

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/08/2019	Time of Crash 12:34 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 1	Number Injured 1	Speed Limit <u>15</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 916 WALNUT ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000919	
License # _____ St FL DOB/Age _____			Reg # 8NY171			Reg Type PAN			Reg State MA	
Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year 2008			Veh Make FORD			Veh Config. <input type="checkbox"/> 2 <input type="checkbox"/> 20	
Operator DUARTE GEDEON			Owner (Same as operator)							
Address 35 COLUMBUS AVENUE			Address _____							
City SAUGUS State MA Zip 01906			City _____ State _____ Zip _____							
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash <input type="checkbox"/> 10 <input type="checkbox"/> 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence <input type="checkbox"/> 3 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22			10 Undercarriage				
Citation # (If Issued) N/A			Most Harmful Event <input type="checkbox"/> 3 <input type="checkbox"/> 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 19 <input type="checkbox"/> 24 <input type="checkbox"/> 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed N							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator See Above			-----			99 4 99 0 0 10 1 N/A				
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 1 <input type="checkbox"/> 14			Action <input type="checkbox"/> 2 <input type="checkbox"/> 15			Location <input type="checkbox"/> 99 <input type="checkbox"/> 16	
License # _____ St _____ DOB/Age _____			Reg # _____			Reg Type _____			Reg State _____	
Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year _____			Veh Make _____			Veh Config. <input type="checkbox"/> 20	
Operator COSTON KEVIN			Owner _____							
Address 15 LINVALE TER (apt. 1)			Address _____							
City BOSTON State MA Zip 02126			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash <input type="checkbox"/> 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed _____							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator/Non-Motorist See Above			-----			8 97				

→ Direction

ie: → 1 → 2

1 Vehicle 1   2 Vehicle 2

⊙ Pedestrian

**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:**

On 9/08/19 Kevin Coston came into NPD Headquarters to report a MV/Ped with Injury that had occurred on 8/23/19 at about 06:15 in the parking lot of Whole Foods (916 Walnut Street). The RP stated that he had left work (Whole Foods) at the back receiving door and was walking to his car, he bent over to take his knee pads off, while he was doing this he was struck by a delivery van that backed into him. The driver took out his headphones and said sorry before driving away. RP stated that he told the driver that he had been hit but the driver just drove away. RP went to hospital (Faulkner) on his own for lower back pain and has not been to work since.

RP was able to take picture of the side of the delivery van. The van belonged to Shortstop Distribution Inc (508-655-5948). RP left a message that morning. He was texted by Gedeon (786-352-6695) who stated

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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

**Crash Narrative:**

there was a language barrier and he didn't understand what had happened. RP advised Gedeon to talk to his lawyer or the police.

Exact location of accident unknown. Diagram is a estimate.

Report printed out and placed in traffic box for follow up.

Traffic Bureau Update (Officer Gaudet): On Monday, September 9, 2019 I attempted to make contact with the operator if MV1, Gedeon Duarte, with a negative result. A Hit and Run motor vehicle inquiry was mailed to Duarte.

I spoke with the injured party, Kevin Coston, via telephone on September 9, 2019. Coston stated he is


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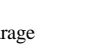
Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

MICHAEL D BOUDREAU			NEWTON POLICE DEPT#3		09/08/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					

➔ Direction    1 = Vehicle 1    2 = Vehicle 2    ♀ Pedestrian

### Crash Diagram:

ie:  $\rightarrow$  1  $\rightarrow$  2  $\rightarrow$  

	If Crash <u>Did Not</u> Occur on a Public Way:
	<input type="checkbox"/> Off-Street Parking Lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/Shopping Center <input type="checkbox"/> Other Private Way
Indicate North by Arrow 	

### Crash Narrative:

an employee at the Whole Foods located at 916 Walnut Street, Newton. Coston stated on August 23, 2019 a black van backed into him as he was kneeling on the ground taking off his knee pads in the loading area of the store. Coston stated he approached the driver who remained in the vehicle to speak with him after he was hit. Coston described the driver as a heavy set Spanish male. Coston stated the operator of the vehicle rolled down his window, took his headphones out of his ear, said sorry, and left the area. Coston stated he contacted the Newton Police to report the accident but was told he needed to come in person to file the report. Coston stated he was unable to come to the station to file the report until September 8, 2019.

On Friday, September 13, 2019, I spoke with Gedeon Duarte at the Newton Police Department. Duarte stated he spoke Portuguese and did not speak English. With the assistance of David Sargent from the Language

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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	37	Gross Vehicle Weight	38
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Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length \_\_\_\_\_

Hazmat Information:

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

MICHAEL D BOUDREAU

NEWTON POLICE DEPARTMENT

09/08/2019

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Police Officer Name (Please Print)

Signature

ID/Badge #

Department

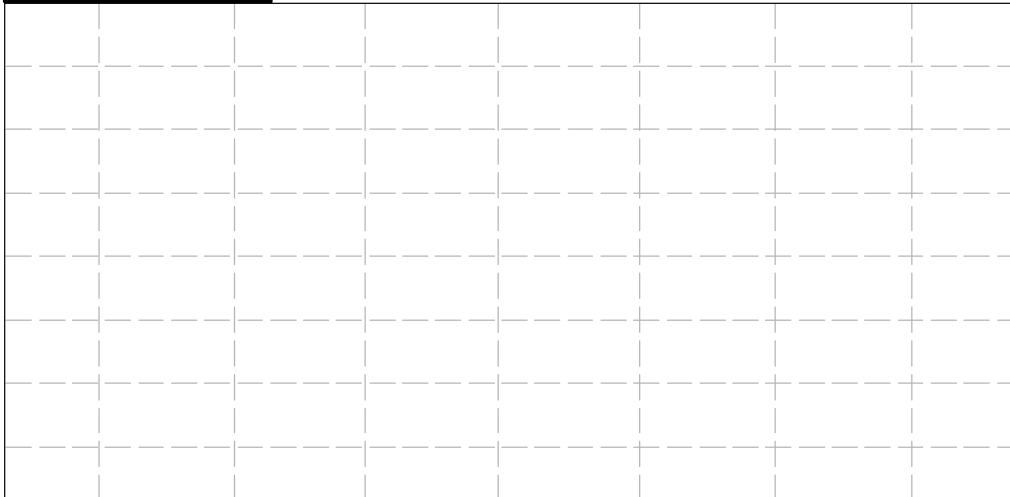
Precinct/Barracks

Date \_\_\_\_\_

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

**Crash Diagram:**

ie: → 1    → 2    →



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:**

Line (1-800-225-5254) translating, I was to speak with Mr. Duarte in the Traffic Bureau. Duarte stated he was making a delivery at Whole Foods and was waiting for another truck to leave so he could leave the area. Duarte stated a male party (Coston) came up to his driver door and was yelling him. Duarte stated that due to language barrier he was unable to understand what the person was saying to him, but stated the male party was yelling, "Fuck you! Fuck you!" Duarte stated he did not know what was going on and stated he left the area to allow the male party to calm down. Duarte stated he returned a minute later the male party did not want to speak with him. Duarte stated he returned a second time later in the morning and Coston was not there.

Duarte stated he received a call from his employer stating Kevin Coston had called for him and he was

(Continued on next page)

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MICHAEL D BOUDREAU

NEWTON POLICE DEPART

09/08/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

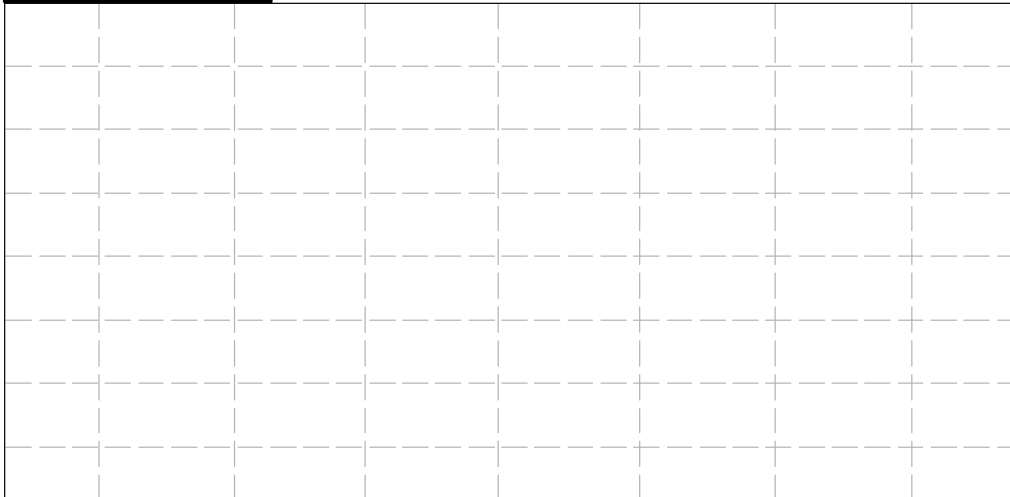
Precinct/Barracks

Date

→ 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:

provided with Coston's phone number. Duarte stated he texted Coston to find out what happened that morning. Duarte showed me a text message exchange from August 23, 2019 at 9:03 A.M. between himself and a party listed as "Kevin Whole". In the text messages, Duarte stated he is the driver of the van and that his supervisor called him. The other party responded and stated "Talk to the police and my lawyer". Duarte stated that he did not understand what happened and that he returned to whole foods. Duarte ended the text exchange with "927535425 my number of policy..."

Duarte stated he had no idea he made contact with Coston and stated at the time of the alleged accident he did not hear/see/feel anything otherwise he would have stopped. Duarte's information has been updated in this report to reflect him as the operator/vehicle involved. Duarte also submitted pictures of the rear of

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09/08/2019

Police Officer Name (Please Print)

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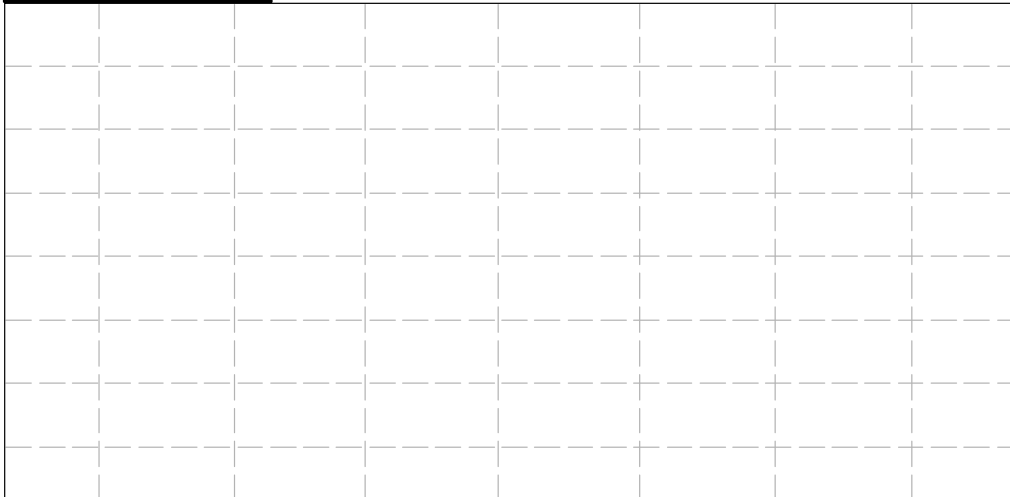
Precinct/Barracks

Date

→ 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:

his vehicle, a 2008 black Ford E350 (MA: 8NY171), from the day of the accident. Photos were submitted to the IT Bureau.

Officer Wade went to the Whole Foods located at 916 Walnut Street, Newton in an attempt to view surveillance footage of the accident. Officer Wade stated the surveillance camera did not capture the incident and the van not viewed at all.

#### 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:

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MICHAEL D BOUDREAU

NEWTON POLICE DEPART

09/08/2019

Police Officer Name (Please Print)

Signature

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Department

Precinct/Barracks

Date