

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 08/02/2020	Time of Crash 07:01 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 30 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:				
Route# Direction Name of Roadway/Street At			NORTH 79 FLORENCE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				Route# Direction Name of Roadway/Street Feet N S E W of				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Intersecting Roadway/Street				Landmark				
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000421		
License # --- St MA DOB/Age ---			Reg # 9ACL70 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL ---			Veh Year 2018 Veh Make HONDA Veh Config. 2 20		
Operator LYSGAARD INGRID			Owner (Same as operator)			Address			Address		
Address 280 BOYLSTON ST (apt. 1009)			City NEWTON State MA Zip 02467			City State Zip			Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)		
Insurance Company SAFETY INSURANCE			Event Sequence 10 22 22 22 22			Most Harmful Event 10 23			Driver Contributing Code 20 24 24		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Underride/Override 25 Towed Y			Citation # (If Issued)			10 Undercarriage 5 11 Totaled		
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 See Above			-----			1 4 4 0 0 10 1					
Please Select One of the Following: <input type="checkbox"/> Vehicle # 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 DOB/Age ---			Reg # Reg Type Reg State			Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL ---			Veh Year Veh Make Veh Config. 20		
Operator ---			Owner ---			Address			Address		
Address			City State Zip			City State Zip			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)		
Insurance Company			Event Sequence 22 22 22 22			Most Harmful Event 23			Driver Contributing Code 24 24		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? ---			Underride/Override 25 Towed ---			Citation # (If Issued)			10 Undercarriage 5 11 Totaled		
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			-----			1 4 4 0 0 10 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

ROUTE 9 ESTBOUND (BOYLSTON STREET)

LIFETIME CENTER
300 BOYLSTON STREET

280 BOYLSTON STREET

DUMPSTER

FLORENCE STREET

77-79 FLORENCE STREET

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 Sunday 8/2/20 at approximately 701 hours while assigned to marked unit n499 I was dispatched to the rear of the Lifetime Center (300 Boylston Street) for a single vehicle motor vehicle crash.

Upon arrival I observed a Black Honda CRV with significant front end damage next to a dumpster in the shoulder of Florence Street behind the Lifetime Center. Dumpster was placed there for the ongoing construction at the Lifetime Center. I spoke with the operator of the CRV, LYSGAARD Ingrid, who states she was frustrated by all the noise being made by the construction workers. Ingrid states she drove to the site to take pictures of the workers whom she believed to be working in violation of Newton's city noise ordinance. She pulled over to the side of the road to take a picture with her cell phone, but didnt realize her foot came off the brake pedal causing her to strike the dumpster.

(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

ALAN JR RICHARD SOLOMAN.

NEWTON POLICE DEPARTM

08/02/2020

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:

Fire and Medics also responded to the crash and ingrid signed a patient refusal after being evaluated by the medics Tody's responded and towed the vehicle. I stayed on scene until the vehicle was removed and Ingrid's son came to transport her hiome.

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

ALAN JR RICHARD SOLOMAN.

NEWTON POLICE DEPARTM

08/02/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date