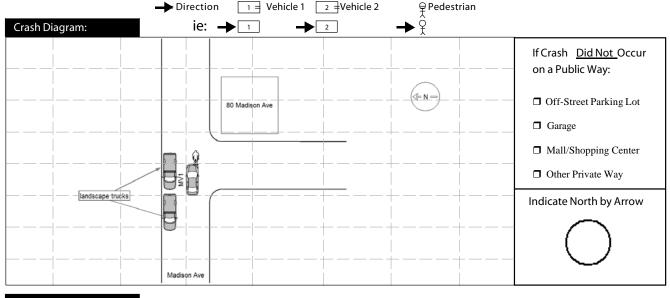
	Poli	ice Use Only		Commonw	vealth	of Mass	achu	setts			RMV	V Docui	ment Number	
	Date of Crash 04/29/2019	Time of Crash 07:48	NEWTON	17100		iicle Cra Report	sh [Number Vehicles 1		d Lati	ed Limi tude gitude_		State Police Local Police MBTA Polic Other:	X 1
			RSECTION:	<	LOCA	_	>		NO		_		CTION:	
						EAST	80		MADI	SON A	VE			
1 1	Route# Direc	tion		oadway/Street		Route# Directi	on Ado	dress #		Na	me of R	Roadway	/Street	
	At					Feet NSEW of or								
	Route# Direc	etion	Name of Intersecting I			E.A.	N S E		Mile	Marker			Exit Number	
			Also at Intersec	tion with				_	Route	#	Intersec	ting Roa	dway/Street	- -
1	Route# Direc	tion	Name of Intersection	ng Roadway/Street		Feet	N S E	w of						
		1 110	T								Laı	ndmark		\dashv
	Vehicle1	1_#Occupants	_	Moped	Case Number		19	00000432						_
	License #	18	St_MA	DOB/Age	-								State MA 20	_
	Sex_F_ Lic.	Class	Lic. Restrictions	1 CDL		ear_2011		Make_H	ONDA			Veh Co	onfig. 1	
1	Operator LOI	PER-SENGUPT	A SARAH First	R Middle	Owne	r (Same as ope	rator)		First			Middle		_
	Address 254 V			374		ess								_
	City NEWTO			MA Zip 02465									•	
	1	pany ARBELLA			Vehic	le Action Prior t		22			d Area	Code: (Circle Up to Th	nree)
	Vehicle Travel	Direction: N	S X W Respon	ding to Emergency?_	Event	Sequence 3	22 22 23	22	22 €		\bigcap		10 Underca	rriage
		ssued)				Harmful Event	3	24	24	←	9		5 11 Totaled	arrage
1	1			ChSec		r Contributing C	ode 1	8			7		<i>)</i> 6	
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved				_ Unde	Underride/Override Towed Y Seat Safety Airbag Airbag Eject Trap Injury Transp.							\dashv	
	Name (Last Fir		rator and an occupa	Address		Age/DOB	Sex P		Airbag Air Status Swi	bag Eject tch Code	31 Trap Code	Injury Tra Status Co	ansp. ode Medical Fac	cility
	Operator			See Above				1	4 3	0	0	10 1		
7 1	Please Select C of the Followi	I Venici	e# Occupants	Non-Motorist A	Type 1	Action 2	Loca	tion 4	16 Cone	dition	17	□ні	it/Run Mo	ped
	License#		St	DOB/Age	Reg#				Reg T	ype		Reg	State	_]
	Sex_M_ Lic. Class 18 18 Lic. Restrictions 19 CDL					Veh Year Veh Config. 20								
1	Operator GO	Last	EDWIN First	Endorsment E		Owner Last First Middle							_	
	Address 54 W	ALNUT ST (ap	t. 4)		Addre	ess								_
	City WALTH	AM	City_								_			
	Insurance Company				Vehic	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)							nree)	
	Vehicle Travel Direction: NSEW Responding to Emergency?				Event									
Citation # (If Issued)					Most	Most Harmful Event 23 10 Undercarriag 5 11 Totaled							~	
	Violation 1: ChSec Violation 2: ChSec				_ Drive	Driver Contributing Code 24 24 7 6								
				l: ChSec	Unde	ride/Override		Towed			, 21	1 22 1		
	Pl Name (Last Fi		r operator and all or	ccupants involved Address		Age/DOB		26 27 eat Safety Pos. System	28 Airbag Air Status Sv	bag Eject	Trap le Code		33 ansp. Code Medical Fa	cility
	Operator/	Non-Motorist		See Above							\perp	7 2	BI	



Crash Narrative:

MV1 was traveling east on Madison Ave from Walnut St approaching #80. There were 2 landscape vehicles parked on left side of the street. The operator, Sarah Ruth Loper-Sengupta, stated that she never saw the pedestrian that was in the roadway (N) due to solar glare. Loper-Sengupta stated she heard a thump coming from the passenger side of her vehicle. Loper-Sengupta stated she looked over to her right and saw a trash barrel in the air. Loper-Sengupta stated she then saw a male party lying on the roadway on her passenger side.

Immediately after striking the pedestrian, Loper-Sengupta, stopped to check on him.

There was a golden doodle dog in the back seat of the MV at the time of the accident, unrestrained. There were no obstructions hanging from the mirror or windshield area. The front drivers visor was down. There was no airbag deployment. I observed significat damage to the front passenger side windshield area. There was

(Continued	on next page)						
W itnesses:							
Name (Last, First, Middle)		Address			Phone	<u></u> #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	naged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)			
Truck and Bus Information: Carrier Name			`	, and the second second	Carrier Is:	suing Authority Code	35
Carrier Name			_ City		St	Zip	
Carrier NameAddressUS DOT #:37			_ City		St	Zip Interstate	
Carrier NameAddressUS DOT #:37	_State Numbeross Vehicle Weight	38	_ City Issuing State	ICC #:_	St	Zip Interstate	
Carrier Name Address US DOT #: Cargo Body Type Code37 Gre	_State Numbeross Vehicle Weight	38	_ City Issuing State	ICC #:_	St	Zip Interstate	
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Great	_ State Number oss Vehicle Weight Reg Type	38 Reg State _	_ City Issuing State	ICC #:_ Tr	St	Zip Interstate	

→	Direction 1	₹ Vehicle 1 2	∙ ≢Vehicle 2	₽Pedestrian		
Crash Diagram:	ie: → 1	→ [2	■ →	· ĝ		
					If Crash <u>Did Not (</u> on a Public Way:	Occur
		<u> </u>			Off-Street Parking	g Lot
					Garage	
i i	İ	į į			☐ Mall/Shopping Co	enter
					Other Private Way	v
	İ	i i	İ		Indicate North by A	arrow
	· — — — — —					
				+-	$ \downarrow$ \bigcirc	
Crash Narrative:						
also damage to the front p	assenger side l	hood area.				
See Sgt. Lee update for vi	ctim statement					
Numerous pictures were take	en by Ofc. Gau	det of the MV	and scene. Th	ey were TOT	IT.	
The MV was towed by Tody's	due to its sha	attered winds	hield.			
No citation will be issued	to Loper-Seng	upta. The sol	ar glare cause	d her to not	t able to see the pede	strian.
The Sgt. and I dont believe	e the pedestria	an looked bef	ore crossing w	ith the bare	ell on his left shoulde	r
because he would have been	able to see	the MV coming	as this is st	raight away	section of Madison Ave	•
It should be noted, that w	hen I arrived	on scene I im	mediately noti	ced the seol	lar glare as I walked e	ast on
Madison Ave.						
(Continued or	n next page)					
Witnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Traine (East, 11st, Madie)		7 tadiess			Thore ii	Statement
Property Damage:	A -1 -1		Discuss #	24 T D	winting of Donor and Donor and	
Owner (Last, First, Middle)	Address		Phone #	34-Type Desc	cription of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		25
Carrier Name					Carrier Issuing Authority Cod	le 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	Trailer I	Length 39	
Hazmat Information:						
Placard 40 Material 1 digit #	41 Material N	Name		Material 4 digit #	# Release code	42
						010
Police Officer Name (Please Print)	Signature	25222		N POLICE DEPARTM artment	Precinct/Barracks Date	

	→ Direction 1	_ dehicle 1	≠Vehicle 2	₽ Pedestria	ın	
Crash Diagram:	ie: →□	2	_ _	₽Ŷ		
Crash Diagram:	Ie: -> 1			►¥ 	If Crash Did Not on a Public Way: Off-Street Parking Garage Mall/Shopping Company Other Private Way Indicate North by A	g Lot enter
Crash Narrative:						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Owner (Last, First, Middle)	Address		THORE #	эт турс	bescription of burnaged Froperty	
Total and David Committee			+			
Truck and Bus Information:	Registration #		(From Ve	ehicle Section)		35
Carrier Name					Carrier Issuing Authority Cod	de
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC#:	Interstate	36
27		38				
Cargo Body Type Code	Gross Vehicle Weight	30				
Trailer Dea #	D T	D G: :	D 37	m ''	39	
Trailer Reg #:	Reg Type	Keg State	Reg Year_	Trail	ier Length	
Hazmat Information:						
A0 M () 1 1 1 1	41	т		34		42
Placard Material 1 di	igit # Material N	lame		Material 4 dig	git # Release code	
BOB LEE		25222	NEW	TON POLICE DEPARTA	04/29/2	2019
Police Officer Name (Please Print)	Signatur	e	ID/Badge # D	epartment	Precinct/Barracks Date	e

CDP1 11 ·24·00