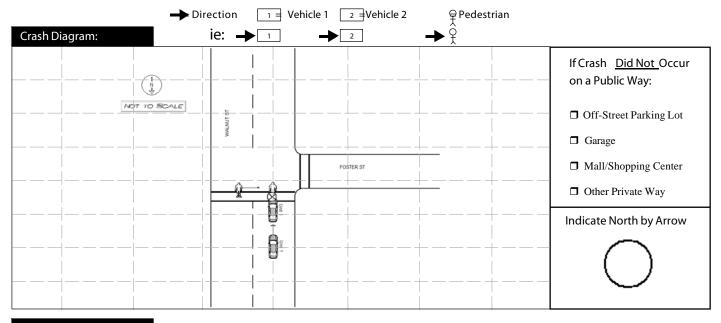
	Police Use Only	1			achusett	_		cument Number
ļ	Date of Crash Time of Crash 01/03/2019 16:57 NEWTO	City/Town	Motor	Vehicle Cra	sh Numbe Vehicle	1	Speed Limit <u>25</u> Latitude	State Police Local Police MBTA Police
	24HR	JN	Pol	ice Report	1	1	Longitude	MBTA Police Other:
	AT INTERSECTI	ON:	< I	LOCATION	>	NOT	AT INTERS	ECTION:
	FOCTED CT							
	Route# Direction FOSTER ST	Name of Roadway/Str	 eet	Route# Direction	n Address #		Name of Roadw	vav/Street
	Routen Breedon 19	At					Traine of Roadw	vay/Bireet
	WALNUT ST			Feet [1	S E W of	Mile M	• or arker	Exit Number
		at Intersection with	treet	Feet [S E W of			
_	Aiso	at intersection with				Route#	Intersecting F	Roadway/Street
	Route# Direction Name of	Intersecting Roadwa	v/Street	Feet	S E W of			
4							Landmar	rk
	Wehicle 1 1_#Occupants Hi	it/Run	ped Case N	Number	190000001	4		
	License#	_St MA DOB/Ag	e	Reg # 51JD62		Reg Typ	e_PAN R	leg State_MA
	Sex_F Lic. Class D 18 18 Lic. Res	strictions 2 19	CDL	Veh Year_2007	Veh Make ^T	ОУОТА	Veh	Config 1 20
7	Operator GITTES MARC		Endorsment	Owner FUNK	DAN			
	Address 36 HAMLIN RD	ïrst	Middle	Address 36 HAMLIN		First	Mi	iddle
	City NEWTON	Sheet MA	. 02459	City_NEWTON			State_MA	7: 02459
		•	, 52107	•	g , [: (Circle Up to Three
_	Insurance Company SAFETY INSURANCE			Vehicle Action Prior to	Crash 1	22 2	amaged Area Code	4
	Vehicle Travel Direction: NXEW	Responding to Er	nergency?	Event Sequence 3	23			10 Undercarri
	Citation # (If Issued) T0646789			Most Harmful Event	3	24 1	← <u> 9</u>	5 11 Totaled
	Violation 1: Ch_89/11SecV	iolation 2: Ch	_Sec	Driver Contributing Co	ode 97 24 25			
	Violation 3: ChSecV			Underride/Override	Tow	ed <u>N</u>	,	
	Please fill out for operator and a	ll occupants involv	red Address	Age/DOB	Sex Pos. System	28 29 Airbag Airbag n Status Switch	30 31 32 Eject Trap Injury Code Code Status	Transp. Code Medical Facili
	Operator	S	ee Above		1	4 4	0 0 5	1
_					5	16	17	
	Please Select One of the Following:	ccupants Non-	-Motorist A Type	e 14 Action 1	Location 1	Condit	ion $\begin{vmatrix} 1 & 1' \end{vmatrix}$ \Box	Hit/Run Mop
	of the Following: Venicle #0			e 1 Action 1	Location 1	Condit	ion 1	
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Crash Narrative:

MV1 (MA Reg: 51JD62, 2007 green Toyota Pruis) operated by Marcia Gittes (DOB 11/29/1948) was traveling Southbound on Walnut St when it collided with a pedestrian in the crosswalk at Walnut St/Foster St. MV1 collided with a man, later identified as Jerome Shectman (DOB 10/7/1964). He had an injury to the back of his head, right hand, left shoulder and lower spine and was transported to Beth Israel Hospital. Witness, Patrick Clare-O'Brien saw the crash take place. He stated that the pedestrian, Jerome was crossing in the crosswalk traveling Westbound towards Foster St, successfully passed through the lane where vehicles were traveling Northbound on Walnut St and was then hit by the Toyota Prudish in the lane going Southbound. Jerome was already halfway through the crosswalk at this point. It was dark, but there was a streetlight directly over this crosswalk on Walnut St creating a semi-lit area for visibility. Mrs. Gittes stated that

directly over this crossw	valk on Walnut S	t creating a	a semi-lit area	a for vis	sibility. Mrs.	Gittes stated	that
(Continued o	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone #	:	Statement
CLARE-OBRIEN , PATRICK, T	12 SUNNYSI QUINCY,MA				N		
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ged Property	
Truck and Bus Information:	Registration #		,	nicle Section)	Carrier Issu	ing Authority Code	35
Address			City		St	Zip	
US DOT #:			Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gro	ss Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length		
Hazmat Information:							
Placard 40 Material 1 digit	# 41 Material Na	me		_ Material 4	digit #	Release code	42
ALEX N KANE		3880	0 NEWTO	ON POLICE DEPART	N	01/03/201	9

Cuash Diagram	io.	_	2 =Vehicle 2	₽ Pedest	rıan		
Crash Diagram:	ie: → 1			→ Ŷ		If Crash Did No on a Public Ways Off-Street Park Garage Mall/Shopping Other Private V Indicate North by	ing Lot Center
Crash Narrative:)
he didn't see him because	e he was wearin	dark cloth	ing and it wa	s dark ou	ıtside.	She saw him when :	it was t
ate. There was no damage							
9/11 Crosswalk Violation	. pictures were	taken at the	e scene and th	e photo S	SD card	was sent to IT.	
raffic Bureau update (Of:	ficer Gaudet):	I was asked	to follow up	with the	injured	d pedestrian involv	zed
n this accident, Jerome S	Schectman (S776	06276). Sched	ctman stated h	e was att	tempting	g to cross Walnut	
treet east to west toward							
	ds Foster Stree	t. Schectmar	n stated he en	tered the	crossw	valk after observi	ng no ca
craveling towards him in street and stopped in the	the Northbound :	lane of Walnu	ut Street. Sc	hectman s	stated h	ne began walking a	cross th
craveling towards him in street and stopped in the	the Northbound	lane of Walnu	ut Street. Sc	hectman s	stated h	ne began walking a	cross th
street and stopped in the (Continued of	the Northbound :	lane of Walnu	ut Street. Sc	hectman s	stated h	ne began walking ac	cross th
street and stopped in the	the Northbound :	lane of Walnu	ut Street. Sc	hectman s	stated h	ne began walking a	cross th
craveling towards him in street and stopped in the (Continued of Witnesses:	the Northbound :	lane of Walnu	ut Street. Sc	hectman s	stated h	ne began walking ac	cross th
craveling towards him in street and stopped in the (Continued of Witnesses: Name (Last, First, Middle)	the Northbound :	lane of Walnu	ut Street. Sc	hectman s	stated h	ne began walking ac	cross th
craveling towards him in the street and stopped in the (Continued of Witnesses: Name (Last, First, Middle) Property Damage:	the Northbound : middle of Waln	lane of Walnu	ut Street. So	hectman s	stated h	ne began walking aceling towards him:	cross th
Craveling towards him in the street and stopped in the (Continued of Witnesses: Name (Last, First, Middle) Property Damage:	the Northbound :	lane of Walnu	ut Street. Sc	hectman s	stated h	ne began walking ac	cross th
craveling towards him in street and stopped in the (Continued of Witnesses: Name (Last, First, Middle)	the Northbound : middle of Waln	lane of Walnu	ut Street. So	hectman s	stated h	ne began walking aceling towards him:	cross th
Craveling towards him in the street and stopped in the (Continued of Witnesses: Name (Last, First, Middle) Property Damage:	the Northbound : middle of Waln	lane of Walnu	ut Street. So	hectman s	stated h	ne began walking aceling towards him:	cross th
Craveling towards him in the street and stopped in the (Continued of Witnesses: Name (Last, First, Middle) Property Damage:	middle of Walnum on next page) Address	lane of Walnu	Phone #	hectman s	stated h	ne began walking aceling towards him:	cross th
craveling towards him in the continued of the continued o	Address Registration #	Address	Phone #	2 vehicle 34-Type	Descripti	ne began walking aceling towards him:	Statem
raveling towards him in the (Continued of Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name	Address Registration #	lane of Walnut Street aft Address	Phone #	2 vehicle 34-Type hicle Section)	Descripti	Phone # Carrier Issuing Authority C	Statem
Craveling towards him in the (Continued of Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address	Address Registration #	Address	Phone # [From Ve	2 vehicle 34-Type hicle Section)	Descripti	Phone # Carrier Issuing Authority C St Zip	Statem
raveling towards him in the (Continued of Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #:	Address Registration #	Address	Phone # [From Ve	2 vehicle 34-Type hicle Section)	Descripti	Phone # Carrier Issuing Authority C St Interstate	Statem
Carrier Name Address US DOT #: Litreet and stopped in the (Continued of the Continued of	Address Registration # State Number State Weight	Address Address	Phone # (From Ve	34-Type ICC #:_	Descripti	Phone # Carrier Issuing Authority C St Interstate	Statem
Cargo Body Type Code Traveling towards him in the (Continued of Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code 37 Gro	Address Registration # State Number Reg Type	Address Address Reg State	Phone # (From Ve	34-Type ICC #:	Descripti	Phone # Carrier Issuing Authority C St Interstate [Statem Code 36
raveling towards him in the (Continued of Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code Trailer Reg #:	Address Registration # State Number Reg Type	Address Address Reg State	Phone # (From Ve	34-Type ICC #:	Descripti	Phone # Carrier Issuing Authority C St Interstate	Statem Code

Crash Diagram:		1 = Vehicle 1	2 =Vehicle 2	Pedest	rian		
Clasif Diagraffi.	ie: →□	1 -	2	▶ ♀			
		 				If Crash <u>Did Not</u> on a Public Way:	<u>Occur</u>
		ļ				☐ Off-Street Parking	ng Lot
_		 _	 			☐ Garage	
						☐ Mall/Shopping (Center
		- 				☐ Other Private Wa	ay
-	 	-	+ +			Indicate North by	Arrow
-		 -	 			\bigcirc	
Crash Narrative:			_				
						t traveled past.	
as unable to get out of							
is injuries as follows:							
houlder/arm pain.							
Witnesses:							
		Address			·	Phone #	Statem
		Address			F	Phone #	Statem
		Address			F	Phone #	Statem
Name (Last, First, Middle)		Address			F	Phone #	Statem
Name (Last, First, Middle) Property Damage:	Address	Address	Phone #	34-Type		Phone # f Damaged Property	Statem
Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle)	Address	Address	Phone #	34-Type			Statemo
Name (Last, First, Middle) Property Damage:	Address	Address	Phone #	34-Type			Statem
Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle)		Address		34-Type			Statem
Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information:	Registration # _			ehicle Section)	Description o		
Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address	Registration # _		(From Vo	chicle Section)	Description of Car	f Damaged Property rier Issuing Authority Co	nde
Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #:	Registration # _		(From Vo	chicle Section)	Description of Car	f Damaged Property rier Issuing Authority Co	de
Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #:	Registration # State Number oss Vehicle Weight	38	(From VoCityIssuing State	ehicle Section)	Description o	f Damaged Property rier Issuing Authority Co	nde
Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code Trailer Reg #: Hazmat Information:	Registration # State Number oss Vehicle Weight Reg Type	38	(From VoCityIssuing State	ehicle Section)	Description o	f Damaged Property rier Issuing Authority Co Zip Interstate	36
Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code Trailer Reg #:	Registration # State Number oss Vehicle Weight Reg Type	38 Reg State	(From Vo	ehicle Section) ICC #:Tr	Description of Car St	f Damaged Property rier Issuing Authority Co Zip Interstate	nde