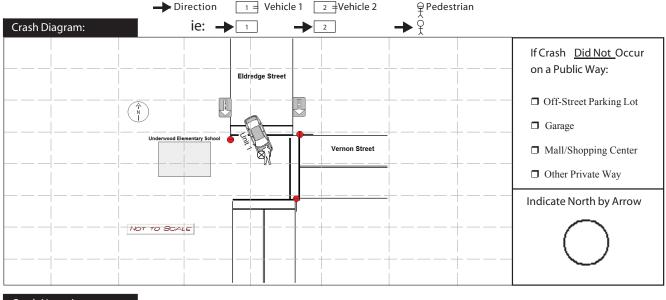
	Poli	ice Use Only		Commonwea	alth o	of Massa	achu	isetts			RMV	Docum	ent Number	
	Date of Crash 05/10/2021	Time of Crash 08:24 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 1		Latitu	d Limit ude itude		State Police Local Police MBTA Police Other:	Xi O
			RSECTION:		LOCA		>		NOT	AT	INTE	RSEC	TION:	\sqsupset $-$
		ELDRE	DGE ST											2
$egin{pmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc			oadway/Street		Route# Direction	on Ad	dress #		Nan	ne of Ro	oadway/S	Street	$ 2^1$
		VERNO	A ON ST			Feet [N S E	W of		•	o	r		_ _
	Route# Direc	etion N	Name of Intersecting	Roadway/Street	—- -				Mile N	larker –			Exit Number	_
			Also at Interse	ction with	-	Feet [N S E	w of	Route#	— Ir	ntersecti	ing Road	way/Street	- 1
2 2	Route# Direc	tion	Name of Intersect	ng Roadway/Street		Feet [N S E	W of						_ 1
3			I	mg Koadway/Street							Land	dmark		\dashv
	XVehicle1	#Occupants	Hit/Run	Moped Case	Number		21	.00000327						
	License#		St MA		Reg#	1XCS97			Reg Ty	pe_PAN	1	Reg S	tate MA	_]
	Sex_F_ Lic.	Class D 18 1	Lic. Restrictions	1 19 CDL	Veh Ye	ear_2016	Vel	Make_TO	OYOTA		· · · · · ·	Veh Con	fig. 20	
⁴ 2	Operator SUI	LIVAN	CHELSEY	Endorsment	Owner	(Same as open	rator)		First			Middle		$ 1^1$
	Address 74 CI	HARLESBANK	RD			ss								-
	City NEWTO	N	State	MA Zip 02458	City_									
	Insurance Com	npany ARBELLA			Vehicle	e Action Prior to		4		amaged			ircle Up to Thre	ee)
5 1		Direction: N		nding to Emergency? N	Event	Sequence 3 2	22 22		22 2		3	7	4	.
		ssued) 997066AA			Most I	Harmful Event	3 23		1	←	9	´ ;	10 Undercarr5 11 Totaled	1age
6	Violation	1: Ch90/24/5ec	Violation 2	: ChSec	Driver	Contributing Co		10 24 3			4	إللا	6	
⁶ 1				: ChSec	Under	ride/Override	25	Towe	d_N	0 1 20	,			
	Please		ator and all occupa	ints involved Address		Age/DOB	Sex S	26 27 Seat Safety Sos. System	28 2 Airbag Airb Status Swit	9 30 Eject Code	31 Trap I Code S	32 Tran	sp. e Medical Facili	1 3 1
	Operator			See Above				99	4 4	0	0	10 1		
⁷ 3	Please Select C of the Followi	I Vehicle	e# Occupants	X Non-Motorist A Typ	pe 1	4 Action 1	Loca		16 Cond	ition 1	17	Hit/	'Run Mop	ed
	License#		St	DOB/Age	Reg#_				Reg Ty	ре		Reg S		_]
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8 1	Operator MO	NBOUQUETTE	MARGARET	Endorsment A Middle	Owner	Las	t		First			Middle		_
_	Address 61 CI	HARLESBANK	RD			SS								_
	City NEWTO	N	State	MA Zip 02459	City_						_State_	Z	ip	-
	Insurance Com	npany			Vehicle	e Action Prior to	Crash	2	<u>1</u>	amaged	l Area (Code: (Ci	ircle Up to Thre	ee)
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			ec Violation		Under	ride/Override	25	Towed			/		6	
	Pl Name (Last Fi		operator and all o	ccupants involved Address		Age/DOB		26 27 Seat Safety Pos. System	28 2 Airbag Airb Status Swi	9 30 ag Eject tch Code	Trap II	32 3 njury Tran Status Co		lity
		Non-Motorist		See Above								8 2	NWH	
										+				-



Crash Narrative:

On Monday May 10th, 2021 at approximately 0825 hours, dispatch sent units to the intersection of Eldredge Street and Vernon Street for a report of a road rage incident involving a crossing guard and a motor vehicle. When units arrived it was determined that the crossing guard who was performing her duties at the time of the incident, was struck by a motor vehicle that left the scene without stopping. I responded to the scene of the accident to conduct an investigation. At the time of the incident the weather was cloudy and the road surface was dry. Eldredge Street and Vernon Street are both public ways owned and maintained by the City of

Upon arrival I spoke with the injured crossing guard inside the ambulance identified as, Margaret

Monbouquette. Margaret was being treated by Fallon Medic 3 for leg pain. Margaret stated she was in the

(Continued on	next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Pho	one #	Statement
Property Damage:		•					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of D	Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			25
Carrier Name					Carrie	r Issuing Authority Co	de 35
Address			City		St	Zip	
US DOT #:S	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gross	Vehicle Weight	38				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	39	
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Nat	me		Material 4	digit #	Release code	42

	Direction	1 = Vehicle 1	2 =Vehicle 2	Pedestrian	
Crash Diagram:	ie: →	1 -	2	→ $\hat{\beta}$	
	 	 _ 	 		If Crash <u>Did Not</u> Occur on a Public Way:
					☐ Off-Street Parking Lot
			_		☐ Garage
					☐ Mall/Shopping Center
					☐ Other Private Way
				+	Indicate North by Arrow
Crash Narrative:	1				1

middle of the intersection holding her stop sign up as children and adults were actively crossing to get to the Underwood School. Margaret stated she had all three streets stopped when her attention was brought to the vehicle at the stop sign on Eldredge Street on the one way side. Margaret stated it kept inching forward into the intersection attempting to turn left. Margaret stated she still had people crossing at that intersection so she stepped in front of the vehicle and held up the stop sign directly in front of the vehicle and the female driver. Margaret stated she looked at the female driver and stated "No, stop" and that is when the driver started to yell back at her inside her vehicle but she could not make out what she was saying as her window was rolled up. Margaret stated the driver then tried to drive around her and struck her with the front passenger side bumper of the vehicle. She stated she was struck in her hip area which caused (Continued on next page)

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								1
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descrip	tion of Damag	ed Property	
Turnels and Dreak forms at increase								
Truck and Bus Information: Carrier Name	Registration #			le Section)		Carrier Issui	ing Authority Co	35
Carret Name						Carrier issui	ing Additionty Co	
Address			City			St	Zip	
US DOT #:	State Number		_ Issuing State	ICC #:_			_ Interstate	36
Cargo Body Type Code Gross	s Vehicle Weight	38						
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Len	gth 39		
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#		Release code	42

ANDREA M FERGUSON		1	NEWTON POLICE DEPARTM		05/10/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

_	Direction	Vehicle 1	2 =Vehicle 2	₽Pedestr	ian	
Crash Diagram:	ie: →	→ □	2	Ŷ		
				 	If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	g Lot
					Garage	
				į	☐ Mall/Shopping C	enter
				+	☐ Other Private Wa	y
					Indicate North by A	Arrow
Crash Narrative:			-	'		
her to fall onto the street	et. Margaret st	ated the vehi	icle never stor	ned and	sped up Vernon Street.	
					ark colored SUV. Margaret	was
					plate through dispatch was	
					ess but got no response at	
door and the vehicle was r						
A witness to the incident	identified as	Alicia Matos	left her phone	number	and I was able to make co	ntact
with her over the phone. S	She stated she	was in her mo	otor vehicle st	opped at	the stop sign on Eldredge	St,
directly across from the	vehicle involv	red. Alicia st	tated she was s	topped b	ecause the crossing guard	was in
the intersection holding to	up her stop sig	n and was act	tively crossing	childre	n and adults. Alicia state	s she
(Continued of	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: Carrier Name	Registration #		(From Veh	<i>'</i>	Carrier Issuing Authority Coo	35 de
Address			City		St Zip	
US DOT #:						36
37	oss Vehicle Weight	38				
Trailer Reg #:		Reg State	Reg Veer	Tre	ailer Lenoth	
Hazmat Information:	Rog Type	Neg state	Reg Teal	118	mior Longui	
Placard 40 Material 1 digit	# 41 Material N	Name		Material 4	digit # Release code	42
ANDREA M FERGUSON			NEWTO	N POLICE DEPARTS	05/10/2	021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

	→ Direction 1 = Ve	ehicle 1 2 = Vehicle 2	₽ Pedestrian	
Crash Diagram:	ie: → 1	2	→ 🖁	
			 	If Crash <u>Did Not</u> Occur on a Public Way:
				☐ Off-Street Parking Lot
		+ +		☐ Garage
				☐ Mall/Shopping Center
				☐ Other Private Way
				Indicate North by Arrow
Crash Narrative:				
noticed the vehicle ac	ross from her kept cr	eeping out into the	intersection trying	g to take the left turn up
Vernon Street. She sta	tes the crossing guard	walked over to that	vehicle and told	ner to stop and saw the
female driver start ye	lling and pointing her	hands at her inside	the vehicle. Alic	ia states the crossing

Noticed the vehicle across from her kept creeping out into the intersection trying to take the left turn up Vernon Street. She states the crossing guard walked over to that vehicle and told her to stop and saw the female driver start yelling and pointing her hands at her inside the vehicle. Alicia states the crossing guard then backed up and was looking down at the drivers license plate when the driver drove at the crossing guard and struck her with her front passenger side and knocked the crossing guard to the ground. Alicia states the vehicle clearly made contact and did not stop and left the scene turning onto Vernon Street at a high rate of speed. Alicia states several people in the area came to the crossing guards aid and police and medics arrived shortly. Alicia described the driver of the motor vehicle to be a female with dark hair.

The principal of the Underwood School, Suzie Talukdar was present after the accident and stated the secretary

(Continued o	on next page)							
W itnesses:								
Name (Last, First, Middle)		Address				Phone :	#	Statement
Property Damage:		•						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descrip	ption of Dama	aged Property	
Truck and Bus Information: Carrier Name	Registration #		(From Vehic	ele Section)		Carrier Issi	uing Authority Co	35 de
							-	de
Carrier Name			City			St	Zip	de
Carrier NameAddressUS DOT #:	State Number		City			St	Zip	de
Carrier Name Address US DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	de
Carrier Name Address US DOT #: Cargo Body Type Code37 Gro	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	de
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Gro. Trailer Reg #:	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC#:_ Tr	ailer Ler	St	Zip Interstate	de

ANDREA M FERGUSON			NEWTON POLICE DEPARTM		05/10/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	Direction 1	_ dehicle 1 □	2 =Vehicle 2	₽ Pedestrian		
Crash Diagram:	ie: → 1	→ [2	→Ŷ		
				^	If Crash <u>Did Not</u>	Occur
					on a Public Way:	-
			<u> </u>		— ☐ Off-Street Parkii	ng Lot
					☐ Garage	
	 				☐ Mall/Shopping (Contor
ii			<u> </u>			
					☐ Other Private Wa	ay
	<u></u>		++		Indicate North by	Arrow
					-	
Crash Narrative:				l		
of the school received	a phone call shor	tly after t	he incident f	rom a grandnare	ant of the school The	
grandparent was identif						
having anxiety over the					<u>-</u>	
(S83874401). I attempte					_	
negative results. The s	secretary was able	to provide	phone number	s for Dawn and	Chelsey and I responde	ed to the
police station to atter	mpt to make contac	t. While at	the police s	tation, I was n	otified that Chelsey	Sullivan
was downstairs in the	lobby. I met with	Chelsey and	she stated t	he following: S	he was driving MA REG	1XCS97 a
black Toyota Rav4 and v	was stopped at the	stop sign	on Eldredge S	treet the one w	ray side. She noticed	the
crossing guard in the	intersection holdi	ng up the	stop sign but	stated there w	as no one crossing at	the
(Continue	ed on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Desc	ription of Damaged Property	
Truck and Bus Information:	Registration #		(From	Vehicle Section)		35
Carrier Name					Carrier Issuing Authority Co	ode
Address			City		St Zip	26
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 Yea	r Trailer L	ength 39	
Hazmat Information:						
Placard 40 Material 1	digit # 41 Material N	[ame		Material 4 digit #	Release code	42

	→ Direction 1 = V	'ehicle 1 2 ≢Vehicle 2	₽ Pedestrian	
Crash Diagram:	ie: 🕕 1	2	→ ĝ	_
			<u> </u>	If Crash <u>Did Not</u> Occur on a Public Way:
				☐ Off-Street Parking Lot
				☐ Garage
				☐ Mall/Shopping Center
				☐ Other Private Way
				Indicate North by Arrow
Crash Narrative:				

time. Chelsey stated she started to inch forward and wanted to turn left onto Vernon Street as she was in a rush. Chelsey stated the crossing guard came right up to her vehicle and started shouting and holding up the stop sign in her hand telling her to stop. Chelsey stated she was yelling back at her stating that the cars behind her were going so she wanted to go too. Chelsey stated when the crossing guard started to walk away from her, she got very anxious and decided to take the left onto Vernon Street. She stated she saw the crossing guard stumble and fall to the ground but at no time did she think she made contact with the crossing guard. Chelsey stated she drove home and called her mother to tell her about the incident. Chelsey stated she wrote an apology letter to the crossing guard and has really bad anxiety and wasn't sure what to do. I advised Chelsey she needs to follow the crossing guards instructions when they are performing their

(Continued or	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone #	‡	Statement
Property Damage:		•					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damas	ged Property	
Truck and Bus Information:	Registration #						35
Truck and Bus Information: Carrier Name					Carrier Issu	uing Authority Code	35
			· · · · · · · · · · · · · · · · · · ·				9
Carrier Name			City		St	Zip	9
Carrier Name Address US DOT #:			City		St	Zip	
Carrier Name Address US DOT #:	State Numbers Vehicle Weight	38	City Issuing State	ICC#:	St	Zip	
Carrier Name Address US DOT #: Cargo Body Type Code 37 Gross	State Numbers Vehicle Weight	38	City Issuing State	ICC#:	St	Zip	
Carrier Name Address US DOT #: Cargo Body Type Code Trailer Reg #:	State Numbers Vehicle Weight Reg Type	Reg State	City Issuing State Reg Year	ICC#: Tra	St	ZipInterstate	

ANDREA M FERGUSON NEWTON POLICE DEPARTN 05/10/2021

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

→	Direction 1	Vehicle 1 2	Vehicle 2	₽Pedestria	an	
Crash Diagram:	ie: → 1	→ 2	□ →	·Ŷ		
					If Crash <u>Did Not C</u> on a Public Way:	Occur
		 			Off-Street Parking	g Lot
					☐ Garage	
					☐ Mall/Shopping Ce	enter
				+	Other Private Way	
				+	Indicate North by A	
				+		
Crash Narrative:						
duties no matter if she th	inks the road	is clear for	her to enter/p	ass. Chel	sey stated she understood	and was
also advised she will be g	etting a citati	ion and summo	ns in the mail	. Chelsey	took me to her vehicle wh	here I
took several photographs as	nd submitted th	nem to the IT	Bureau. No da	mage was	reported or observed.	
Massachusetts Uniform Cita	tion 997066AA a	and criminal	application wa	s issued	and mailed to Chelsey for	Chapter
90 section 24 Operating to Endanger and Chapter 90 section 14 Failure to slow near pedestrian.						
W itnesses: Name (Last, First, Middle)		Address		Phone #	Statement	
Name (Last, 1 list, Midule)		Address			1 Hone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		
Carrier Name				Carrier Issuing Authority Cod	e 35	
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length 39	
Hazmat Information:						
Placard 40 Material 1 digit #	41 Material N	ame		Material 4 di	git # Release code	42
ANDREA M FERGUSON			NT/TO	N POLICE DEPARTA	05/10/20	221

ID/Badge #

Signature

Department

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)