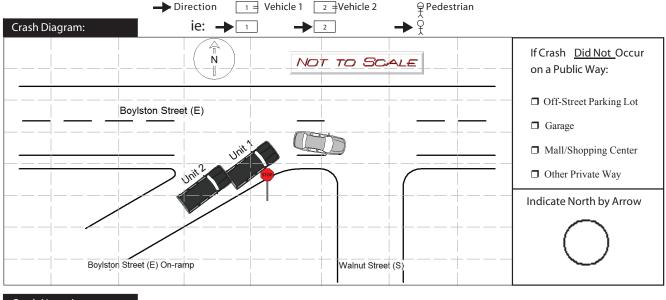
	Poli	ice Use Only		Commonwe	alth (of Massa	achu	setts			RM	V Docui	ment Number		
	Date of Crash 03/19/2021	Time of Crash 11:13 24HR	City/To NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		d Lati	ed Limi itude _ igitude_		State Police Local Police MBTA Police Other:	<u>X</u>	
			SECTION:	<	LOCA		>						CTION:	\dashv	
	EAST	r BOYLS	TON ST											2	
$egin{pmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc			Roadway/Street		Route# Direction	on Add	lress #		Na	ame of I	Roadway	//Street	$ 2^1$	
_	SOU	TH WALNI		At		Feet	N S E V	W of		•	•	or		_ 2	
	Route# Direc			g Roadway/Street					Mile	Marker			Exit Number		
			Also at Inter	section with			N S E N	_	Route	#	Intersec	ting Roa	adway/Street	-	
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of									
3					Landmark										
	X Vehicle 1	1_#Occupants	Hit/Run	Moped Case	e Number		210	00000198						_	
	License#	18 1	St M	A DOB/Age	_ Reg#	8SXE60			Reg T	ype_PA	N	Reg	State MA	_	
	Sex_F_ Lic.	Class D	Lic. Restriction		_ Veh Y	ear_2013	Veh	Make_IN	FINITI			_Veh Co	onfig. 2		
⁴ 2	Operator TRA	Last	LIZET	Middle	Owne	(Same as open	rator)		First			Middle	e	- 1 ¹	
	Address 73 TF	RUMAN ROAD				SS								_	
	City NEWTO			nte_MA Zip_02459	_ City _										
	Insurance Com	pany GOVERNI	MENT EMPLOY	EES INSURANCE	Vehic	le Action Prior to		6		C	ed Area	Code: (Circle Up to Th	ree)	
5 1		Direction: N	S X W Resp	onding to Emergency? N	Event	Sequence 1 2	22 22	22	22 2		3		4		
	Citation # (If I				Most	Harmful Event	1 23	24	24	←	9		10 Undercar 11 Totaled	mage	
⁶ 1]			2: ChSec	Driver	Contributing Co	ode 1		8		$\frac{\sqrt{1}}{7}$		(
1		3: ChSec	Under	Underride/Override Towed N								1			
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Se	26 Safety s. System	Airbag Air Status Swi	29 30 bag Ejec itch Code	0 31 Trap e Code	32 Injury Tr Status C	33 ransp. rode Medical Faci	1	
	Operator			See Above				1	4 99	9 0	0	10 1	N/A		
⁷ 5	Please Select C of the Followi		2 <u>1</u> #Occupan	ss Non-Motorist A Ty	ype	14 Action 1	5 Locat	ion	16 Cone	dition	17	Пн	it/Run Mo	ped	
	License# St MA DOB/Age DOB/Age					Reg # M2539A Reg Type MVN Reg State MA									
	Sex M Lic. Class B 18 18 Lic. Restrictions K CDL					Veh Year 2016 Veh Make FORD Veh Config. 2									
8 4	Operator WH	ELAN	PAUL First	Endorsment M	Owne	CITY OF NEV	VTON	DPW	First			Middle		_	
T	Address 31 M	ORRISON ROA	Addre	Address 110 CRAFTS ST											
	City WATER	TOWN	City_	City NEWTON State MA Zip 02458								_			
	Insurance Com	pany SELF INSU	Vehic	Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								ree)			
	Vehicle Travel	Direction: N	Event	Event Sequence 1 22 22 22 2 3 4											
	Citation # (If I	ssued) N/A	Most	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								rriage			
	Violatio	n 1: ChSe	Driver	Driver Contributing Code 5 24 24											
	Violatio	n 3: ChSe	ec Violatio	n 4: ChSec	Under	ride/Override	25	Towed			7		6		
	Pl Name (Last Fi		operator and all	occupants involved		Age/DOB	Sex F	26 27 eat Safety os. System	28 Airbag Air Status Sv	29 30 bag Ejec vitch Coo) 31 Trap de Code		33 ransp. Code Medical Fac	eility	
		Non-Motorist		See Above				1	4 99		0	10 1			



Crash Narrative:

On Friday, March 19, 2021 while assigned to Traffic unit N525, I responded to the intersection of
Boylston Street (E) and Walnut Street for a report of a crash involving a City of Newton owned vehicle.

Boylston Street and Walnut Street are both public ways in the City of Newton. The weather at the time of the crash was clear and sunny. The road surface was dry.

I spoke with the operator of MV1, Ms. Lizet Trabelsi (S07390016). Ms. Trabelsi stated she was operating her 2013 Infinity JX35 (MA: 8SXE60) eastbound at the Boylston Street (E) on-ramp near

Walnut Street. Ms. Trabelsi stated as she was merging onto Boylston Street from her stopped position, a vehicle traveling on Boylston Street (E) abruptly took a right turn in front of her and continued to travel onto Walnut Street (S). Ms. Trabelsi stated she applied her brakes to avoid a collusion. At

(Continued on next page)

Name (Last, First, Middle)	Address		Phone	: #	Statement		
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property	
Truck and Bus Information: Carrier Name	Registration #		(From Vehic	ĺ	Carrier Is	suing Authority Coo	35 le
Address			City		St	Zip	
US DOT #:S	State Number		Issuing State	ICC#:		Interstate	36
37		38	_		39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr			
Hazmat Information:						1	
Placard 40 Material 1 digit #	41 Material Nar	me		Material 4	digit #	Release code	42

MICHAEL R GAUDET Newton Police DEFARTS 03/19/2021

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

-	Direction	1 =	Vehicle	1	2 #Vehicle 2		Pedesti	ian		
Crash Diagram:	ie: →	1] -	→ □	2	→	Ŷ			
									If Crash <u>Did Not</u> On a Public Way:	Occur
									☐ Off-Street Parking	g Lot
						<u> </u>			Garage	
									☐ Mall/Shopping Co	enter
						+			Other Private Way	,
		_				+-			Indicate North by A	rrow
				. —		<u> </u>				
									()	
						+-				
Crash Navrative										
Crash Narrative: this time, MV2's front but	mper area cra	shed	d into	the	rear of h	er ve	hicle.	Ms. T	rabelsi reported no in	njuries.
I observed minor damage										
I then spoke with the	he operator o	f MV	V2, Mr.	Pau	l Whelan	s6321	2595).	Mr. W	Mhelan is an employee	of
the City of Newton Water	Department an	d wa	as oper	ating	g a City o	f New	ton owne	d 201	6 Ford Escape (MA MVN	<u> </u>
M2530A). Mr. Whelan state	ed he was st	oppe	ed behi:	nd M	V1 waiting	to m	erge ont	о Воу	lston Street (E).	
Mr. Whelan stated as MV1	began to merg	e or	nto Boy	lstor	n Street,	a veh	icle alr	eady	traveling on Boylston	Street
(E) turned off onto Walnu	t Street in f	ront	t of MV	1, ca	ausing the	m to 1	brake qu	ickly	. Mr. Whelan stated	
the front bumper area made	e contact wit	h th	ne rear	bump	per area o	f MV1	. Mr. W	helan	stated he was travel:	ing at a
very low speed. Mr. Whe	lan reported	no i	injurie	s.						
(Continued	on next page)									
Witnesses:										
Name (Last, First, Middle)			Address						Phone #	Statement
David David										
Property Damage: Owner (Last, First, Middle)	Address				Phone #		34-Type	Descri	ption of Damaged Property	
Owner (Edst, First, Middle)	7 dai ess				THORE #		311ypc	Descri	priori or Darriagea i Toperty	
Truck and Bus Information:	Registration #				(Fr	om Vehic	cle Section)			35
Carrier Name									Carrier Issuing Authority Cod	
Address					City				St Zip	
US DOT #:	_State Number				Issuing Sta	te	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight		38							
Trailer Reg #:	٦ ا		Rea St	ate	Reg	Year	Tr	ailer I e	ngth 39	
Hazmat Information:	Neg Type		10g 50				11	L.Cl		
Placard 40 Material 1 digit	# 41 Materia	ıl Nar	me				Material 4	digit#_	Release code	42
MICHAEL R GAUDET						NEWTO	N POLICE DEPART		03/19/20	021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

	Direction	ı	2 = Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →	→	2	₽Ŷ			
					I	Crash <u>Did Not</u> Con a Public Way:	Occur
						Off-Street Parking	r Lot
							g Lot
						Garage	
				<u>i</u>		Mall/Shopping Ce	
						Other Private Way	
				ļ	In	dicate North by A —	rrow
		 -					
				i			
Crash Narrative:							
Photos of both veh	icles were taken	and submitte	ed to the IT B	Bureau.			
Witnesses:							
Name (Last, First, Middle)		Address			Phor	ne #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dar	maged Property	
Total and Double Commention							
Truck and Bus Information: Carrier Name				ehicle Section)	Corrier	Issuing Authority Cod	35
Address							36
US DOT #: Cargo Body Type Code 37		38	Issuing State	1CC#:_		Interstate	
	Gross Vehicle Weight				. 3	39	
Trailer Reg #: Hazmat Information:	Reg Type	Reg State	Reg Year_	Tra	ailer Length		
Placard 40 Material 1 dig	nit # 41 Matarial N	Nama.		26 - 114	licit #	D. 1	42
r iacaiu iviaterial i dig							42
	iviateriar i	vaille		Material 4 c	ngit #	Release code	42

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)