

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number					
Date of Crash 03/19/2021	Time of Crash 11:13 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____						
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:					
EAST BOYLSTON ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ SOUTH WALNUT ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____									
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000198			
License # _____ St MA DOB/Age _____ Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator TRABELSI LIZET Address 73 TRUMAN ROAD City NEWTON State MA Zip 02459 Insurance Company GOVERNMENT EMPLOYEES INSURANCE Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) N/A Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # 8SXE60 Reg Type PAN Reg State MA Veh Year 2013 Veh Make INFINITI Veh Config. <u>2</u> <u>20</u> Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>6</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed N				 10 Undercarriage 11 Totaled					
Please fill out for operator and all occupants involved			13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above ----- --- 1 4 99 0 0 10 1 N/A									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>			Action <u>15</u> Location <u>16</u> Condition <u>17</u>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # _____ St MA DOB/Age _____ Sex M Lic. Class <u>B</u> <u>18</u> <u>18</u> Lic. Restrictions <u>K</u> <u>19</u> CDL _____ Operator WHELAN PAUL M Address 31 MORRISON ROAD City WATERTOWN State MA Zip 02472 Insurance Company SELF INSURED Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) N/A Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # M2539A Reg Type MVN Reg State MA Veh Year 2016 Veh Make FORD Veh Config. <u>2</u> <u>20</u> Owner CITY OF NEWTON DPW Address 110 CRAFTS ST City NEWTON State MA Zip 02458 Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> Driver Contributing Code <u>5</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed N				 10 Undercarriage 11 Totaled					
Please fill out for operator and all occupants involved			13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above ----- --- 1 4 99 0 0 10 1 N/A									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Boylston Street (E)

Unit 1

Unit 2

Boylston Street (E) On-ramp

Walnut Street (S)

**NOT TO SCALE**

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 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: 8SX60) 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 collision. At

(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

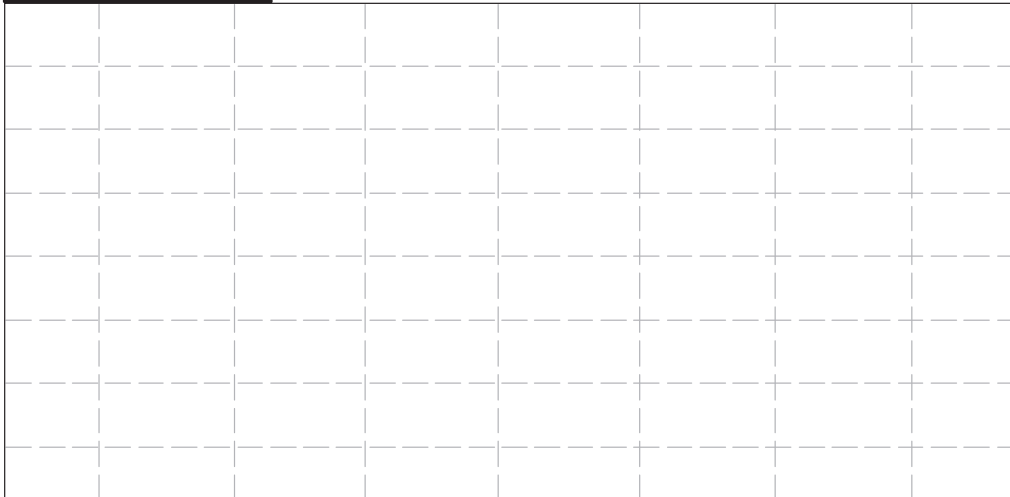
**Hazmat Information:**

Placard  Material 1 digit #  Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code

→ 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:

this time, MV2's front bumper area crashed into the rear of her vehicle. Ms. Trabelsi reported no injuries.

I observed minor damage to the rear driver side bumper area of MV1.

I then spoke with the operator of MV2, Mr. Paul Whelan (S63212595). Mr. Whelan is an employee of the City of Newton Water Department and was operating a City of Newton owned 2016 Ford Escape (MA MVN: M2530A). Mr. Whelan stated he was stopped behind MV1 waiting to merge onto Boylston Street (E).

Mr. Whelan stated as MV1 began to merge onto Boylston Street, a vehicle already traveling on Boylston Street (E) turned off onto Walnut Street in front of MV1, causing them to brake quickly. Mr. Whelan stated the front bumper area made contact with the rear bumper area of MV1. Mr. Whelan stated he was traveling at a very low speed. Mr. Whelan reported no injuries.

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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

MICHAEL R GAUDET

NEWTON POLICE DEPT.

03/19/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

♀ Pedestrian

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

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

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CDP1 11 -24:00