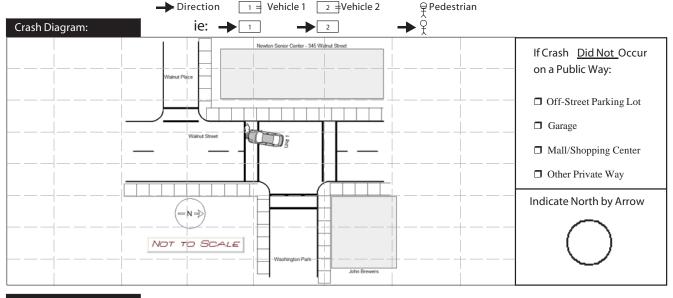
	Poli	ice Use Only		Commonwea	alth o	of Mass	ach	usett	S		RMV	⁷ Docum	ent Number	
	Date of Crash 11/04/2019	Time of Crash 14:33 24HR	City/Town	MIOTOI		icle Cra Report	ash	Numbe Vehicle		ed Latin	ed Limit tude gitude_		State Police Local Police MBTA Police Other:	Xi
			SECTION:		LOCAT		>						CTION:	\neg
	WES ²	T WALNU	IT PI.											2
1	Route# Direc			oadway/Street		Route# Direct	ion A	ddress #		Na	me of R	oadway/S	Street	2 ¹⁰
	SOUTH WALNUT ST					Feet NSEW of or								_ 2
	Route# Direc	Mile Marker Exit Number							Exit Number	_				
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street							- 11	
2 1	Route# Direc	tion	Feet NSEW of								1			
3				ng Roadway/Street							Lan	ıdmark		\dashv
	X Vehicle 1	1_#Occupants	Hit/Run	Moped Case	Number		1	190000113	0					_
	License#	18 18	St MA		Reg#	222FV5			Reg	ype_PAI	N	Reg S	State MA 20	_
	Sex_M_ Lic.	Class D	Lic. Restrictions	CDL	Veh Ye	ear_2009	V	eh Make_	PONTIA	<u> </u>		Veh Con	nfig. 1	
4 1	Operator CO	OK-WILLIAMS Last	ALEX First	Middle	Owner	WILLIAMS	ast	ROBI	ERTA First			Middle		- 1
		ASHINGTON P				47 WASHIN	IGTON	PK						-
	City NEWTO			MA Zip 02460	City NEWTON State MA Zip 02460								-	
5	1	pany STATE FA			Vehicle	e Action Prior t		**	21	_	d Area		Circle Up to Thro	ee)
5		Direction: N	-	nding to Emergency? N	Event	Sequence 3		22 22 3	22	2)	\bigcap	$\overline{\mathcal{I}}$	10 Undercarr	riaga
		ssued) T2016426			Most F	Harmful Event	3	24	24	—	9		5 11 Totaled	lage
⁶ 1	1			: ChSec		Contributing C		19 E		3	7		6	
1		Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed N							13
	Name (Last Fir		ntor and an occupa	Address	Agerbob Sex 10s. System Status Switch Code Code Status Code International Code Code Code Status Code Code Code Code Code Code Code Code						le Medical Facili	1 2		
	Operator			See Above				1	4 9	9 0	0	10 1	N/A	
⁷ 3	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A Tyj	pe 1	4 Action 2	15 Lo	cation 99	16 Cor	ndition	17 1	☐ Hit,	/Run Mop	ed
	License#		St	DOB/Age	Reg # Reg Type Reg State_						State	_]		
	Sex_F Lic. Class 18 18 Lic. Restrictions 19 CDL													
⁸ 2	Operator GIA	Last	ERNESTINE First	Endorsment	Owner Last First Middle								_	
	Address 92 W	INDSOR RD			Address City State Zip								-	
	City WABAN		State	MA Zip 02468									_	
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)							ee)	
	Vehicle Travel	Event Sequence 22 22 22 22 2 3 4 Most Harmful Event 23 10 Undercarriage 5 11 Totaled												
	Citation # (If I								nage					
	Violatio	n 1: ChSe	Driver Contributing Code 24 24 7 6											
			c Violation	Underride/Override Towed										
	Name (Last Fi		operator and all o	ccupants involved Address		Age/DOB	Sex	26 Seat Safet Pos. Syst	28 y Airbag A em Status S	29 30 rbag Eject witch Cod	Trap le Code	32 njury Tran Status Co		lity
	Operator/	Non-Motorist		See Above								8 2	ST. ELIZABETHS	
						+								\dashv



Crash Narrative:

On Monday, November 4, 2019, while assigned to Traffic unit N525, I responded to the intersection of Walnut Street and Walnut Place, Newton for a report of a motor vehicle crash involving a pedestrian. The weather at the time of the accident was clear and sunny. The road surface was dry.

I spoke with the injured pedestrian, Ernestine Gianelly, as Newton Medics were preparing her for transport to the hospital. Gianelly stated she was crossing Walnut Street in a marked crosswalk towards Washington Park after leaving the Newton Senior Center located at 345 Walnut Street, Newton. Gianelly stated a vehicle exited Washington Park and turned left onto Walnut Street directly at her. Gianelly stated she believes the driver did not see her. Gianelly stated the vehicle hit her while she was in the marked crosswalk on her left side. Gianelly stated she then fell to the roadway. Gianelly was taken to St.

(Continued of	n next page,						
Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property	
				7,1	,	-5	
Truck and Bus Information:	Registration #			, and the second	Carrier Is:	suing Authority Code	35
						,	
Carrier Name			City		St	Zip	
Carrier Name Address US DOT #:	State Number		City		St	Zip	
Carrier Name Address US DOT #:	State Numbers Vehicle Weight	38	City Issuing State	ICC #:_	St	Zip	
Carrier NameAddress US DOT #: Cargo Body Type Code37 Gros	State Numbers Vehicle Weight	38	City Issuing State	ICC #:_	St	Zip	

_	▶ Direction 1	₹ Vehicle 1 2	=Vehicle 2	₽Pedestrian		
Crash Diagram:	ie: → 🛚 1	→ 2	→	Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
		<u> </u>		- — 🗼 — -	Off-Street Parking	g Lot
					☐ Garage	
					☐ Mall/Shopping Ce	enter
					☐ Other Private Way	
					Indicate North by A	rrow
Crash Narrative:						
Elizabeth's hospital in Bo	ston for injuri	ies to her ri	bs, back, and	sides.		
I spoke with the ope	erator of MV1, A	Alex Cook-Wil	liams (S133179	88). Cook-Wil	lliams stated he was	
operating his 2009 Pontiac	: Vibe (MA: 2221	V5) Westboun	d on Washingto	n Park toward	ds Walnut Street.	
Cook-Williams stated he ca	ame to stop at t	the intersect	ion and observ	ed no traffic	in either direction	of
Walnut Street. Cook-Willi	ams stated he n	made a left t	urn onto Walnu	t Street and	did not see the cross:	ing
pedestrian until it was to	oo late. Cook-W	Williams stat	ed he slammed	on his brakes	s and the pedestrian la	anded on
his hood. Cook-Williams st	ated the pedest	trian then fe	ll to the road	way. Cook-Wi	lliams reported no in	juries.
Cook-Williams stated he di	d not know if t	the pedestria	n was in the c	rosswalk or n	not at the time of the	crash.
I observed minor damage to	the passenger	side hood/bu	mper area. Co	ok-Williams s	stated he was not dist	racted
(Continued o	on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		-				1
Owner (Last, First, Middle)	Address		Phone #	34-Type Descri	iption of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)		35
Carrier Name					Carrier Issuing Authority Cod	
Address			City		St Zip	36
US DOT #:	State Number	38	Issuing State	ICC #:	Interstate	30
Cargo Body Type Code Gro	ss Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Le	ngth	
Hazmat Information: Placard 40 Material 1 digit is	# 41 Material N	ame		Material 4 digit #	Release code	42

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

11/04/2019

Date

Precinct/Barracks

CDP1 11 ·24·00

MICHAEL R GAUDET

Police Officer Name (Please Print)

	→ Direction	1 =	Vehicle 1	2 = Vehicle 2	₽ Pedesti	ian		
Crash Diagram:	ie: → [1	→	. 2	→ 🖁			
							Crash <u>Did Not</u> (on a Public Way:	Occur
		_ _		<u> </u>			Off-Street Parking	g Lot
							J Garage	
		_ _					Mall/Shopping Co	enter
		- -		+			Other Private Way	
	 	_ _		 - 				
	į	į			j	In	dicate North by A	rrow
				+ +				
Crash Narrative:								
at the time of the accide	ent.							
After speaking with	h all parties	invo	lved, Coo	k-Williams wa	s issued Ma	ssachusetts (Jniform Citatio	on
T2016426 for Chapter 89,								
Walnut Street, Wa	·				public ways	maintained b	by the City of	Newton.
Photos were taken and	submitted to the	he I	T Bureau.					
W itnesses: Name (Last, First, Middle)			Address			Phor	no #	Statement
Name (Last, 1 list, Middle)		- 1	Address			11101	π	Statement
Property Damage:								
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of Dar	maged Property	
Truck and Bus Information:	Registration #			(From	Vehicle Section)			
Carrier Name						Carrier	Issuing Authority Cod	le 35
Address				City		St	Zip	
US DOT#:	State Number			Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37	bross Vehicle Weight	3	38					
Trailer Reg #:			Reg State	Reg Ye	ar Tr	ailer Length	39	
Hazmat Information:						. 6		
Placard 40 Material 1 dig	it # 41 Materia	ıl Nam	ne		Material 4	digit #	Release code	42
MICHAEL R GAUDET					NEWTON POLICE DEPART:	.	11/04/2	019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)