

## Commonwealth of Massachusetts

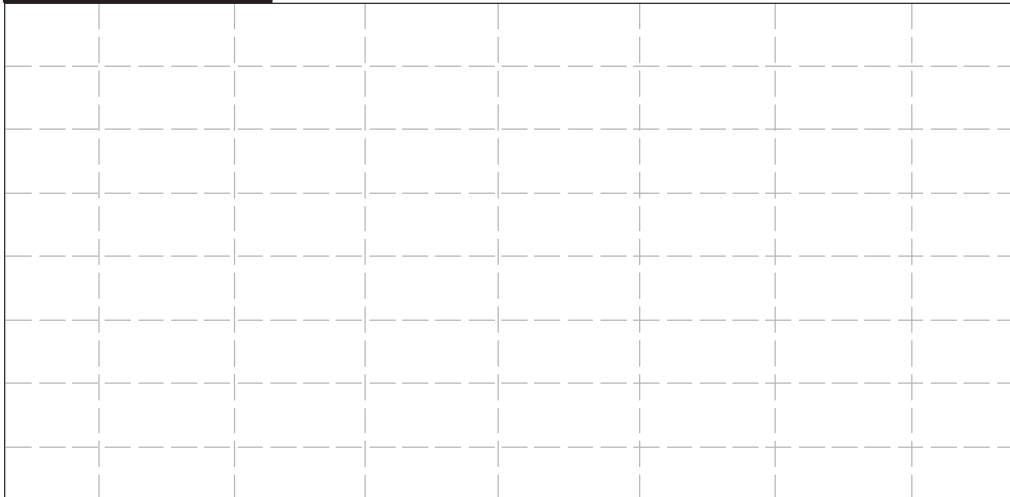
Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 05/13/2021	Time of Crash 13:53 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 1	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>			
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>						
Route# Direction Name of Roadway/Street At			NORTH 55 CHAPEL ST Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker Exit Number Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# Intersecting Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000342		
License # --- St MA DOB/Age ---			Reg # 1FHM53			Reg Type PAN			Reg State MA		
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2014			Veh Make TOYOTA			Veh Config. 1 20		
Operator HERR BETH SHELLY Last First Middle			Owner (Same as operator)			Last First Middle					
Address 50 BROADWAY ST (apt. 1)			Address			Last First Middle					
City NEWTON State MA Zip 02460			City			State Zip					
Insurance Company COMMERCE			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 3 22 20 22 22 22			1 2 3 4			10 Undercarriage		
Citation # (If Issued)			Most Harmful Event 3 23			1 2 3 4			5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 97 24 24			1 2 3 4			5 11 Totaled		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			1 2 3 4			5 11 Totaled		
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility								
Operator			See Above			99 4 4 0 0 8 2			BRIGHAM & WOMENS		
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants			<input type="checkbox"/> Non-Motorist A Type 14			Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # --- St DOB/Age ---			Reg #			Reg Type			Reg State		
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year			Veh Make			Veh Config. 20		
Operator _____ Last First Middle			Owner _____ Last First Middle			Last First Middle					
Address _____			Address _____			Last First Middle					
City _____ State Zip			City _____ State Zip			State Zip					
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 22 22 22 22			1 2 3 4			10 Undercarriage		
Citation # (If Issued)			Most Harmful Event 23			1 2 3 4			5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24			1 2 3 4			5 11 Totaled		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____			1 2 3 4			5 11 Totaled		
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility								
Operator/Non-Motorist			See Above			-----					



→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

**Crash Diagram:**

ie: → 1    → 2    →



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:**

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 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

ANDREA M FERGUSON

NEWTON POLICE DEPART

05/13/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

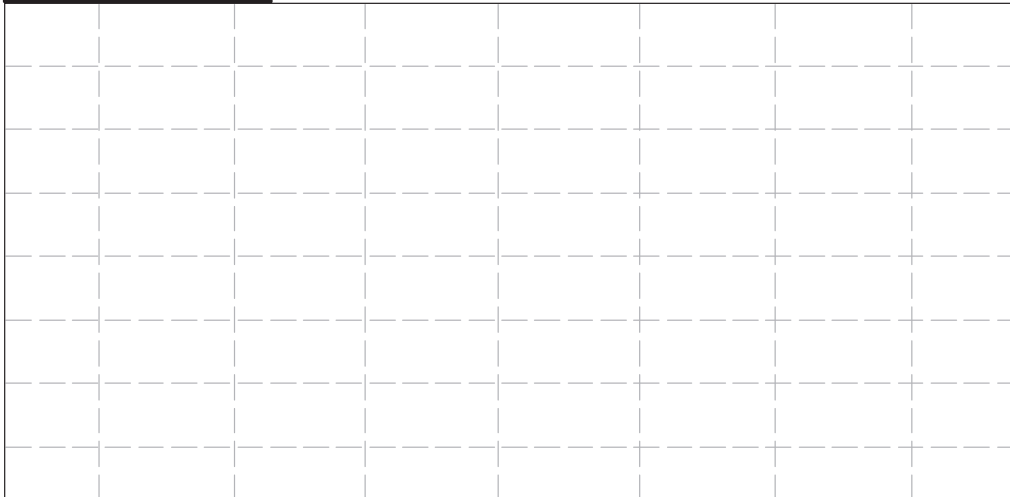
Precinct/Barracks

Date

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

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- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



#### Crash Narrative:

underneath the vehicle to its final resting place. Robyn stated she stayed on scene until help arrived. I was able to speak with Beth inside the ambulance prior to being transported to the hospital. Beth was conscious and alert but in a considerable amount of pain and discomfort. I asked her what happened to which she stated she drove her blue Toyota Rav4 MA REG: 1FHM53 to the UPS drop box located in the area of 55 Chapel Street. She stated she thought she put the vehicle in park but must not have as it started to roll backwards when she got out of the car. She states she tried to stop the car by opening the drivers side door and attempting to pull the emergency break. The car over took her and she was dragged to the ground with her right foot stuck underneath the vehicle. She was dragged across the street where the vehicle was finally stopped by a curb.

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Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

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#### Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42

ANDREA M FERGUSON

NEWTON POLICE DEPART

05/13/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

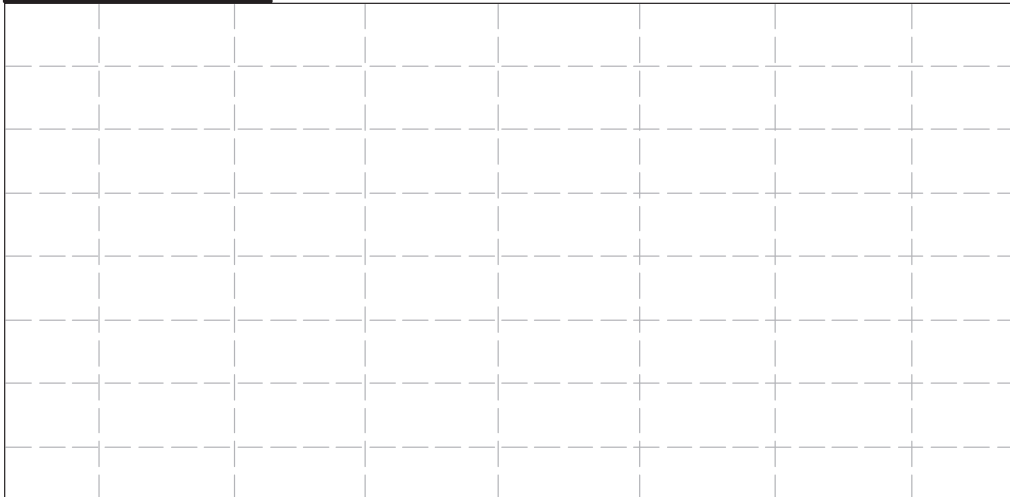
Precinct/Barracks

Date

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

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Indicate North by Arrow



#### Crash Narrative:

Beth sustained minor scrapes and road rash on various parts of her body and her right leg was injured. Fallon medics transported her to the Brigham & Womens Hospital to be treated. Her husband was contacted using Beth's cell phone and notified of the accident. Captain Boudreau and I were able to drive her vehicle to her residence at 50 Broadway Street, Newton. Her vehicle was left parked outside her house and her car keys were left with her husband who was inside the residence. The vehicle did not sustain any damage. Pictures of the scene were taken and submitted to the IT Bureau. I will be following up with Beth at the hospital to check on her status.

On Friday May 14th at 0900 hours I spoke with Beth on the phone. She stated she is home from the hospital and doing much better. She states she has right leg pain and road rash from the accident.

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Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

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ANDREA M FERGUSON

NEWTON POLICE DEPART

05/13/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

[illegible]

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

ANDREA M FERGUSON			NEWTON POLICE DEPARTM		05/13/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11-24-00					