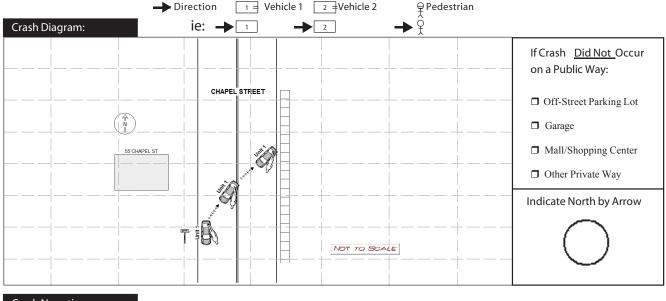
Poli	ice Use Only		Common	wealth	of Massa	achus	setts					ıt Number	
Date of Crash 05/13/2021	Time of Crash 13:53	City/Town	Mo	otor Ve	hicle Cra	sh ;	Number Vehicles	Number Injured		Limit <u>25</u> le	SL	tate Police ocal Police IBTA Police	X
03/13/2021	24HR				Report		1	1		ude	O	other:	
	AT INTER	SECTION:	<	LOCA	ATION	>		NOT	AT II	NTERS	SECT	ION:	_
					NORTH	1 55		CHAPEI	ST				
Route# Direc	tion		oadway/Street		Route# Direction	on Add	ress #		Name	of Roady	way/Stre	eet	
		At			Feet []	N S E V	V of		<u> </u>	or _			_
Route# Direc	etion N	lame of Intersecting	Roadway/Street		P . 5	vlalph		Mile M	arker		Е	xit Number	-
Route# Direc		Also at Interse	ction with			N S E V	_	Route#	Inte	ersecting l	Roadwa	y/Street	-
Route# Direc	tion	Name of Intersect	ng Roadway/Street		Feet [N S E V	V of						
Koute# Biree	tion	Name of intersect	<u> </u>							Landma	ırk		ᅱ
XVehicle1	#Occupants	Hit/Run	Moped	Case Numbe	er	210	0000342						
License#		St_MA		Reg	# 1FHM53			_Reg Typ	e PAN	I	Reg Stat		
Sex_F Lic.	Class D 18 18	Lic. Restrictions	B 19 CDL	Veh	Year 2014	Veh l	Make_TC	OYOTA		Veh	n Config	g. 20	
Operator HEI	RR Last	BETH First	B CDLEndorsme SHELLY	nt Own	er (Same as ope	rator)		First			fiddle		_
Address 50 BI	ROADWAY ST (apt. 1)	Witture		ress								
City_NEWTO	N	State	MA Zip 02460	City						State	Zip		_
Insurance Com	pany_COMMER	CE		Vehi	cle Action Prior to	Crash	10 2	1 Da	amaged A	Area Cod	le: (Circ	le Up to Thre	ee)
Vehicle Travel	Direction:	S E W Respon	nding to Emergency	?N Ever	nt Sequence 3	22 20 22	22	22 2		3	4		
Citation # (If I	ssued)				t Harmful Event	3 23			_ `	9	5	10 Undercarr	iage
Violation	1: ChSec	Violation 2	: ChSec	Driv	er Contributing Co	ode 97	, 24	24	- /	ΉV		11 Totaled	
Violation	3: ChSec	Violation 4	: ChSec	Und	erride/Override	25	Tower	1 N 8		7	6		
Please Name (Last Fir		ntor and all occupa	nts involved Address		Age/DOB	Sex Po	26 27 at Safety	28 29 Airbag Airba Status Switch	g Eject I	31 32 Trap Injury Code Status	2 33 Transp.	Medical Facili	
Operator	st Wilddie)		See Above					4 4		0 8	code 2	BRIGHAM & WOM	
									+				\dashv
										15			_
Please Select (of the Followi	\/ohiclo	# Occupants	Non-Motorist	A Type	Action 1	Locati	ion	Condit	tion	17	Hit/Ru	un Mop	ed
License#		St	DOB/Age	Reg	#			Reg Tyr	e e		Reg Stat	te	
Sex Lic.	18 1	8 Lic. Restrictions	19 CDL		Year						Ü	20	-
Operator		_	Endorsme	nt	er								
1	Last	First	Middle		ress						liddle		_
1			Zip								Zip		-
Insurance Com					cle Action Prior to		2	1 Da	amaged A	Area Cod	le: (Circ	le Up to Thre	ee)
Vehicle Travel			onding to Emergency		nt Sequence	22 22	22	22 2		3	4		
Citation # (If I	ssued)	^		Mos	t Harmful Event	23						10 Undercarr	iage
`	·	ec Violation	2: Ch Sec		l er Contributing Co	ode	24	24	【 /	9	5	11 Totaled	
			4: Ch Sec		erride/Override	25	Towed	8		7	6		
Pl	ease fill out for		ccupants involved				26 27 at Safety	28 29 Airbag Airba	g 30 Eject II	31 32 Trap Injury	33 Transp.		\dashv
Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex Po	os. System	Status Swite	ch Code	Code Statu		Medical Facil	iity
Operator/	1410101131		See Above	-									\dashv
													\dashv



Crash Narrative:

On Thursday May 13th, 2021 at approximately 1353 hours myself and several units responded 55 Chapel Street for a motor vehicle that struck a pedestrian. At the time of the accident the weather was sunny and the road surface was dry. Chapel Street is a public way owned and maintained by the City of Newton.

Upon arrival Fire and medical personnel were attempting to remove the pedestrian from underneath the vehicle as her right leg was stuck in the undercarriage. Fire and medics were able to successfully free the pedestrian from the vehicle and render medical attention. The pedestrian was identified as Beth Herr (S58524067) and it was determined that she was also the owner of the vehicle involved.

I spoke to witness Joe Shields who stated he was outside his house located at 56 Chapel Street when his attention was brought to a blue SUV that was unoccupied moving backwards down Chapel Street. Joe stated he

(Continued on next page)

(Continued of	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address		Phone	Phone #		
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)			
Carrier Name					Carrier Iss	suing Authority Coo	35 le
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
37	ss Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr			
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	Release code	42

Crash Diagram:	→ Direction 1 = \ ie: → 1	/ehicle 1 2 Vehicle 2 2 2 2 2 2 2 2 2 2 2 2 2	₽Pedestrian → ♀	
				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
	perator of the motor v			ed on the sidewalk across

first witnessed the operator of the motor vehicle pull up to the UPS drop box located on the sidewalk across the street from his house. He stated he saw the female operator step out of the vehicle and drop off a package. Next he saw the vehicle start to roll backwards and the female operator opened the drivers side door and attempted to pull the emergency break. He stated the vehicle overtook her and she fell to the ground with her foot stuck under the car. Joe states he heard her yell and saw her get dragged by the vehicle to the opposite side of the street where the vehicle was stopped by the curb. Joe stated he tried to assist the woman but she was yelling in pain and he did not want to cause more injury so he waited for help to arrive. Witness Robyn Preston stated she was walking on Chapel Street when she saw the blue SUV rolling backwards with no one inside the vehicle. She states she then saw a woman try to stop the vehicle but she got dragged

(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 Issuing Authority Code Carrier Name __ _____ City____ Address_ US DOT #: State Number _____ Issuing State _____ ICC #:____ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State ____ Reg Year___ Trailer Length Trailer Reg #: Hazmat Information: Material Name_____ Material 4 digit #_____ Release code Placard Material 1 digit #

ANDREA M FERGUSON	NEWTON POLICE DEPARTM		05/13/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	→ Direction	1 = Vehicle 1	vehicle 2	Pedestrian		
Crash Diagram:	ie: →□	1 -	2 →	≥ ĝ		
	_ 		 	_	If Crash <u>Did Not</u> on a Public Way:	Occur
		<u> </u>			— ☐ Off-Street Parking	g Lot
					☐ Garage	
					☐ Mall/Shopping Co	enter
		-			Other Private Way	
		-	+-	+	Indicate North by A	rrow
Crash Narrative:						
underneath the vehicle to	its final res	ting place. Ro	byn stated she	e stayed on so	ene until help arrive	d.
I was able to speak with H	Beth inside the	e ambulance pr	cior to being	transported to	the hospital. Beth w	as
conscious and alert but in	n a considerab	le amount of p	ain and discor	mfort. I asked	her what happened to	which
she stated she drove her h	olue Toyota Ra	v4 MA REG: 1FF	M53 to the UP	S drop box loc	cated in the area of 5	5 Chapel
Street. She stated she tho	ought she put	the vehicle in	park but must	t not have as	it started to roll ba	ckwards
when she got out of the ca	ar. She states	she tried to	stop the car l	oy opening the	drivers side door and	d
attempting to pull the eme	ergency break.	The car over	took her and s	she was dragge	ed to the ground with	her ————
right foot stuck underneat	th the vehicle	. She was dra	gged across th	ne street wher	re the vehicle was find	ally
stopped by a curb.						
(Continued of	on next page)					
Witnesses:		1				1-
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		•				
Owner (Last, First, Middle)	Address		Phone #	34-Type Descri	ption of Damaged Property	
Truck and Bus Information: Carrier Name			`	icle Section)	Carrier Issuing Authority Cod	35 le
Address						
US DOT #:						36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Le	ngth 39	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material	Name		_ Material 4 digit # _	Release code	42

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

05/13/2021

Date

Precinct/Barracks

ANDREA M FERGUSON

Police Officer Name (Please Print)

\dashv	Direction 1	Vehicle 1 2	₹Vehicle 2	₽Pedestr	ian	
Crash Diagram:	ie: → 1	2	□	· ĝ		
					If Crash <u>Did N</u> on a Public Wa	l
					Off-Street Pa	rking Lot
					☐ Garage	
					☐ Mall/Shoppii	ng Center
	- — — — — —				Other Private	
				+	Indicate North	by Arrow
	-)
Crash Narrative:						
Beth sustained minor scrap	es and road ras	sh on various	parts of her	body and	her right leg was inj	ured.
Fallon medics transported	her to the Brig	gham & Womens	Hospital to be	e treate	d. Her husband was cont	acted using
Beth's cell phone and noti	fied of the acc	cident. Capta	in Boudreau and	d I were	able to drive her vehi	cle to her
residence at 50 Broadway S	treet, Newton.	Her vehicle	was left parke	d outsid	e her house and her car	keys were
left with her husband who	was inside the	residence. T	he vehicle did	not sus	tain any damage.	
Pictures of the scene were	taken and subm	nitted to the	IT Bureau. I	will be	following up with Beth	at the
hospital to check on her s	tatus.					
On Friday May 14th at 0900	hours I spoke	with Beth on	the phone. She	e stated	she is home from the h	ospital and
doing much better. She sta	tes she has rig	tht leg pain	and road rash	from the	accident.	
(Continued o	n next page)					
Witnesses:		1				10
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
, , <u>, , , , , , , , , , , , , , , , , </u>						
Owner (Last, First, Middle)	Address		Phone #	34-Туре	Description of Damaged Property	
	Address		Phone #	34-Type	Description of Damaged Property	
	Address		Phone #	34-Type	Description of Damaged Property	
Owner (Last, First, Middle)					Description of Damaged Property	
	Registration #		(From Vehic			35
Owner (Last, First, Middle) Truck and Bus Information:	Registration#		(From Vehic	cle Section)	Carrier Issuing Authority	r Code 35
Owner (Last, First, Middle) Truck and Bus Information: Carrier Name	Registration#		(From Vehic	cle Section)	Carrier Issuing Authority	v Code 35
Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #:	Registration#		(From Vehic	cle Section)	Carrier Issuing Authority St Zip_ Interstate	v Code 35
Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #:	Registration # State Number ss Vehicle Weight	38	(From Vehic	cle Section)	Carrier Issuing Authority St	v Code 35
Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code37 Gros	Registration # State Number ss Vehicle Weight Reg Type	Reg State	(From Vehice City Issuing State Reg Year	cle Section) ICC #: Tra	Carrier Issuing Authority St	7 Code 35

	Direction	1 =	Vehicle 1	2 =Vehicle	2	Pedestr	ian		
Crash Diagram:	ie: →	1	→	2	→	. ĝ			
Crasii Diagrafii:								If Crash Did Not Con a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North by A	Lot
	j				İ	j			
Crash Narrative:	!	-		<u> </u>	-				
Witnesses: Name (Last, First, Middle)			Address					Phone #	Statement
Property Damage:									
Owner (Last, First, Middle)	Address			Phone #		34-Type	Descri	iption of Damaged Property	
Truck and Bus Information:	Registration #				From Vehic	cle Section)			
Carrier Name								Carrier Issuing Authority Code	35 e
Address				City				St Zip	
US DOT #:									36
27	Gross Vehicle Weight	3							
			D. C. C.		- V	TT	.:1. · · *	39	
Trailer Reg #: Hazmat Information:	Reg Type		_ Reg State	e Re	g Year	Tra	ailer Le	ngth	
Placard 40 Material 1 dig	git # 41 Materia	l Nam	e			Material 4	digit#_	Release code	42
ANDREA M FERGUSON					NEWTO	N POLICE DEPARTM		05/13/20)21

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)