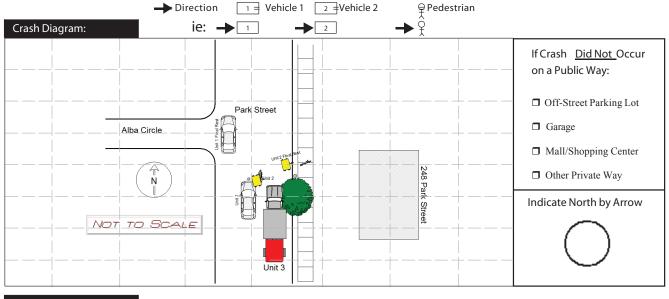
[Poli	ice Use Only		Commonw	vealth (of Mass	ach	iuse	tts			RMV	V Docu	ıment	Number	
	Date of Crash 06/14/2021	Time of Crasl 13:58	NEWTON	MIUL		iicle Cra Report	sh			Number Injured 1	Latit	d Limi ude gitude_		Sta Lo MI Ot	nte Police cal Police BTA Police her:	XI O
Ì			RSECTION:	<	LOCA		>			NOT	AT	INTI	ERSE	ECTI	ON:	⇉
						NORTH	ı 2	248	I	PARK S	TREET	Γ				╁
	Route# Direc	tion		Roadway/Street		Route# Directi	on .	Address	s #		Nar	ne of R	Roadwa	y/Stree	et	_
_				At		Feet	N S	E W o	of		•		or			ŀ
	Route# Direc	etion	Name of Intersectin	<u> </u>		Feet	NI C	E W	.f	Mile M		A CIR	CLE	Ex	it Number	_
_			Also at Inter	section with		_			-	Route#			ting Ro	oadway	/Street	╌┠
	Route# Direc	tion	Name of Intersec	eting Roadway/Street		Feet	N S	E W c	-t -			Τ				_
	[V]v ₂ ,1,2,1,4	1 #0										Lar	ndmark			┪
\sqcup	Vehicle	1_#Occupant			Case Number			210000	0428							4
	License#	18	St M	OOB/Age						Reg Typ				_	20	.
	Sex_F Lic.	Class D	Lic. Restriction			ear_2013			ke_NIS	SAN			Veh C	Config.	1	
	Operator CO	Last	CYNTHIA First	Middle		(Same as ope				First			Midd	ile		.
			STREET (apt. 1)			ess										
	City NEWTO			te_MA Zip_02458	City_											
	Insurance Com					le Action Prior t			9 21 22 2	<u>22</u> (2)	amageo	ı Area	Code:	(Circie	e Up to Three	e)
			(SEW Resp	onding to Emergency?		Sequence 10		23				Ţ	\overline{A}		10 Undercarria	age
	Citation # (If I	-				Harmful Event	10		4	24 1	←	9			11 Totaled	.50
				2: ChSec		Contributing C		35				$\frac{}{7}$	<u> </u>) 6		
\dashv			erator and all occur	4: ChSec	_ Under	ride/Override			Fowed_	28 29 rbag Airba	30	31 Trap	32	33		4
	Name (Last Fir		I I	Address		Age/DOB	Sex	Pos. S	System St	tatus Swite	h Code	Coue	status		Medical Facility	<u>, </u>
	Operator			See Above					1 1	99	0	0	10	1	N/A	
									-			-	\square			
	Please Select C of the Followi	I Vehic	le# Occupant	s Non-Motorist A	Type 97	Action 7	15 Lo	ocation	16 4	Condi	tion 1	17	o,	Hit/Rur	п Море	ed
	License#		St	DOB/Age	Reg#					Reg Typ	ne		Re	g State		
	Sex_M_ Lic.	Class 18	Lic. Restriction			ear	\	eh Mal	ke				Veh C	Config.	20	
	Operator PAI	DILLA-GONZA	ALE LUIS	Endorsment	Owne	r	st			First			Mido	ile		.
	Address 20 G	ORHAM ST (a	pt. 2)			ess										
	City WALTH.	AM	Sta	te_MA Zip_02453	City_							_State		_Zip_		
	Insurance Com	npany			Vehic	le Action Prior t	o Cras	sh	21	D	amageo	d Area	Code:	(Circle	e Up to Three	e)
	Vehicle Travel	Direction: N	S E W Res	ponding to Emergency?_	Event	Sequence	22		22	22 2		3	$\overline{}$	4		
	Citation # (If I	ssued)			Most	Harmful Event		23		1	←	9		- 1	10 Undercarria 11 Totaled	age
	Violatio	n 1: Ch	Sec Violatio	n 2: ChSec	_ Driver Contributing Code 24 24											
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	Pl Name (Last Fi		or operator and all	occupants involved Address		Age/DOB	Sex	26 Seat Pos.	27 Safety Air System S	28 29 rbag Airba Status Swit	g Eject ch Code	Trap Code	32 Injury I Status	ransp. Code	Medical Facili	ty
	Operator/	Non-Motorist		See Above									7	2	NEWTON WELLESL	EY HO
ĺ																



Crash Narrative:

On Monday, June 14, 2021 while assigned to Traffic unit N525, I responded to the intersection of Park Street and Alba Circle for a report of a motor vehicle crash involving a pedestrian. The weather at the time of the crash was overcast with light rain. The road surface at the location of the crash was wet. Park Street and Alba Circle are public ways maintained by the City of Newton. Park Street supports two way travel (N, S) with no marked divider to indicate travel lanes.

I spoke with the operator of the 2013 Nissan Juke (MA: 137LX7) involved in the crash, Ms. Cynthia Cowan (S59504510). Ms. Cowan stated she was traveling on Park Street (N) towards Alba Circle. Ms.

Cowan stated ahead of her there was a large landscaping truck (MA CON: X1515, 2001 Ford DRWSUP) parked on the right side of the roadway and blocking her lane of travel. Ms. Cowan stated she looked ahead of the

(Continued of	on next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone	# State	ment
Property Damage:	•						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			25
Truck and Bus Information: Carrier Name			`	· ·	Carrier Iss	uing Authority Code	35
							35
Carrier Name			City		St	Zip	35
Carrier Name Address US DOT #:	State Number		City		St	Zip	35
Carrier Name Address US DOT #:	State Number		City		St	Zip	35
Carrier Name Address US DOT #:	_State Number	38	City Issuing State	ICC#:_	St	Zip	35
Carrier Name Address US DOT #: Cargo Body Type Code37 Gro	_State Number	38	City Issuing State	ICC#:_	St	Zip	35
Carrier Name	State Number	38 Reg State	City Issuing State	ICC#:Ti	St	Zip	35

MICHAEL R GAUDET Newton Police DEPARTS 06/14/2021

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

→	Direction 1 =	Vehicle 1 2	=Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: → 1	2	→	Ŷ			
						If Crash <u>Did Not</u> C on a Public Way:	Occur
						☐ Off-Street Parking	g Lot
						☐ Garage	
	i i	į				☐ Mall/Shopping Ce	enter
						☐ Other Private Way	
	· — — — -					ndicate North by A	
				. — —			
	· — — — —					\bigcirc	
Crash Narrative:							
landscaping truck and did i							ated she
entered the opposite lane of Street.		o pass the p	arked landscap	ing cruc	k and contri	ide down Falk	
Ms. Cowan stated as she was	s traveling pas	t the front	of the landsca	oing tru	ck, she cra	shed into a star	nding
mower that had entered the				-			
parked landscaping truck.							
did not see the mower until							
operator of the mower on the	he sidewalk in	front of 248	Park Street.	I obser	ved damage	to the front pas	ssenger
fender/bumper/wheel area w	ith airbag depl	oyment from	the driver sea	t. I al	so observed	yellow paint to	ransfer
(Continued or	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Ph	one #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of D	amaged Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)			
Carrier Name			`	· ·	Carrie	r Issuing Authority Code	e 35
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gros	ss Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	39	
Hazmat Information:							101
Placard 40 Material 1 digit #	Material Na	me		Material 4	digit #	Release code	42
MICHAEL R GAUDET			NEWTO	N POLICE DEPART?		06/14/20)21
Police Officer Name (Please Print)	Signature			artment		Barracks Date	

	Direction 1	Vehicle 1	2 ≢Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: → 🛚	→	→	₽		
					If Crash <u>Did Not</u> Oco on a Public Way:	cur
		<u> </u>			☐ Off-Street Parking Lo	ot
					Garage	
	į	į		į	☐ Mall/Shopping Center	er
				+	Other Private Way	
		+			Indicate North by Arro	ow
		<u> </u>				
Crash Narrative:						
					MV1 was removed from the roa	
by Tody's Towing. Ms. Co	owan signed a pat	tient refusal	. with Newton N	Medics and	d walked home from the crash	site.
					s. I observed a yellow Wright	
					e. The mower has significant	
					roadway. A worker on scene	
		11,000.00. F	Photos were tal	ten of the	e mower, MV1, and the roadway	y and
submited to the IT Burea						
		zalez (S32927	7586), was tran	sported	to Newton Wellesley Hospital	
	on next page)					
W itnesses: Name (Last, First, Middle)		Address			Phone # St	tatement
Marile (Last, First, Midule)		Address			Friorie # St	laternent
Property Damage:			1			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)		
Carrier Name	Tegisdudon "		(From Ven	,	Carrier Issuing Authority Code	35
Address			City		St Zip	
US DOT #:						36
37	Gross Vehicle Weight	38				
		D C/	D 37	T	39	
Trailer Reg #: Hazmat Information:	Keg Type	Keg State	Keg Year	Tra	mer Length	
Placard 40 Material 1 dig	it # 41 Material N	lame		_ Material 4 c	ligit# Release code	42
MICHAEL R GAUDET			NEWTO	ON POLICE DEPARTM	06/14/2021	

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)

→	▶ Direction 1	Vehicle 1 2	Vehicle 2	Pedestrian	
Crash Diagram:	ie: 🕕 🛚 1	2	→	Ŷ	
					If Crash <u>Did Not</u> Occur on a Public Way:
					Off-Street Parking Lot
					☐ Mall/Shopping Center
					☐ Other Private Way
			+-	+-	Indicate North by Arrow
Crash Narrative:					
for a left shoulder injury	and an injury	to the left :	side of his fac	ce. I spoke	with Mr. Padilla-Gonzalez in
the emergency room with the	ne assitance of	a language	translation se	rvice set up	by the nursing staff there.
Mr. Padilla-Gonzalez stated	d he was operat	ing the stand	ding mower and	left the si	dewalk into the road. Mr.
Padilla-Gonzalez stated he	drove by the f	ront of the p	parked landscap	ping truck a	and when he got into the street
he saw a car coming towards	s him fast. Mr	. Padilla-Go	nzalez stated 1	he tried to	reverse the mower and get out
of the way, but he could no	ot because of t	the wet roadwa	ay. Mr. Padil	la-Gonzalez	stated he was hit by MV1 and
thrown from the mower to the	ne street.				
After speaking with Ms. Cov	wan and Mr. Pad	lilla-Gonzale:	z, it appears l	ooth parties	had their view of the
roadway obstructed due to w	where the 4 Sea	sons Services	s landscaping	truck (MA CO	N: X1515) was parked. I
(Continued or	n 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 Vehic	ele Section)	35
Carrier Name			City		Carrier Issuing Authority Code
			3		36
37	State Numbers Vehicle Weight	38	_ Issuing State	ICC #:	Interstate
Trailer Reg #:		Pag State	Dec Voor	Troiler I	ength 39
Hazmat Information:	reg Type	Reg State	keg rear	i raiier I	zugui
Placard 40 Material 1 digit #	41 Material Na	ame		Material 4 digit #	Release code 42

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

06/14/2021

Date

Precinct/Barracks

MICHAEL R GAUDET

Police Officer Name (Please Print)

	→ Direction	1 =	Vehicle 1	2 = Vehicle 2	₽ Pedesti	rian		
Crash Diagram:	ie: → [1	→	2	→ Ŷ			
							If Crash <u>Did No</u> on a Public Way:	
		_					☐ Off-Street Park	ing Lot
							☐ Garage	
		į					☐ Mall/Shopping	Center
		_ -					☐ Other Private W	/ay
		_ -					Indicate North by	Arrow
		_		- - -	 			
		_						
Crash Narrative:								
did not observe any pos	ted parking res	tric	ctions whe	re the vehic	le was parke	d, but	due to the size of	the
vehicle it did take up								
parked landscaping truc	k and the wet ro	oad	surface c	ontributed to	o the crash.	There	were no witnesses	to the
crash.								
Witnesses:								
Name (Last, First, Middle)			Address				Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address			Phone #	34-Type	Description	on of Damaged Property	
Owner (East, 111st, Middle)	Address			THORE #	эч турс	Description	on or burnaged Property	
T 1 10 16								
Truck and Bus Information: Carrier Name	Registration #				Vehicle Section)		Carrier Issuing Authority C	Sode 35
Address								
US DOT #:				-				36
37	Gross Vehicle Weight		38					
Trailer Reg #:	Reg Type		Reg State	Reg Ye	ear Tr	ailer Lengtl	39	
Hazmat Information:								
Placard 40 Material 1 c	ligit # 41 Materia	l Nan	me		Material 4	digit #	Release code	42
MICHAEL R GAUDET					NEWTON POLICE DEPART	N.	06/14	1/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)