers side made contact with her left knee. Flores-Roman stated that she sustained a minor injury to her left knee which included some bruising and swelling. Flores-Roman states that after crash she did not think she needed an ambulance but wanted to go home to rest her knee. Flores-Roman was then provided with Dumoulin's insurance information.

No other injuries reported on scene.

(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

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:    ie: → 1    → 2    →

	If Crash <u>Did Not</u> Occur on a Public Way:	
	<input type="checkbox"/> Off-Street Parking Lot	
	<input type="checkbox"/> Garage	
	<input type="checkbox"/> Mall/Shopping Center	
	<input type="checkbox"/> Other Private Way	
	Indicate North by Arrow	
		

**Crash Narrative:**

Photo's were taken on scene and were submitted to the IT Bureau.

On 07/29/2020 I responded to CJ Auto's Salvage Yard located at 43 White Pond Rd Stow, MA which was the present location of the involved vehicle. Upon arrival I observed the involved vehicle which did not appear to have exterior damage. Photo's were taken of the vehicle and were submitted to the IT Bureau. An RMV check of vehicle revealed that a title was issued to Dumoulin on 03/25/2020. The vehicle has not been inspected by a MA inspection station. The vehicle title has been signed over by Dumoulin to CJ Auto for destruction. At this time it is unknown if the crash was caused by mechanical failure with the vehicle or human error.

**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