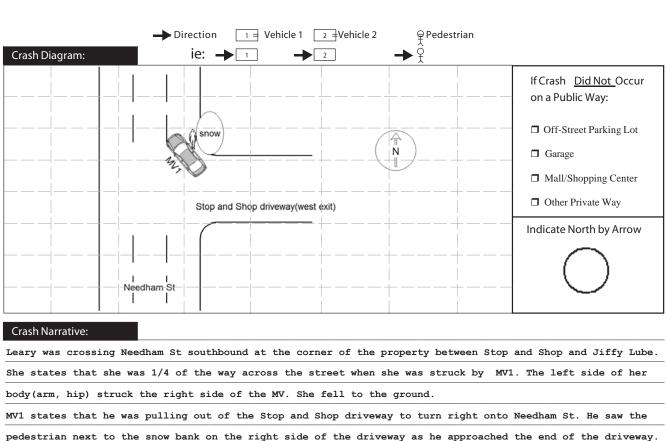
|                       | Poli   | ice Use Only                   |                      | Commonwe             | alth o                  | of Massa   | achu   | setts                               | }                              |                    | RMV                        | V Docun     | ıent Number   |               |
|-----------------------|--|--------------------------------|----------------------|----------------------|-------------------------|--|--------|-------------------------------------|--------------------------------|--------------------|----------------------------|-------------|---|---------------|
|                       | Date of Crash 01/23/2019   | Time of Crash<br>14:07<br>24HR | NEWTON               | 1410101              |                         | icle Cra<br>Report   | sh [   | Number<br>Vehicles                  |                                | d Lati             | ed Limi<br>tude<br>gitude_ |             | State Police<br>Local Police<br>MBTA Police<br>Other: | N<br>N<br>O   |
|                       |  |                                | RSECTION:            |                      | LOCAT                   |  | >      |                                     | NO                             |                    |                            |             | CTION:  |               |
|                       |  |                                |                      |                      |                         | WEST   | 165    |                                     | NEED                           | HAM S              | Т                          |             |   | 2             |
| 1<br><b>1</b>         | Route# Direc   | tion                           |                      | padway/Street        |                         | Route# Direction   | on Ad  | dress #                             |                                | Na                 | ime of R                   | Roadway/    | Street  | 2             |
|                       | At   |                                |                      |                      |                         | Feet NSEW of or  |        |                                     |                                |                    |                            |             |   |               |
|                       | Route# Direction Name of Intersecting Roadway/Street   |                                |                      |                      |                         | Mile Marker Exit Number  Feet N S E W of   |        |                                     |                                |                    |                            |             |   | _             |
|                       |  |                                | Also at Intersec     | tion with            |                         |  |        | _                                   | Route                          | #                  | Intersec                   | ting Road   | lway/Street   | -             |
| <b>2 2</b>            | Route# Direc   | tion                           | Name of Intersection | ng Roadway/Street    | I                       | Feet   | N S E  | w of                                |                                |                    | Las                        | . d alv     |   | $ \frac{1}{}$ |
| 3                     | W Vahisla 1  | 1 #Occuments                   | ☐ Hit/Run            | ☐ Moned              | Landmark                |  |        |                                     |                                |                    |                            |             |   | 7             |
|                       | Venicie  | #Occupants                     |                      | ☐ Moped Case         | Number                  |  | 19     | 00000101                            |                                |                    |                            |             |   | 4             |
|                       | License#   | 18 1                           | St MA                | DOB/Age              |                         | 8YG919   |        |                                     |                                |                    |                            |             | State MA 20   | -             |
|                       | Sex_M_ Lic.  |                                | Lic. Restrictions    | CDL<br>Endorsment    |                         | ear_2018   |        |                                     | OYOTA                          |                    |                            | Veh Cor     | nfig. 2   |               |
| 4<br><b>1</b>         | Operator BER   |                                | KENNETH<br>First     | Middle               |                         | TOYOTA LE.   |        | U                                   | First                          |                    |                            | Middle      |   | - 1           |
|                       | Address 27 BE  |                                |                      | MA opens             | Address PO BX 105386    |  |        |                                     |                                | State GA Zip 30348 |                            |             |   |               |
|                       | City BRAINT  |                                | State                | Zip <u>02184</u>     |                         | TLANTA   |        |                                     |                                |                    |                            |             | Zip 30348<br>Circle Up to Thre                        | -<br>-        |
| 5                     | 1  | npany COMMER                   |                      | F                    |                         | Action Prior to  | 22 22  | 3                                   | 22 2                           | _                  | a Aica<br>O                |             | 4   |               |
|                       |  | Direction: N ssued) T1443340   |                      | ding to Emergency?   |                         | sequence 3   | 23     |                                     |                                |                    | $\bigcap$                  |             | 10 Undercarr  | iage          |
|                       | · ·  |                                |                      | ChSec                |                         | Harmful Event  | 3      | 24                                  | 24                             | <b>←</b>           | 9                          | l           | 5 11 Totaled  |               |
| <sup>6</sup> 2        | 1  |                                |                      |                      |                         | Contributing Co  | ode 25 | .8                                  | . N                            |                    | 7                          |             | 6   |               |
|                       | Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved |                                |                      |                      |                         | Underride/Override  Towed N  26 27 28 29 30 31 32 33  According to the state of the |        |                                     |                                |                    |                            |             |   |               |
|                       | Name (Last Fir   |                                |                      | Address<br>See Above |                         | Age/DOB  | Sex P  | os. \$ystem                         | Status \$w                     | itch Code          | Code                       | Status Co   | nsp.<br>de Medical Facili                             | 3             |
|                       | Operator   |                                |                      | See Above            |                         |  | -      | 1                                   | 4 4                            | 0                  | 0                          | 5 1         |   |               |
|                       |  |                                |                      |                      |                         |  |        |                                     |                                |                    |                            |             |   |               |
|                       |  |                                |                      |                      |                         |  |        |                                     |                                |                    |                            |             |   |               |
|                       |  |                                |                      |                      |                         |  |        |                                     |                                |                    |                            |             |   |               |
| <sup>7</sup> <b>1</b> | Please Select (<br>of the Followi  | I Vehicle                      | e# Occupants         | Non-Motorist A Ty    | /pe 1                   | 4 Action 1   | Loca   | tion                                | Con                            | dition             | 17                         | Hit         | :/Run Mop   | ed            |
|                       | License#StDOB/Age  |                                |                      |                      | Reg#_                   | eg#Reg TypeReg State   |        |                                     |                                |                    | State                      | -           |   |               |
|                       | Sex_F Lic. Class 18 18 Lic. Restrictions 19 CDL  |                                |                      |                      | Veh Ye                  | Yeh Year Veh Make Veh Config.  |        |                                     |                                |                    |                            |             |   |               |
| 8<br><b>1</b>         | Operator LEARY NANCY  Last First Middle  |                                |                      |                      | Owner Last First Middle |  |        |                                     |                                |                    |                            |             | -   |               |
| <u> </u>              | Address 23 DANIEL ST   |                                |                      |                      |                         | Address  |        |                                     |                                |                    |                            |             |   | -             |
|                       | City MILLIS State MA Zip 02054   |                                |                      |                      |                         | StateZip   |        |                                     |                                |                    |                            |             |   | -             |
|                       | Insurance Company  |                                |                      |                      |                         | Action Prior to  |        |                                     |                                | Ü                  |                            | Code: (C    | Circle Up to Thre                                     | ee)           |
|                       | Vehicle Travel Direction: NSEW Responding to Emergency?  |                                |                      |                      |                         |  |        |                                     |                                |                    |                            |             | iage  |               |
|                       | Citation # (If Issued)   |                                |                      |                      |                         | Most Harmful Event 23 10 Undercarriage 5 11 Totaled  |        |                                     |                                |                    |                            |             | lage  |               |
|                       | Violation 1: ChSec Violation 2: ChSec  |                                |                      |                      |                         | Driver Contributing Code 8 7 6   |        |                                     |                                |                    |                            |             |   |               |
|                       | Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved |                                |                      |                      |                         | ride/Override  |        | Towed                               | l                              |                    | )   31                     |             | 33  | _             |
|                       | Name (Last Fi  |                                | operator and all o   | Address              |                         | Age/DOB  |        | 26 27<br>Seat Safety<br>Pos. Syster | 28<br>Airbag Air<br>n Status S | bag Ejec           | ) 31<br>t Trap<br>de Code  | Injury [Fra | nsp.<br>ode Medical Faci                              | lity          |
|                       | Operator/  | Non-Motorist                   |                      | See Above            |                         |  |        |                                     |                                |                    | -                          | 3 2         |   |               |
|                       |  |                                |                      |                      |                         |  |        |                                     |                                |                    |                            |             |   |               |
|                       |  |                                |                      |                      |                         |  |        |                                     |                                |                    |                            |             |   |               |
|                       |  |                                |                      |                      |                         |  |        |                                     |                                |                    |                            |             |   |               |



MV1 states that he was pulling out of the Stop and Shop driveway to turn right onto Needham St. He saw the pedestrian next to the snow bank on the right side of the driveway as he approached the end of the driveway. When he got to the end he did not see her anymore and assumed she had continued walking west on Needham St. He then turned right and felt the collision and then he saw her. He immediately pulled into the Jiffy Lube lot to check on her.

I took pictures of the scene and the MV. They were TOT IT.

| (Continued or                 | n next page)     |           |                 |              |                    |                      |           |
|-------------------------------|------------------|-----------|-----------------|--------------|--------------------|----------------------|-----------|
| Witnesses:                    |                  |           |                 |              |                    |                      |           |
| Name (Last, First, Middle)    |                  | Address   |                 |              | Phone              | e #                  | Statement |
|                               |                  |           |                 |              |                    |                      |           |
|                               |                  |           |                 |              |                    |                      | +         |
|                               |                  |           |                 |              |                    |                      |           |
| Property Damage:              |                  |           |                 |              |                    |                      |           |
| Owner (Last, First, Middle)   | Address          |           | Phone #         | 34-Type      | Description of Dan | naged Property       |           |
|                               |                  |           |                 |              |                    |                      |           |
|                               |                  |           |                 |              |                    |                      |           |
|                               |                  |           |                 |              |                    |                      |           |
| Truck and Bus Information:    | Registration #   |           | (From Vehic     | ele Section) |                    |                      | 35        |
| Carrier Name                  |                  |           |                 |              | Carrier Is         | ssuing Authority Coo |           |
| Address                       |                  |           | City            |              | St                 | Zip                  |           |
| US DOT #:                     | State Number     |           | Iccuing State   | ICC#         |                    | Interstate           | 36        |
| 37                            |                  | 38        | _ issuing State | ICC #        |                    | Interstate           |           |
| Cargo Body Type Code Gros     | s Vehicle Weight |           |                 |              |                    | .a                   |           |
| Trailer Reg #:                | Reg Type         | Reg State | Reg Year        | Tr           | ailer Length       | 9                    |           |
| Hazmat Information:           |                  |           |                 |              |                    |                      |           |
| Placard 40 Material 1 digit # | 41 Material Na   | me        |                 | Material 4   | digit#             | Release code         | 42        |
|                               |                  |           |                 |              |                    |                      |           |
| MICHAELMADE                   |                  |           |                 |              |                    | 04 100 10            | 240       |

| MICHAEL WADE                       |           | NEWTON POLICE DEPARTM | 01/23/2019 |                   |      |
|------------------------------------|-----------|-----------------------|------------|-------------------|------|
| Police Officer Name (Please Print) | Signature | ID/Badge #            | Department | Precinct/Barracks | Date |

|                             | Direction 1         | Vehicle 1     | 2 =Vehicle 2   | Pedestr          | ian                 |  |           |
|-----------------------------|---------------------|---------------|----------------|------------------|---------------------|--|-----------|
| Crash Diagram:              | ie: 🕕 🛚             | → □           | 2              | Ŷ                |                     |  |           |
|                             |                     |               |                |                  |                     | rash <u>Did Not</u> C<br>a Public Way: | Occur     |
|                             |                     | <u> </u>      |                |                  |                     | Off-Street Parking                     | g Lot     |
|                             |                     |               |                |                  |                     | Garage                                 |           |
|                             | i                   |               |                | İ                |                     | Mall/Shopping Ce                       | enter     |
|                             |                     | -             |                |                  |                     | Other Private Way                      |           |
|                             |                     |               |                | +                |                     | cate North by A                        |           |
|                             |                     | <br>-         |                |                  |                     |  |           |
|                             |                     |               |                |                  |                     | ( )                                    |           |
|                             |                     |               |                |                  |                     |  |           |
| Crash Narrative:            |                     |               |                |                  |                     |  |           |
| After further investigati   | on, on 2/7 the      | operator was  | cited for 90/1 | 4 failur         | e to stop for       | pedestrian.                            | I spoke   |
| with Kenneth via phone an   | d advised him o     | of the update | . The citation | was mail         | ed to him. I am     | m charging fo                          | or 90/14  |
| failure to stop for a pe    | destrian.           |               |                |                  |                     |  |           |
| On Wednesday February 6,    | the operator in     | formation of  | this report wa | s ammend         | ed to show the      | correct oper                           | rator     |
| information.                |                     |               |                |                  |                     |  |           |
|                             |                     |               |                |                  |                     |  |           |
|                             |                     |               |                |                  |                     |  |           |
|                             |                     |               |                |                  |                     |  |           |
|                             |                     |               |                |                  |                     |  |           |
|                             |                     |               |                |                  |                     |  |           |
| Witnesses:                  |                     |               |                |                  |                     |  |           |
| Name (Last, First, Middle)  |                     | Address       |                |                  | Phone i             | #                                      | Statement |
|                             |                     |               |                |                  |                     |  |           |
|                             |                     |               |                |                  |                     |  |           |
| Property Damage:            |                     |               |                |                  |                     |  |           |
| Owner (Last, First, Middle) | Address             |               | Phone #        | 34-Туре          | Description of Dama | ged Property                           |           |
|                             |                     |               |                |                  |                     |  |           |
|                             |                     |               |                |                  |                     |  |           |
| Truck and Bus Information:  | Registration #      |               | (From Vehi     | cle Section)     |                     |  |           |
| Carrier Name                |                     |               |                |                  | Carrier Issu        | uing Authority Code                    | e 35      |
| Address                     |                     |               | City           |                  | St                  | Zip                                    |           |
| US DOT #:                   | State Number        |               | Issuing State  | ICC #:_          |                     | Interstate                             | 36        |
| Cargo Body Type Code 37 Gr  | ross Vehicle Weight | 38            |                |                  |                     |  |           |
| Trailer Reg #:              | Reg Type            | Reg State     | Reg Year       | Tra              | iler Length 39      |  |           |
| Hazmat Information:         |                     |               |                |                  |                     |  |           |
| Placard 40 Material 1 digi  | t # 41 Material N   | Name          |                | Material 4 d     | ligit #             | Release code                           | 42        |
| MICHAEL WADE                |                     |               | NEWTO          | N POLICE DEPARTA |                     | 01/23/20                               | 119       |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)