

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 12/02/2020	Time of Crash 09:35 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 15 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:				
SOUTH 1321 WASHINGTON ST											
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				Feet N S E W of _____ or _____ Mile Marker Exit Number				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Intersecting Roadway/Street				Feet N S E W of _____				
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 2000000689		
License # --- St MA DOB/Age ---			Reg # MP1308 Reg Type MVN Reg State MA			Veh Year 2015 Veh Make FORD Veh Config. 1 20					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Operator FOLEY ANGELA			Owner CITY OF NEWTON					
Address 1321 WASHINGTON STREET			City NEWTON State MA Zip 02465			Address 1321 WASHINGTON STREET					
Insurance Company CITY OF NEWTON			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 2 22 22 22 22			Most Harmful Event 2 23			10 Undercarriage		
Citation # (If Issued) N/A			Driver Contributing Code 19 24 24			Underride/Override 25 Towed N			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										13	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator			See Above			99			4		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										2	
License # --- St DOB/Age ---			Reg # MP5E Reg Type MVN Reg State MA			Veh Year 2018 Veh Make FORD Veh Config. 1 20					
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Operator _____			Owner CITY OF NEWTON					
Address _____			City NEWTON State MA Zip 02465			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company CITY OF NEWTON			Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23		
Citation # (If Issued) _____			Driver Contributing Code 24 24			Underride/Override 25 Towed N			10 Undercarriage		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						11 Totaled		
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator/Non-Motorist			See Above			99			4		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

1321 Washington Street

NOT TO SCALE

MV 1

MV 2

N525

→ N →

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 Wednesday, December 02, 2020, while assigned to Traffic unit N525, I was traveling Westbound through the rear parking lot of 1321 Washington Street at approximately 0905 hours. As I was traveling through the lot, I observed Parking Control unit 1308 backing (S) out of a parking spot ahead of me to my right. Parking Control unit 1308 is a City of Newton owned vehicle (MA MVN: MP1308). I stopped my vehicle in the roadway to allow 1308 to continue backing out of their parking spot. As 1308 continued to backing, the rear driver side bumper area of the vehicle crashed into the front passenger side bumper/fender area of Parking Control unit 1309 (MA MVN: MP5E). Parking Control unit 1309 was parked (W) in the roadway unoccupied. I observed no damage to either vehicle.

The operator of Parking Control unit 1308 exited her vehicle and was identified as Parking Control

(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 DEPT 12/02/2020

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:

Officer Angela Foley. PCO Foley stated she was backing her vehicle out of its parking spot and did not see 1309 parked behind her. PCO Foley stated the vehicle was in her blind spot. PCO Foley was asked if she was injured as a result of the crash. PCO Foley stated she was not.

Photos were taken of both vehicles to document the crash 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

12/02/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date