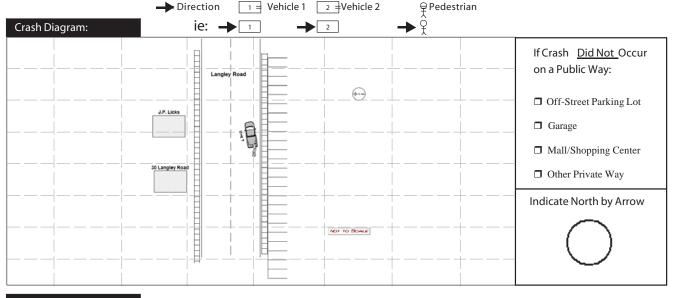
	Poli	ice Use Only		Commonwe	alth d	of Mass	achu	setts			RMV	Docume	ent Number	
	Date of Crash 05/07/2019	Time of Crash 13:19	City/Tow NEWTON	MIOTOI		icle Cra	sh	Number Vehicles		Latit	d Limit		State Police Local Police MBTA Police	NA NA
		24HR				Report		1	1		itude		Other:	_
		AT INTER	RSECTION:	<	LOCA	TION	>		NO'	ГАТ	INTE	RSEC'	ΓΙΟΝ:	
						EAST	30		LANG	LEY RD				
${f 1}^{1}$	Route# Direc	tion	Name of R	oadway/Street		Route# Direction	on Add	lress #		Nan	ne of Ro	oadway/St	treet	$ \frac{1}{2}$
	At					Feet NSEW of or							<u>-</u>	
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number								_
	Also at Intersection with					Feet NSEW of								.
2 1	2					Route# Intersecting Roadway/Street Feet N S E W of								1
1	Route# Direc	Landmark								- <u>├</u>				
3	XVehicle1										7			
	ZA VEHICIE I	1 #Occupants		Moped	e Number		190	00000467						_
	License#	10 1	St MA		Reg#	GLADES			_ Reg T	pe_PAV	7	Reg St		-
	Sex_M_ Lic.	Class D 18 1	Lic. Restrictions	B 19 CDL	_ Veh Y	ear_2007	Veh	Make_FC	ORD			Veh Conf	ig. 20	
4	Operator MO	os	CHRISTOPHE	Endorsment R Middle	_ Owner	THORNDIK	E	ROBEI	RT First			Middle		- 1
1	Address 8 WE	STGATE RD	First	Middle		SS 220 GANNE			First			Middle		<u> </u>
	City SCITUA		State	MA Zip 02066										
	'	Insurance Company, MASS HOMELAND INS				Valida Astina Brianta Coral Damaged Area Code: (Circle Up to Three)								e)
5				nding to Emarganav2			22 22	22	22 2		3	4		
1		Direction: N		nding to Emergency?		Sequence 3	23						10 Undercarri	age
	,	ssued) T1443641			Most	Harmful Event	3	24	24 1	←	9	. 5	5 11 Totaled	
6	Violation	1: Ch19//5_Sec	c Violation 2	: ChSec	Driver	Contributing C	ode 19	9			4	\bigcup_{6}	.	
⁶ 1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					ride/Override		Towe	d <u>N</u>					
	Please t Name (Last Fir		Age/DOB	Sex Se	26 27 eat Safety os. System	28 Airbag Airl Status \$wi	29 30 Eject Ich Code	31 Trap Ir Code \$	32 3 njury Trans status Code	sp. Medical Facilit	y 3			
	Operator			See Above				99	4 4	0	0	10 1		
														_
-														
1	Please Select C	Vehicle	e# Occupants	Non-Motorist A Ty	ype 1	Action 1	Locat		16 Cond	lition 1	17	Hit/F	Run Mope	ed
	of the Followi	ng:			1	1		4		1	•			4
	License # StStSt				Reg#	leg # Reg Type Reg State 20						-		
	Sex_F Lic. Class Lic. Restrictions CDL				_ Veh Y	eh YearVeh MakeVeh Config.								
8 1	Operator KAI	LIKOW	DONNA	Middle	_ Owner	Owner Last First Middle								-
	Address 481 HARRISON AVE (apt. 3A)					Address								
	City BOSTON	City BOSTON State MA Zip 02118					City State Zip							
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								e)
	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 22 22 22 22 3 4								
	Citation # (If I	Most Harmful Event 23 10 Undercarriage 5 11 Totaled								age				
		n 1: ChS	Driver Contributing Code 25 8 7 6											
				4: ChSec	Under	ride/Override		Towed		9 30	31	32 2 3	3	\dashv
	PI Name (Last Fi		operator and all o	ccupants involved Address		Age/DOB		26 27 eat Safety Sos. System	28 2 Airbag Airl Status Sw	ag Eject itch Code	Trap Ir Code	njury Trans Status Cod	p.	ity
	Operator/	Non-Motorist		See Above								7 2		
														\dashv
						1	1 1		1 1			1		



Crash Narrative:

On Tuesday May 7th, 2019 at approximately 13:15 hours I responded to the area of 30 Langley Road for an auto vs. pedestrian accident. At the time of the accident the weather was sunny and the road conditions were dry. Langley Road is a public way maintained by the City of Newton.

Upon arrival I first spoke to the pedestrian who was inside the ambulance getting medical attention. The pedestrian identified as Donna Kalikow (S24151638) stated she was standing in an open parking space for a few seconds, attempting to walk across the street to enter J.P. Licks. Donna stated she was standing in the marked parking space waiting for traffic to stop to safely cross the street. Donna states the cars stopped to let her cross and she proceeded into the roadway. She states MV1 was attempting to back into the parking space that she was standing in and struck her right side and knocked her to the ground. Donna states

(Continued on next page)

·									
Witnesses:									
Name (Last, First, Middle)	Address		Phone	Phone #					
Property Damage:									
Owner (Last, First, Middle)	Address		Phone # 34-Type Description of Damaged Property						
Truck and Bus Information: Registration #									
Address		St	Zip						
		Issuing State ICC #: Interstate							
Cargo Body Type Code Gross Vehicle Weight 38									
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length = 39									
Hazmat Information:									
Placard 40 Material 1 digit #	me		Material 4 d	ligit #	_ Release code	42			

-	→ Direction 1	₹ Vehicle 1 2	yehicle 2	Pedestri	ian					
Crash Diagram:	ie: → 1	→ 2	□ →	·Ŷ						
					If Crash <u>Did</u> on a Public W					
		<u> </u>		- — <u> </u>	☐ Off-Street I	Parking Lot				
					Garage					
	į	į	į	į	☐ Mall/Shopp	ping Center				
				+	☐ Other Priva	ate Way				
				+	Indicate North	h by Arrow				
Crash Narrative: the operator of MV1 stopp					<u> </u>					
Donna appeared to have mi further evaluated.	nor injuries and	1 Complained	or nead pain.	medics t	ransported Donna to NW	TO DE				
The operator of MV1 ident	ified as Christe	onhor Moos (S	24090966) stat	od ho wa	s attempting to parall					
										
park into an empty parking space and never saw the pedestrian standing in the space. Christopher stated as he was backing up into the space he was notified by a bystander that he just struck a pedestrian. Christopher										
stated he immediately sto	pped the vehicle	and got out	to assist the	pedest	rian and contact 911.	Christopher				
stated he was not travell	ing no more than	n 5mph at the	time of the a	ccident.						
MV1 did not have any dama	ge to the vehicl	Le and was ab	le to leave th	e scene.	Christopher reported	no injuries.				
(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 Proper	ty				
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		35				
Carrier Name					Carrier Issuing Author					
Address			City		St Zi					
US DOT #:	_ State Number		Issuing State	ICC #:_	Intersta	te 36				
Cargo Body Type Code 37 Gr	ross Vehicle Weight	38								
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length					
Hazmat Information: Placard 40 Material 1 digit	41 Material N	ame		Material 4 d	ligit # Release c	rode 42				
					·					
ANDREA M FERGUSON			NEWTO	N POLICE DEPARTA	(05/07/2019				

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

-	→ Direction	1 = Vehicle 1 2	≥ =Vehicle 2	Pedestria	an	
Crash Diagram:	ie: →□	1 - 2	2 →	Ŷ		
					If Crash <u>Did Not (</u> on a Public Way:	Occur
		_			Off-Street Parking	g Lot
	į	į į		į	☐ Mall/Shopping Co	enter
		-		+	Other Private Way	,
		 		+	Indicate North by A	
					malcate North by A	iiiow
				+		
Crash Narrative:						
Several photographs were	takon of the se	nono and submi	ttod to the T	Buroau		
I mailed the operator a Ma					Ordinance violation for	Section
19-75 Failure to use care						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
warne (Last, First, Middle)		Address			THORE #	Statement
Property Damage:			1			
Owner (Last, First, Middle)	Address		Phone #	34-Type [Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)		25
Carrier Name					Carrier Issuing Authority Cod	35 le
Address			City		St Zip	
US DOT #:	_ State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	 Reg State	Reg Year	Trail	ler Length 39	
Hazmat Information:	- **			_		
Placard 40 Material 1 digit	# 41 Material 1	Name		Material 4 di	git # Release code	42
ANDREA M FERGUSON			NEWTO	ON POLICE DEPARTM	05/07/2	n19

CDP1 11 ·24·00

Police Officer Name (Please Print)