

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 11/28/2020		Time of Crash 09:17 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		
Route# Direction Name of Roadway/Street At				SOUTH 584 CHESTNUT ST		Route# Direction Address # Name of Roadway/Street						2		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Mile Marker _____ Exit Number _____		Feet N S E W of _____ Mile Marker _____ Exit Number _____						10		
Route# Direction Name of Intersecting Roadway/Street				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 _____						1		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000679					3	
License # --- St MA DOB/Age ---				Reg # P73262		Reg Type CON		Reg State MA					12	
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2017		Veh Make RAM		Veh Config. 2 20					1	
Operator DRISCOLL ROCHELLE				Owner JC FLOWERS										
Address 8 SHENNEN ST				Address 86 LIBERTY ST										
City QUINCY State MA Zip 02169				City QUINCY		State MA Zip 02169								
Insurance Company PLYMOUTH ROCK				Vehicle Action Prior to Crash 6 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 97 22 22 22 22		2 3 4		10 Undercarriage						
Citation # (If Issued) _____				Most Harmful Event 97 23		1 9		5 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 6 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					22	
Operator See Above				-----		--- 1 4								
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 # 3GEH51		Reg Type PAN		Reg State MA						
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2005		Veh Make NISS		Veh Config. 2 20						
Operator BOWE PATRICK				Owner (Same as operator)										
Address 59 ELLIS ST				Address _____										
City WESTWOOD State MA Zip 02090				City _____		State _____ Zip _____								
Insurance Company LM GENERAL INSURANCE				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 22 22 22 22 22		2 3 4		10 Undercarriage						
Citation # (If Issued) _____				Most Harmful Event 22 23		1 9		5 11 Totaled						
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y										
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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								

→ 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 11/28/2020 at approx 0917hrs while assigned to 497 I responded to the area of Chestnut St and Beacon St for a report of a 2 car crash w/o injuries. Upon arrival I found Ma Reg 3GEH51 operated by Patrick Bowe to the side, facing the wrong way, in front of 584 Chestnut St, Ma Reg P73262, a Clifford s Flower delivery Van, being operated by Rochelle Driscoll was in the driveway of 584 Chestnut St with no damage. I spoke with Driscoll who stated she was travelling SB on Chestnut St attempting to turn left into 584 Chestnut St, Bowe was behind her and he swerved when she turned, trying to avoid colliding and ran into the utility pole on the corner. I spoke with Bowe who stated he was travelling SB on Chestnut St behind Driscoll, she turned left, then backed into the driveway of 585 Chestnut St, as he began to pull forward she pulled out of the driveway of 585 across the roadway into 584 causing him the brake and swerve to avoid hitting her instead

(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

JO A GOURDEAU

NEWTON POLICE DEPART

11/28/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

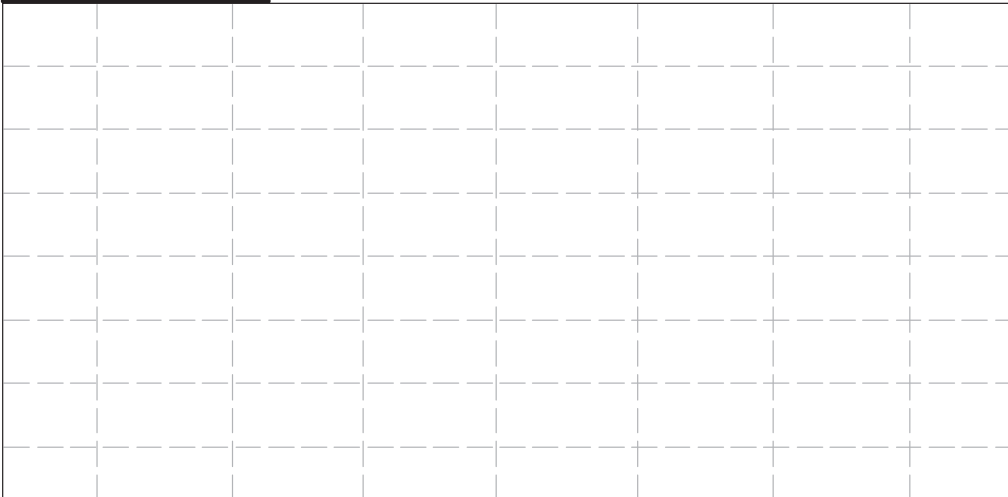
Precinct/Barracks

Date

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:

ie: → 1 → 2 → Pedestrian



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:

glancing off the utility pole in front of 584 Chestnut St. No damage to pole, Bowes vehicle had significant front left damage , when he attempted to pull away it appeared his front left axle was broken, Bowe pulled safely onto a side St and elected to call AAA for a tow.

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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

JO A GOURDEAU

NEWTON POLICE DEPART

11/28/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date