

Police Use Only			Commonwealth of Massachusetts										RMV Document Number						
Date of Crash 06/11/2019	Time of Crash 09:02 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report										Number Vehicles 1	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____			
AT INTERSECTION:			< LOCATION >										NOT AT INTERSECTION:						
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker _____ Exit Number _____										2 9						
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark _____										2 10						
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													1 11						
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000603										
License # _____ St <u>MA</u> DOB/Age _____ Reg # <u>551DK8</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Veh Year <u>2014</u> Veh Make <u>LEXS</u> Veh Config. <u>2</u> <u>20</u> Operator <u>BEAVER</u> <u>BEN</u> <u>L</u> Owner <u>(Same as operator)</u> Last First Middle Last First Middle Address <u>11 PHILMORE RD</u> Address _____ City <u>NEWTON</u> State <u>MA</u> Zip <u>02458</u> City _____ State _____ Zip _____ Insurance Company <u>USAA</u> Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? _____ Event Sequence <u>3</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> 2 3 4 Citation # (If Issued) <u>T1269995</u> Most Harmful Event <u>3</u> <u>23</u> 10 Undercarriage Violation 1: Ch <u>89/11</u> Sec _____ Violation 2: Ch _____ Sec _____ Driver Contributing Code <u>19</u> <u>24</u> <u>24</u> 5 11 Totalled Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ Underride/Override <u>25</u> Towed <u>N</u> 8 7 6																			
Please fill out for operator and all occupants involved															13				
Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility															3				
Operator See Above ----- - - - 1 4 99 0 0 10 1																			
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type <u>1</u> <u>14</u> Action <u>1</u> <u>15</u> Location <u>3</u> <u>16</u> Condition <u>1</u> <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																			
License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____ Sex <u>M</u> Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Veh Year _____ Veh Make _____ Veh Config. <u>20</u> Operator <u>DONOVAN</u> <u>BENJAMIN</u> Owner _____ Last First Middle Last First Middle Address <u>361 LINWOOD AVE</u> Address _____ City <u>NEWTON</u> State <u>MA</u> Zip <u>02460</u> City _____ State _____ Zip _____ Insurance Company _____ Vehicle Action Prior to Crash <u>21</u> Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Responding to Emergency? _____ Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u> 2 3 4 Citation # (If Issued) _____ Most Harmful Event <u>23</u> 10 Undercarriage Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Driver Contributing Code <u>24</u> <u>24</u> 5 11 Totalled Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ Underride/Override <u>25</u> Towed _____ 8 7 6																			
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Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility																			
Operator/Non-Motorist See Above ----- - - - 8 2 NWH																			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

321 WALNUT ST

WALNUT ST

Unit 1

NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

Operator of vehicle one, Benjamin Beaver stated that while driving south bound near 321 Walnut St his vehicle (MA reg 551DK8 2014 Lexus) made contact with a pedestrian in a marked crosswalk. Walnut St is a public way in the city of Newton. Beaver stated that he did not see the pedestrian prior to the crash and that his vehicle was travelling approximately 5 to 10 MPH. Beaver stated that the pedestrian was knocked to the ground but got up and walked around. The pedestrian, NNHS student Benjamin Donovan stated that he was crossing east to west in the marked crosswalk in front of 321 Walnut St. Donovan stated that he saw Beaver's vehicle approaching him at approximately 5 to 10 MPH. Believing that Beaver was stopping to let him cross , Donovan stated that he held up his left hand to signal to Beaver that he was going to cross. Donovan stated that Beaver's vehicle struck him on his left side and knocked him to the ground. Donovan stated that

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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 Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian
 ie: → 1 → 2 →

Crash Diagram:

If Crash Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

he had minor scrapes on his right side as a result of falling to the ground. Donovan stated that he did not lose consciousness and was transported via EMS to Newton Wellesley Hospital for treatment. I took photos of Beaver's vehicle and forward the disk to NPD IT Bureau. I issued Beaver MA Citation T 1269995 and cited him for a violation of MGL Ch 89 C 11, failure to yield to a pedestrian in a crosswalk.

On 06/12/2019 I was forwarded an E-mail from Capt Anastasia of a video of the crash that was taken from a camera that was mounted on the roof of 321 Walnut St. The video shows Donovan walking into the marked crosswalk from the east side of Walnut St and hold up his left had to Beaver's on oncoming vehicle. Beaver vehicle appears to be travailing faster than the 5 to 10 MPH that Beaver believed that he was travailing. The video shows that Beaver did not brake until Donovan was struck and landed on his vehicles hood. Donovan

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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 Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

If Crash Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

was thrown approximately 10 feet from Beaver's vehicle and landed on his right side on the roadway. The video shows Beaver stopping and pulling to the side of the roadway after the crash.

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 Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42