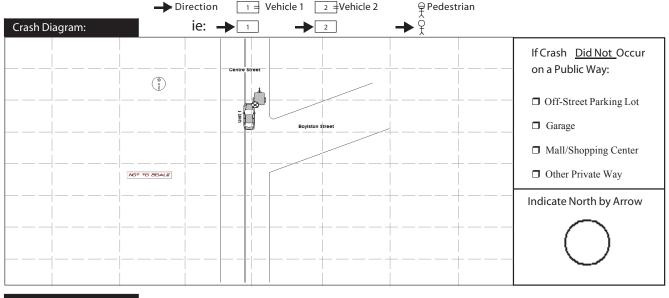
	Poli	ce Use Only		Commonweal	lth o	of Massa	ach	usett	S		RM	V Docun	nent Number	
	Date of Crash 02/17/2021	Time of Crash 09:43	City/Tow NEWTON	MIOTOI		icle Cra	sh	Numbe Vehicle		red La	eed Limititude _		State Police Local Police MBTA Police	XI
		24HR	CE CENON			Report		2	0		ngitude_		Other:	_
		ATINTER	RSECTION:	< I	OCAT	HON -	>		NO	)I A	I INII	ERSEC	CTION:	2
1	NOR	TH CENTR	E ST											
1	Route# Direct	Route# Direction Name of Roadway/Street  At				Route# Direction Address # Name of Roadway/Street						Street	2 <sup>10</sup>	
	WEST BOYLSTON ST				Feet NSEW of Mile Marker						orExit Number		-	
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with				Feet NSEW of									
2						Route# Intersecting Roadway/Street								- <b>4</b>
2 <b>1</b>	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of  Landmark								
3											La	Humar K		$\neg$
	Venicie	_1_#Occupants		Moped Case N	Number		2	210000012	28					_
	License#	18 1	St_NH_	DOB/Age	-	1199866				Type_P		Reg	State NH 20	_
		Sex_F Lic. Class D Lic. Restrictions 1 CDL				ear_2008				Y		_Veh Co		
4 1			BE ELIZABETH First	Middle	Owner SCHMIDT SCHEUBE MORITZ  Last First Middle									- <b>1</b>
		UTTERSON LAI			Address 33 GUTTERSON LN									-
	City LYNDEB		State	NH Zip 03082	City L	LYNDEBOROUGH State NH Zip_								
	Insurance Company NONE				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									ee)
5 <b>1</b>	Vehicle Travel	Direction:	S E W Respo	nding to Emergency? N	Event Sequence 2 22 22 22 22 22 20 4 10 Undercarriage									
	Citation # (If Is	/			Most E	Iarmful Event	2	24	24	1	9	1	5 11 Totaled	lage
<sup>6</sup> <b>1</b>				: ChSec	Driver	Contributing Co	ode 2	99		8	/ /		6	
1	Violation 3: ChSecViolation 4: ChSec					Underride/Override Towed N								13
	Please fill out for operator and all occupants involved  Name (Last First Middle)  Operator  See Above				Age/DOB Sex System Status Switch Code Trap Injury Transp.  Sex System Status Switch Code Status Code Medica						insp. ide Medical Facili	1 2		
								99	4	4 0	0	10 1		
<sup>7</sup> <b>3</b>	Please Select C of the Followi		2 <u>0</u> #Occupants	Non-Motorist A Type	e 1	4 Action 1	Loc	cation	16 Co	ndition	17	Hit	t/Run Mop	oed
	License#StDOB/Age				Reg # M1664A Reg Type MVN Reg State M						State MA	_]		
	Sex Lic. Class         18         18         Lic. Restrictions         19         CDL				Veh Ye	Veh Year 2009 Veh Make HUDS Veh Config. 97								
8 <b>1</b>	Operator				Owner CITY OF NEWTON DPW  Last First Middle									_
_	Address					Address 110 CRAFTS ST								_
	CityStateZip				City NEWTON State MA Zip 024						Zip <u>02458</u>	58		
	Insurance Company SELF INSURED				Vehicle Action Prior to Crash  11  Damaged Area Code: (Circle Up to Three)								ee)	
	$\begin{tabular}{lllllllllllllllllllllllllllllllllll$				Event Sequence 1 22 22 22 22 3 4									
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled							riage	
	Violation	n 1: ChSe	Driver Contributing Code 1 24 24											
	Violation	n 3: ChSe	Underride/Override Towed N											
	Plo Name (Last Fi		operator and all o	ccupants involved Address		Age/DOB	Sex	26 Seat Safet Pos. Syst	7 28 cy Airbag 4 cem Status	29 Lirbag Eje Switch C	30 31 Frap ode Code	Injury [Fra	33 insp. ode Medical Faci	lity
		Non-Motorist		See Above										
										+				



## Crash Narrative:

(Continued on next page)

On Wednesday February 17th, 2021 I responded to the intersection of Boylston Street and Centre Street for a motor vehicle accident involving a city vehicle. At the time of the accident the weather was sunny and the road conditions were dry. Boylston Street and Centre Street are both public ways in the city of Newton.

Upon arrival I was met with Sgt. Dempsey who was working a paid city of newton detail at the intersection.

Sgt. Dempsey stated the DPW workers were set up in the intersection and a motor vehicle in traffic struck the drivers side corner of the trailer that was parked causing minor damage. No one was operating the trailer at the time of the accident. The operator of the MV involved was identified as Elizabeth Schmidt Scheuber (NHL13233764). She stated she was attempting to go around the trailer and struck the back corner with her vehicle causing moderate damage to her vehicle, NH REG 4199866. The vehicle sustained a flat front

Witnesses:										
Name (Last, First, Middle)	Address			Phone #	Statement					
Property Damage:										
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	cription of Damaged Property				
Truck and Bus Information:	<b>D</b> 1 1 1 1			1 0 0 0						
	Registration #			<i></i>				35		
Carrier Name						Carrier Issu	ing Authority Co	de		
Address			City			St	Zip			
US DOT #:	Issuing State ICC #:					Interstate	36			
37		38	issuing state	100 #			_ Interstate			
Cargo Body Type Code Gross	s Vehicle Weight									
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length										
Hazmat Information:		8								
40	41							42		
Placard Material 1 digit #	Material Na	me		Material 4	digit #		Release code	72		

_	Direction 1	∃ Vehicle 1 2	±Vehicle 2	Pedestrian		
Crash Diagram:	ie: → 🔟	<b>→</b> 2	<u> </u>	<b>▶</b> ♀		
					If Crash Did Not Con a Public Way:  Off-Street Parking Garage Mall/Shopping Co	g Lot
					☐ Other Private Way	<i>y</i>
					Indicate North by A	rrow
Crash Narrative:						
passenger tire and passeng	ger side panel d	damage. Pictu	res of both v	vehicles were	taken and submitted to	the IT
Bureau. Elizabeth reported	d no injuries ar	nd was escort	ed to her app	pointment which	h was a block away. El:	izabeth
parked the vehicle in a va	alid parking spo	ot and will m	ake arraignme	ents with her	son who is also the own	ner of
the vehicle.						
——————————————————————————————————————						
						-
14/2						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Nume (East, First, Middle)		7 dai ess			THORE #	Statement
Property Damage:		1				
Owner (Last, First, Middle)	Address		Phone #	34-Type Descr	ription of Damaged Property	
owner (zasy i iisy miadie)	7.00.055			эт турс	.paon or bamagea r roperty	
Truck and Bus Information:						
Carrier Name			(From Ve	ehicle Section)	Carrier Issuing Authority Cod	35 le
Address_			City		St Zip	
US DOT #:				ICC#:		36
37	oss Vehicle Weight	38				
		D 6	D		39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer L	ength	
Hazmat Information:  40	<u> </u>					42
Placard Material 1 digit	# Material N	ame		Material 4 digit #	Release code	72
ANDREA M FERGUSON			NEW	VTON POLICE DEPARTM	02/17/20	021
Police Officer Name (Please Print)	Signature	· · · · · · · · · · · · · · · · · · ·		epartment	Precinct/Barracks Date	