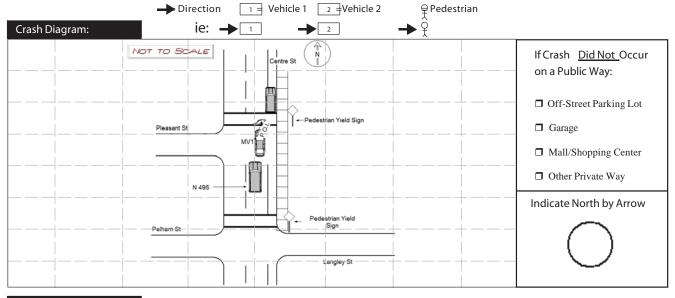
	Poli	ice Use Only		Commonwe	ealth o	of Massa	achu	setts			RMV	Docume	ent Number	
	Date of Crash 10/23/2019	Time of Crash 20:42 24HR	NEWTON	141010		icle Cra Report	sh	Number Vehicles 1		Latitu	l Limit 2 ude itude	25	State Police Local Police MBTA Police Other:	XI O
			RSECTION:	<	LOCA		>		NOT	ATI	INTE	RSECT	ΓΙΟΝ:	
1	Route# Direc	ution	Nama of E	Loadway/Street		Pauta# Directi		Irong #		Nom	an of Po	adway/St	root	
4	NORTH CENTRE ST					Route# Direction Address # Name of Roadway/Street   N   S   E   W   of or								2
	Route# Direc		Name of Intersecting	Roadway/Street		Mile Marker Exit Number							_	
2	EAST	PLEASA	Also at Interse	ction with	Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of							/ay/Street		
<b>1</b>	Route# Direc		Name of Intersect	ing Roadway/Street		Feet	NSE	<b>vv</b> 01			Land	mark		$-\begin{vmatrix} 1 \\ -\end{vmatrix}$
3	XVehicle1	_1_#Occupants	Hit/Run	☐ Moped Cal	se Number		190	00001087						7
	License#		St MA	_ DOB/Age	Reg#	9KT873			_ Reg Ty	pe_PAN	ī	_ Reg St	ate_MA	
	Sex_F_ Lic.	Class D 18 1	8 Lic. Restrictions	19 CDL	_	ear_2004							20	
<sup>4</sup> 7	Operator RUI		ELISE First	Endorsment	Owne	(Same as oper	rator)		First			Middle		1
	Address 36 JE			M4		ss								
	City NEWTO	n npany ARBELLA		e_MAZip_02458	_ ,_				State Zip Damaged Area Code: (Circle Up					;)
5	1	Direction:		nding to Emergency? N	_	Sequence 3	22 22	22	22 2	amagea	3	4	•	
1		(ssued) T2079786		nding to Emergency:	_	Harmful Event	3 23				9	1),	10 Undercarria	ige
				2: ChSec	Driver	l Contributing Co		9 24 1	8 24			J³	11 Totaled	
<sup>6</sup> 1	Violation	Violation 3: ChSec Violation 4: ChSec					Underride/Override Z5 Towed N 8 7 6							
	Please	fill out for opera	ants involved  Address		Age/DOB	Sex Se	26 27 eat Safety os. System	28 29 Airbag Airba Status \$wite	9 30 Eject ch Code	31 Trap Inj Code \$t	32 33 jury Trans atus Code	p. Medical Facility	, 3	
	Operator			See Above				1	4 99	0	0 1	0 1	NONE	
7														
3	Please Select ( of the Followi	Vehicle	e# Occupants	Non-Motorist A	Гуре 1	Action 1	Locat		Condi	tion 1	17	Hit/F	Run Mope	ed
	License#	License# St DOB/Age DOB/Age					Reg #							
	Sex_F Lic. Class 18 18 Lic. Restrictions 19 CDLEndorsment					Veh Year Veh Make Veh Config.								
8 1	Operator RUI	Last	VIVIAN	A Middle	Owne	rLas	st		First			Middle		
	Address 96 CYNTHIA RD  City NEWTON State MA Zip 02459					Address								
	City NEWTO					City State Zip  Value Action Prior to Creek							.)	
	Insurance Company  Vehicle Travel Direction: NSEW Responding to Emergency?					Sequence Sequence	22 22	22	22 2		3	4		
						Most Harmful Event 23						ige		
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code  24  24  5 11 Totaled								
	Violation 3: ChSec Violation 4: ChSec					ride/Override	25	Towed	8		7	6		
	Pl Name (Last Fi		operator and all o	occupants involved		Age/DOB		26 27 eat Safety Pos. System	28 29 Airbag Airba Status Swi	9 30 Eject tch Code	31 Trap Inj Code S	32 Trans	p.	lv
		Non-Motorist		See Above					Junua SWI	Code	8	2	FAULKNER HOSPIT	



## Crash Narrative:

On Wednesday October 23, 2019, I, Patrolman Hatfield, was assigned to marked cruiser N495 in full uniform to

Division 5 for the 1530 to 2330 hour shift.

At approximately 2040 hours, myself and Officer Selig were traveling northbound on Centre St (a public way) in Newton Center. We were behind MA reg 9KT873 (2004 Toyota Corolla grey). We observed the motor vehicle drive around a pedestrian in the crosswalk who was attempting to cross at Centre St and Pelham St.

I activated my emergency blue lights and attempted to conduct a motor vehicle stop of the Toyota Corolla. The operator continued to drive northbound on Centre St before pulling over just before the crosswalk at Centre St and Pleasant St. The operator then continued driving forward and struck a pedestrian crossing in the

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
	145 (apt 31) LEXINGTON ST		
APARICIO, STEPHAN,	AUBURNDALE,MA 02466		N
	9 RIDGEMONT ST		
RICE, MIKAELA,	ALLSTON,MA		N

## 

Truck and Bus Information:	Registration #	(From Vehicl	le Section)		25
Carrier Name				_ Carrier Issui	ng Authority Code
Address		City		St	Zip
	tate Number	Issuing State	ICC #:		_ Interstate 36
Cargo Body Type Code Gross	Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng	th	
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

_	▶ Direction 1 = Ve	hicle 1 2 = Ve	ehicle 2	₽Pedestri	an		
Crash Diagram:	ie: → 1	2	<b>→</b>	Ŷ			
					I	rash <u>Did Not</u> O a Public Way:	ccur
	_   _     _					Off-Street Parking	Lot
						Garage	
	į į			į		Mall/Shopping Ce	nter
						Other Private Way	
						cate North by Ar	
	_						
						( )	
			<u>+</u> -				
Crash Narrative:							
crosswalk Officer Selig a	<del>-</del>	trian being	struck befor	re landir	ng on top of the	he Toyota Cor	olla
hood, and falling forward	onto the street.						
Officer Selig and I spoke							
Vivian Rubinstein (Vivian) back. Initially Vivian der					while clutch	ing her lower	<del>.</del>
The Toyota Corolla operato					(Flica) Flic	so stated to	
Officer Selig that her fro							to pull
	on next page)						
Witnesses:	Jan Homo Page,						
Name (Last, First, Middle)	Add	Iress			Phone :	#	Statement
2 / 2							
Property Damage: Owner (Last, First, Middle)	Address	Pł	ione #	34-Type	Description of Dama	aed Property	
owner (East, 1113t, Middle)	/ duress	- 1	10110 11	эт турс	Description of Duma	gearroperty	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			35
Carrier Name					Carrier Issu	uing Authority Code	
Address		City			St	Zip	
US DOT #:		Is:	suing State	ICC #:		Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight 38						
Trailer Reg #:	Reg Type F	Reg State	Reg Year	Tra	iler Length 39		
Hazmat Information:							
Placard 40 Material 1 digit	# 41 Material Name_			Material 4 d	igit #	Release code	42
MADICHATEIELS						d O lan Inc	10
MARK HATFIELD  Police Officer Name (Please Print)	Signature	ID/B		r POLICE DEPARTM	Precinct/Barr	10/23/20 acks Date	

→	► Direction 1 =	Vehicle 1 2	₹Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: → 1	2	→	Ŷ			
					I .	If Crash <u>Did Not</u> C on a Public Way:	Occur
						☐ Off-Street Parking	g Lot
	_					☐ Garage	
						☐ Mall/Shopping Ce	enter
	· —   — — —  -			+		☐ Other Private Way	,
	. —   — —  -					ndicate North by A	rrow
						$\bigcirc$	
Crash Narrative:							
over. Elise stated she did	not see the pe	destrian in	the crosswalk.	Elise a	ppeared very	upset and refu	ısed
medical treatment.							
Officer Selig was able to	speak to two wi	tnesses of the	he accident. T	he witne	sses were	identified as St	tephan
Aparicio (Stephan) and Mika	aela Rice (Mika	ela). Stepha	n said he was l	behind t	he victim in	n the same	
crosswalk. Stephan stated l	ne saw the Toyo	ta stop in f	ront of the cr	osswalk	and then dro	ove forward hitt	ting the
female. Mikaela stated she	was parked in	her motor vel	hicle on Centro	e St fac	ing northbou	and (facing the	
crosswalk). Mikaela stated	she saw the fer	male walking	halfway acros	s the cr	osswalk and	the Toyota	
continuing drive forward be	efore hitting t	he female.					
Officer Siegel arrived on s	scene and took	four photogra	aphs which was	submitt	ed with this	report.	
(Continued or	n next page)						
Witnesses:		Address			Die		Chahamanah
Name (Last, First, Middle)		Address			Pho	one #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of D	amaged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			
Carrier Name					Carrie	Issuing Authority Code	e 35
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gros	s Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	39	
Hazmat Information:							10
Placard 40 Material 1 digit #	Material Na	nme		Material 4 o	digit #	Release code	42
MARK HATFIELD			NEWTO	N POLICE DEPARTM		10/23/20	)19
Police Officer Name (Please Print)	Signature			artment	Precinct/		

-	→ Direction	1 =	Vehicle 1	2 = Vehicle 2	9	Pedestr	ian		
Crash Diagram:	ie: <b>→</b> [	1	→	2	→ 9	Ì			
					<u> </u>			If Crash <u>Did No</u> on a Public Way:	
		_		_	<u> </u>			☐ Off-Street Park	ing Lot
								☐ Garage	
	į	į				į		☐ Mall/Shopping	Center
		 		- <del> </del>	+			☐ Other Private V	Vay
		- -		_	+			Indicate North by	/ Arrow
					 	 			1
Crash Narrative:					•			<del>-</del>	_
Vivian was transported by	Newton Medics	s to	Faulkne	r Hospital f	or an e	evaluat	ion. I	issued written wa	arning
citation number T2079786	to Elise for i	failu	ure to y	ield to a pe	destria	an in c	rosswall	(Centre St at P	Leasant
St). I also issued Elise	citation numbe	er T2	2079787	for failure	to yiel	ld to a	pedest	rian in crosswalk	
(Centre St at Pelham St).	The vehicle w	vas o	driven f	rom the scen	е.				
Witnesses:									,
Name (Last, First, Middle)		A	Address					Phone #	Statement
Property Damage:									
Owner (Last, First, Middle)	Address			Phone #	:	34-Type	Descriptio	n of Damaged Property	
Truck and Bus Information:	Registration #			(Fr	om Vehicle	e Section)			
Carrier Name								Carrier Issuing Authority C	Code 35
Address				City				St Zip	
US DOT #:	_ State Number			Issuing Sta	e	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	3	8						
Trailer Reg #:	Reg Type			Reg	Year	Tra	ailer Length	39	
Hazmat Information:									
Placard 40 Material 1 digit	# 41 Materia	l Nam	e		N	Material 4 o	ligit #	Release code	42
MARK HATFIELD					NEWTON P	OLICE DEPARTM		10/2	3/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)