

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 09/21/2020		Time of Crash 14:46 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 10 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 _____				SOUTH 88 CHESTNUT ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ PARKING LOT OF 88 CHESTNUT STREET Landmark _____								10		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												11		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												2		
<input checked="" type="checkbox"/> Vehicle 1 #Occupants _____				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000545						
License # _____ St MA DOB/Age _____				Reg # 3741TW Reg Type PAN Reg State MA										
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2012 Veh Make HONDA Veh Config. 1 20										
Operator BURKE LINDA Last First Middle				Owner (Same as operator) Last First Middle									12	
Address 88 CHESTNUT ST (apt. 208)				Address _____										
City NEWTON State MA Zip 02465				City _____ State _____ Zip _____										
Insurance Company LIBERTY MUTUAL				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 3 22 22 22 22				2 3 4 10 Undercarriage						
Citation # (If Issued) T1271069				Most Harmful Event 3 23				1 9 11 Totaled						
Violation 1: Ch 19/75Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24				8 7 6						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N										
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													3	
Operator See Above				-----										
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants _____				<input checked="" type="checkbox"/> Non-Motorist A Type 1 14		Action 2 15		Location 5 16		Condition 1 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # _____ St _____ DOB/Age _____				Reg # _____ Reg Type _____ Reg State _____										
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____ Veh Make _____ Veh Config. 20										
Operator GIPSON DARLA Last First Middle				Owner _____ Last First Middle										
Address 88 CHESTNUT ST (apt. G2)				Address _____										
City NEWTON State MA Zip 02465				City _____ State _____ Zip _____										
Insurance Company _____				Vehicle Action Prior to Crash 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? _____				Event Sequence 22 22 22 22				2 3 4 10 Undercarriage						
Citation # (If Issued) _____				Most Harmful Event 23				1 9 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24				8 7 6						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed _____										
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 2 NEWTON WELLESLEY H						

→ 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:

I then spoke to the pedestrian identified as Darla Gipson in the rear of the ambulance. She sustained an abrasion to her front left shoulder and arm area which I observed. She also complained of left knee and elbow pain. She stated that she walking through the middle of the parking lot pushing the carriage by the door entrance in a westerly direction towards Chestnut Street. She states that she never saw a vehicle backing up and then she was suddenly struck and believes she was pushed underneath the vehicle. She was then transported to Newton Wellesley Hospital by Cataldo Ambulance.

I then spoke to the operator of the Honda Civic identified as Linda Burke (MA S70320414). Ms. Burke was parked in the first spot to the right of the walkway that leads to the entrance/exit doorway. I asked her what occurred and she stated that she was backing her vehicle up to exit the parking lot when she looked

(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

JEREMY L WILSON

25227

NEWTON POLICE DEPART

09/21/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

♀ Pedestrian

[illegible]

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

CDP1 11 ·24·00