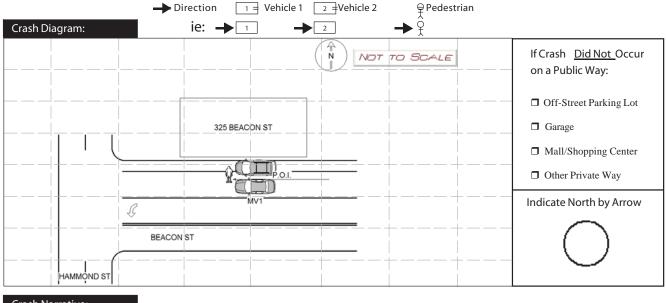
	Poli	ice Use Only		Commonwea	lth o	f Ma	assa	ach	use	etts			R	MV D	ocume	ent Number	
	Date of Crash 09/27/2019	Time of Crash 00:05	NEWTON	MIOTOI	Vehi lice F			sh		mber hicles		ured I	Speed L atitude		0	State Police Local Police MBTA Police Other:	N N
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1 <b>4</b>	Route# Direc	tion	Name of	Roadway/Street	R	Route# I	Directio	n A	Addres	s #			Name	of Roa	dway/S	treet	
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2 1						F	eet N	N S I	E W	of	Ro	ute#	Inter	secting	g Roadv	vay/Street	
	Route# Direc	tion	Name of Interse	cting Roadway/Street	Feet N S E W of												
3	XVehicle1	5_#Occupants	Hit/Run	Moped Case N	Number				190000	00977							
	License#		St C	Г DOB/Age	Reg # 3	XN162					_ Res	g Type_	PAN		Reg St	ate_MA	
	Sex_M Lic.	Class D 18 1	Lic. Restriction	ns 9 19 CDL	_	ar_2012		V	eh Ma	ke_FC						20	
4	Operator DA	-SILVA	FABIO First	Endorsment JUNIOR Middle		SILVAS				ORP	Firs	it			Middle		_   _
1	Address 870 C	GRAND ST				132 WC		BURY	RD					Middle			
	'	City BRIDGEPORT State CT Zip 06604					ND									p <u>02370</u>	-
5	1	npany_GOVT EM			Vehicle	Action I		-		1 22	1	_	aged A	rea Co 3	de: (Ci	rcle Up to Thr	ee)
<i>J</i>	]	Direction: N		oonding to Emergency? N		Sequence	3	<u> </u>	22	22	22	<b>e</b>		1/		10 Undercarı	riage
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<sup>6</sup> 1	1			1 4: ChSec		Contribut de/Overr			1 <sup>2</sup>	Towe	ı N	8	V	7	$\mathcal{L}$	i	
_	Please fill out for operator and all occupants involved					26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.									ity 3		
	Name (Last Fir	st Middle)		Address See Above		Age/D		Sex		\$ystem 99	Status 4	Switch (	Code Co	de \$tat	us Code	Medical Facil	ity
	FENLON, JOH	IN		MAPLE ST EST BOYLSTON, MA 01583				M	99	99	4	99	0 0	10	1		
	CULLEN, SEA	۵N	71	HEATHER LN				M	99	99	4	99	0 0	10	) 1		
	RAYCROFT, O	CAMERON	18	EVERETT ST				M	99	99	4	99	0 0	10	) 1		
7 <b>1</b>	Please Select (	)no		HERBORN, MA 01770	14	1	1:	5			16			17 -			
	of the Followi	ng: Vehicle	e# Occupan	ts Non-Motorist A Type	e 1	Action	1	Lo	cation	4		ondition	1 1		Hit/l	Run Mop	ed
	License#	License # St DOB/Age 19 19					Reg #										-
0	Sex_M_ Lic. Class Lic. Restrictions CDL					Veh Year Veh Config.											
8 1	I	Operator MCKEAN MICHAEL  Last First Middle  Address 25 ROSEMARY AVE					Owner Last First Middle										-
	Address State MA Zip 01880					Address  City State Zip										-	
	Insurance Company					City State Zip  Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)										ee)	
	Vehicle Travel Direction: NSEW Responding to Emergency?					Sequence	2	2	22	22	22	2		3	A 4	ŀ	
	Citation # (If Issued)					armful E	vent	1	23			1 4	_   \	9		10 Undercarr 11 Totaled	riage
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	Pl Name (Last Fi		operator and al	l occupants involved Address		Age/I	ООВ	Sex	26 Seat Pos.	27 Safety System	28 Airbag Statu	29 Airbag Switch	30 Eject Tra Code C	31 3 up Inju ode Sta		sp.	lity
	Operator/	Non-Motorist		See Above									$\perp$	7	2		
		<del></del>															

Do	Police ate of Crash	Time of Cras		Town	Commonweal						nber	Num	her S	peed I				t Number
	9/27/2019	00:05	NEWTON	TOWII	Motor				sn	Veh	nicles	Inju	ed L	atitud	e			tate Police   ocal Police   IBTA Police
		24H	R ERSECTION			OCAT	Repor	rt >	. [	1		1		ongitu T IN				ther:
H		ATINIE	RSECTION	•	\	UCAI	ION					11(	)1 A	1 11	IL	KSI	EC I	ION:
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R	Loute# Direct	ion	Name of Inter	secting	g Roadway/Street										Lanc	dmarl	ς	
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1	perator DA-S		FABIO	ions [	Endorsment JUNIOR		SILVAS	GENI	ERAL									
	ddress 870 G		First		Middle		s 132 WO					First				Mid	ldle	
1	BRIDGE			State_C	CT Zip 06604		OCKLAN							S	tate_	MA	 _ Zip_	02370
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					ChSec	Underride/Override 25 Towed N 8 7 6												
1	Please fi Name (Last Firs		erator and all oc	cupan	ts involved Address		Age/D0	ЭВ	Sex	26 Seat S Pos. S	27 Safety A System	28 Airbag A Status S	29 irbag E witch C	30 ject Tr lode Co	31 ap Ir ode \$	32 njury status	33 Transp. Code	Medical Facility
	Operator			44.0371	See Above ERLOOK DR													
Н	ERMANSPA	N, BRENDAN	NT I		HBOROUGH, MA 01772				M	99	99	4	99 0	0	)	10	1	
	ease Select O the Followin	I Vehic	cle# Occup	ants	Non-Motorist A Type	14	4 Action	15		cation		.6 Co	ndition		17		Hit/Ru	ın Mope
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Ci	ity			State_	Zip	City							Б.					
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Ci	Violation 1: Ch Sec Violation 2: Ch Sec Sec						larmful Ev				4	24	1 -	<b>-</b>   <sub>/</sub>	9		5	11 Totaled
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					cupants involved	Ondern	Ide/Ovein					28 Airbag	29 irbag E	30 L	31 ap Ir	32 njury	33 Transp.	
	Name (Last Fir	st Middle) Non-Motorist	<u> </u>		Address See Above		Age/D		Sex	Pos.	System	Status	Switch	Code (		Status	Code	Medical Facilit
	орегатот/1	1410101131	-		See Hoove							$\dashv$	+	+	$\dashv$			
$\vdash$																		
								l l			- 1	J		- 1	- 1			



## Crash Narrative:

THE OPERATOR OF MV1 STATED HE WAS TRAVELING WESTBOUND IN THE AREA OF 325 BEACON ST WHEN A PEDESTRIAN RAN

INTO THE STREET, CAUSING HIM TO STRIKE THE PEDESTRIAN. HE STATED THERE WAS A VEHICLE PULLED OVER ON THE RIGHT

SIDE OF THE ROAD AND THE PEDESTRIAN RAN OUT FROM IN FRONT OF THAT VEHICLE. THE OPERATOR WAS UNINJURED AND

THE VEHICLE HAD LITTLE TO NO DAMAGE TO THE FRONT RIGHT PASSENGERS SIDE.

THE PEDESTRIAN, MICHAEL MCKEAN, STATED HE RAN OUT TO CROSS THE STREET AND DIDN'T SEE MV1. HE SUFFERED A MINOR RIGHT FOOT INJURY AND WAS TRANSPORTED TO ST. ELIZABETHS. BY MEDIC 1.

ALL PASSENGERS OF MV1 REPORTED THAT THE OPERATOR WAS NOT SPEEDING AND THE PEDESTRIAN DARTED INTO THE STREET.

THE OPERATOR HAD DASH CAM FOOTAGE OF THE ACCIDENT, AND IT SHOWED MV1 TRAVELING WESTBOUND ON BEACON ST

APPROACHING THE VEHICLE PULLED TO THE SIDE OF THE ROAD. IT THEN SHOWED THE PEDESTRIAN RUN INTO THE STREET

(Continued on next page)

Witnesses:					
Name (Last, First, Middle)	Address			Phone #	Statement
KELM , JANICE,		LE COVE CT ND,WI 53029			Y
Property Damage:					
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:  Carrier Name	Registration #	`	hicle Section)	Carrier Issuing Authority C	ode 35
Address_		City		St Zip	
US DOT #:\$	State Number	Issuing State	ICC #:_	Interstate	36
Cargo Body Type Code Gross	s Vehicle Weight			39	
Trailer Reg #:	Reg Type Reg State	Reg Year_	Tı		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		_ Material 4	digit# Release code	42

KAYLA PATRICIA DONAHUE		:	NEWTON POLICE DEPARTA		09/27/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction	1 = Vehicle 1	2 =Vehicle 2	₹ Pedest	rian		
Crash Diagram:	ie: →	1 -	2	→ ♀			
Crash Diagram:	_		_	→ X		f Crash Did Not Con a Public Way:  Off-Street Parking Garage Mall/Shopping Ce Other Private Way	; Lot enter
Crash Narrative:							
WITHOUT LOOKING, GETTING S	TRUCK BY THE	FRONT PASS	ENGER SIDE OF	MV1 AND FALI	ING TO THE G	ROUND. THE OPER	RATOR
WILL BE E-MAILING THE FOOT	AGE TO BE ATT	ACHED TO T	HIS REPORT. 1	PHOTO WAS TA	KEN OF THE V	EHICLE AND SUBM	/ITTED
TO THE IT BUREAU.							
Witnesses:							
Name (Last, First, Middle)		Address			Phoi	ne#	Statement
Property Damage:	1				T		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Da	maged Property	
Truck and Bus Information:	Registration # _		(Fre	om Vehicle Section)			35
Carrier Name					Carrier	Issuing Authority Code	e
Address			City		St	Zip	
US DOT #:	State Number		Issuing Sta	te ICC #:_		Interstate	36
37		38	v				
	ss Vehicle Weight					39	
Trailer Reg #:	Reg Type	Reg Star	te Reg	Year Tı	ailer Length		
Hazmat Information:							427
Placard 40 Material 1 digit #	# 41 Material	Name		Material 4	digit #	Release code	42
KAYLA PATRICIA DONAHUE				NEWTON POLICE DEPART		09/27/20	

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)