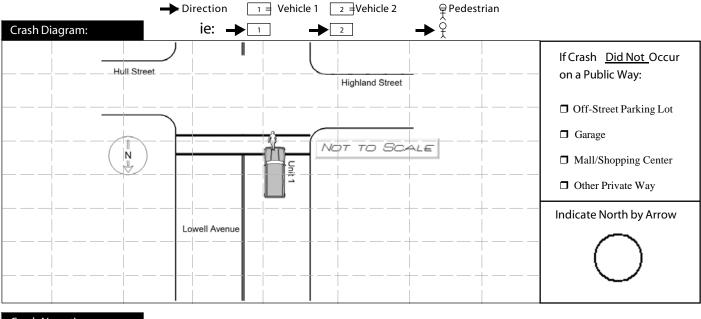
Date of Crash   Otto	<b>2</b> <sup>10</sup>
NEWTON   Police Report   1   0   Latitude   MBTA Police   1   0   Longitude   Other:	<b>2</b> <sup>10</sup>
AT INTERSECTION:    AT INTERSECTION:   CASE   Company   UNK	2 10 2 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Route# Direction   Name of Roadway/Street   Route# Direction   Address # Name of Roadway/Street	<b>2</b> <sup>10</sup>
Route# Direction   Name of Roadway/Street   At	11
SOUTH LOWELL AVE Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Feet NSEW of Route# Intersecting Roadway/Street  Feet NSEW of Route# Intersecting Roadway/Street  Feet NSEW of Route# Intersecting Roadway/Street  Landmark  3 Vehicle 1 #Occupants	11
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with  Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Feet   S   E   W of    Route# Direction Name of Intersecting Roadway/Street    Feet   N   S   E   W of	1 11
Also at Intersection with  Feet NSEW of  Feet NSEW of  Feet NSEW of  Feet NSEW of  Landmark     Landmark   Landmark   Landmark	1 11
Feet   N   S   E   W   of   Intersecting Roadway/Street   N   S   E   W   of   Intersecting Roadway/Street	1 11
Landmark	1
Address   City	
License # St DOB/Age Reg # UNK Reg Type Reg State MA Veh Year UNK Veh Make ACURA Veh Config.	
Sex Lic. Class 99 18 18 Lic. Restrictions 99 19 CDL	ı
SexLic. Class   99   18   18   Lic. Restrictions   99   19   CDL   Veh Year UNK   Veh Make ACURA   Veh Config.   1   20    Operator UNKNOWN   UNKNOWN   UNKNOWN   Last   First   Middle   Address   Address    CityState _ Zip _ CityState _ Zip Vehicle Action Prior to Crash   1   21   Damaged Area Code: (Circle Up to Three)    Vehicle Travel Direction:   NXE   Responding to Emergency?   Event Sequence   3   22   22   22   22   22   22   22	ı
Operator UNKNOWN UNKNOWN  Address  City State Zip City State Zip Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NXEW Responding to Emergency?  Citation # (If Issued) N/A  Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override  Vence as operator)  Last First Middle  Address  City State Zip Damaged Area Code: (Circle Up to Three)  Event Sequence 3 22 22 22 22 22 22 22 22 22 22 22 22 2	ı
Address Address Address	<b>1</b> <sup>12</sup>
City State Zip City State Zip Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NXEW Responding to Emergency? Event Sequence 3 22 22 22 22 22 22 22 23 4 4 10 Undercarriage	
Insurance Company UNK  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Travel Direction: NXEW Responding to Emergency?  Citation # (If Issued) N/A  Violation 1: ChSec Violation 2: ChSec  Violation 3: ChSec Violation 4: ChSec  Underride/Override  Vehicle Action Prior to Crash  1 21  Damaged Area Code: (Circle Up to Three)  Event Sequence 3 22 22 22 22 22 22 22 22 22 22 22 22 2	ı
Vehicle Travel Direction: NXEW Responding to Emergency? Event Sequence 3 22 22 22 22 22 22 22 22 22 22 22 22 2	ı
Citation # (If Issued) N/A  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 4 24 19 24  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed N 6	ı
Citation # (If Issued) 14:12	ı
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 4 19  Violation 3: ChSec Violation 4: ChSec Underride/Override 25 Towed N_ 8 7 6	ı
	ı
	ı
Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Ag	3 13
Name (Last First Middle)  Address  Age/DOB  Sex Pos. \$ystem Status \$witch Code Code \$tatus Code Medical Facility  Operator  See Above	
Please Select One Please Selec	ı
Please Select One of the Following: Vehicle# Occupants	ı
License # St DOB/Age Reg # Reg Type Reg State	ı
Sex_F Lic. Class 18 18 Lic. Restrictions 19 CDL Veh Year Veh Make Veh Config.	ı
Endowment	ı
Last First Middle Last First Middle	ı
	ı
City NEWTON State MA Zip 02465 City State Zip	ı
Insurance Company Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)	ı
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 3 4 10 Undercarriage	ı
Citation # (If Issued) N/A Most Harmful Event 9 5 11 Totaled	1
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 24 24	
Violation 3: ChSec Violation 4: ChSec Underride/Override	l
Please fill out for operator and all occupants involved    26   27   28   29   30   31   32   33     Seat   Safety Airbag Airbag   Eject   Frap   Injury   Fransp.	
Name (Last First Middle)  Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility Operator/Non-Motorist See Above	
56 7.50	



## **Crash Narrative:**

On Wednesday, January 9, 2019, while assigned to Traffic unit N525, I responded to 457 Walnut Street,

Newton for a report of a past motor vehicle/pedestrian accident involving a student at Newton North High

School. I met with the pedestrian involved in the accident, Ellie McBride, in the Riley House admin office.

McBride is a Freshman at Newton North High School. McBride's mother, Linda Hanusaik, was also present while

I spoke with her.

McBride stated at approximately 0740 hours, she was attempting to cross Lowell Avenue in a marked crosswalk at Highland Street (E). McBride stated she observed a newer model gray Acura SUV traveling towards her Southbound on Lowell Avenue while she was standing in the crosswalk. McBride stated she thought the vehicle was going to slow down for her. McBride stated as the vehicle got closer it appeared to be (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 Veh	icle Section)		25
Truck and Bus Information:  Carrier Name		(From Veh	icle Section)	Carrier Issuing Authority	Code 35
Carrier Name					
Carrier Name		City		St Zip_	Code
Carrier Name Address US DOT #:		City		St Zip_ Interstate	Code
Carrier Name  Address US DOT #:  Cargo Body Type Code 37	State Number38	City  Issuing State	ICC#:_	St Zip Interstate	Code
Carrier Name  Address US DOT #:  Cargo Body Type Code 37	State Number	City  Issuing State	ICC#:_	St Zip Interstate	Code

→	► Direction 1	Vehicle 1	- <b>≠</b> Vehicle 2	₽ Pedestrian		
Crash Diagram:	ie: → 1	<b>→</b> [2	<u> </u>	<b>&gt;</b> ♀		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					☐ Off-Street Parkin	g Lot
					☐ Garage	8
					☐ Mall/Shopping C	enter
					Other Private Wa	
			_ — — — —		Indicate North by A	Arrow
	_	<del>-</del>	<del>-</del>			
Crash Narrative:						
slowing down but was unable	to avoid maki	ing contact w	ith her. The	front end of M	IV1 made contact with	
McBride's left side. The	impact caused	McBride to f	all down onto	the roadway.		
McBride stated the ve	ehicle pulled o	over and the	operator exit	ed the vehicle	to check on her. Mc	Bride
stated the operator was a	white female wi	th long brow	n hair, possi	bly high school	aged. McBride stat	ed after
she told the operator that	she wasn't hur	rt, the opera	tor returned	to her vehicle	and left the area, p	ossibly
towards Commonwealth Avenue	e. McBride cou	ıld not provi	de any additi	onal informatio	on about the operator	of the
vehicle involved.						
McBride stated she th						
class but left and texted l		cell her she	was involved	l in an accident	. McBride stated sh	e was
(Continued or	n next page)					
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Warre (Last, First, Middle)		Address			THORE #	Statement
Property Damage:	T		T			
Owner (Last, First, Middle)	Address		Phone #	34-Type Descrip	tion of Damaged Property	
Truck and Bus Information:	Registration #		(From Ve	hicle Section)		
Carrier Name				micie Section)	_ Carrier Issuing Authority Cod	de 35
Address			City		_ St Zip	
US DOT #:						36
37	s Vehicle Weight	38	-			
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer Leng	gth 39	
Hazmat Information:						
Placard 40 Material 1 digit #	41 Material Na	ame		Material 4 digit #	Release code	42
1						

MICHAEL R GAUDET NEWTON POLICE DEPARTS 01/09/2019

Palica Officer Name (Place Print) Signature ID/Dedge # Department Develop Date

Part Officer Name (Place Print) Signature ID/Dedge # Department Develop ID/Dedge # Develop ID/Dedge #

	→ Direction	ı   Vehicle 1   ——————————————————————————————————	2 =Vehicle 2	Pedestri	ian		
Crash Diagram:	ie: →			• ¥		If Crash Did Not on a Public Way:  Off-Street Parki Garage Mall/Shopping O Other Private W Indicate North by	ng Lot Center ay
Crash Narrative:							
shaken up by the acciden	nt, but reported	no injuries.	Newton Medi	cs evaluate	ed McBride	and obtained a	patient
refusal. McBride was a	dvised that due t	to the report	ed age of ope	rator, the	y may be a	student at the	high
school. McBride was ad	vised that if she	sees the ope	erator to obt	ain her in	formation/	contact NPD.	
I checked the area	a of Lowell Avenu	e and Highla	nd Street for	the vehic	le involved	l/witnesses wit	h a
negative result. A por	tion of Newton No	orth's athlet	ic fields are	next to the	his interse	ection. Newton	North
stated there are no sur	veillance cameras	in this are	a. Lowell Av	enue and H	ighland St	eet are both p	ublic
ways maintained by the	City of Newton.						
Witnesses:							
Name (Last, First, Middle)		Address			Pl	none #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	Damaged Property	
T							
Truck and Bus Information:			,	,	C	an Isaasina Aasthaaitea C	35
Carrier Name						er Issuing Authority Co	
Address			City		St_	Zip	36
US DOT #:	State Number		Issuing State	ICC #:		Interstate	30
Cargo Body Type Code 37	Gross Vehicle Weight	38				20	_
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length	39	
Hazmat Information:							
Placard 40 Material 1 di	git # 41 Material M	Name		Material 4 d	ligit #	Release code	42
						L	

01/09/2019 MICHAEL R GAUDET NEWTON POLICE DEPARTM