

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/17/2021	Time of Crash 13:23 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
<div>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29EAST 160 BOYLSTON ST</div> <div>210Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number</div> <div>Feet N S E W of _____ Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____ Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000353			
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL Operator CHAMPION JOSHUA MICHAEL Address 51 CEDAR HILL ROAD City NNORTHBOROUGH State MA Zip 01532 Insurance Company SAFECO			Reg # VT41980 Reg Type PAS Reg State MA Veh Year 2013 Veh Make LINCOLN Veh Config. 1 20 Owner CUMMINGS THOMAS Address 282 MILLHAM STREET City MARLBOROUGH State MA Zip 01752 Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 3 22 22 22 22 2 Most Harmful Event 3 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y							
Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			<div>10 Undercarriage 5 11 Totaled</div>							
Please fill out for operator and all occupants involved			13							
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 ----- --- 1 4 99 0 0 10 1 N/A							
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 1 14 Action 1 15 Location 2 16 Condition 1 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			84							
License # --- St DOB/Age --- Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL Operator CONTOMPASIS JOAN Address 629 HAMMOND ST (apt. E207) City BROOKLINE State MA Zip 02467 Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) N/A Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # _____ Reg Type _____ Reg State 20 Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____							
Please fill out for operator and all occupants involved			13							
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 ----- --- 8 2 NEWTON WELLESLEY							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

160 Boylston Street (Avalon)

Boylston Street (E) Offramp

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 Monday, May 17, 2021 I responded to the parking lot entrance of the Avalon at Chestnut Hill (160 Boylston Street, Newton) for a report of a motor vehicle/pedestrian crash. The weather at the time of the crash was clear and sunny. The road surface was dry. Boylston Street is a public way in the City of Newton.

I spoke with the operator of MV1, Mr. Joshua Champion (SA1310472). Mr. Champion stated he was operating his 2013 Lincoln MKS (MA: VT41980) while attempting to exit the Avalon parking lot at the Boylston Street (E) off ramp. Mr. Champion stated he was monitoring the traffic to merge and as he started to make his right turn his vehicle crashed into the left side of a pedestrian in the roadway. Mr. Champion stated he did not see the pedestrian as he was making his turn. I observed no damage to the area

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
CONTOMPASIS, MICHL,	629 (apt E207) HAMMOND STREET BROOKLINE, MA 02467	-----	Y

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:


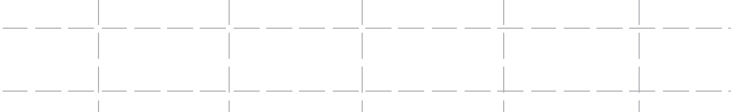
Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

MICHAEL R GAUDET NEWTON POLICE DEPT 05/17/2021

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

CDP1 11 -24:00

ie: \rightarrow 1 \rightarrow 2 \rightarrow 

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:

they crossed the Avalon at Chestnut Hill exit at Rt. 9. Mr. Contompasis stated he observed a black sedan to his left as he crossed. Mr. Contompasis stated he believed the operator was not paying attention as he exited the parking lot and the vehicle accelerated into his wife's left side.

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	37	Gross Vehicle Weight	38
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Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

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

MICHAEL R GAUDET

NEWTON POLICE DEPARTMENT

05/17/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____