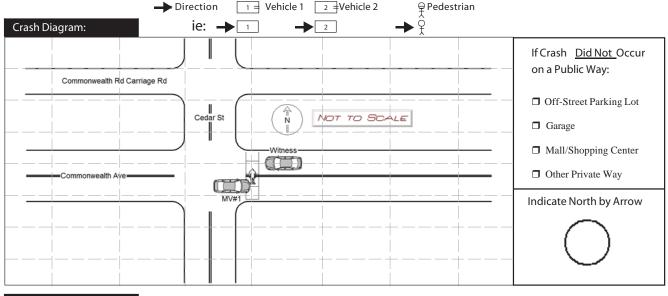
	Poli	ice Use Only		Commonwo	ealth o	of Mass	sach	usett	S		RM	V Docu	ıment N	Number	
	Date of Crash 11/11/2019	Time of Crash	City/Tow NEWTON	Moto	or Veh	icle Cr	ash	Number			ed Limi		State	e Police al Police TA Police	<u> </u>
	11/11/2019	16:38 24HR		P	<b>Police</b>	Report		1	1	- 1	ngitude_		Oth	TA Police er:	
		AT INTER	RSECTION:	<	LOCA	TION	>		N(	OT AT	INT	ERSE	CTIC	ON:	2
	NOR	TH CEDAR	RST												2
<b>4</b>	Route# Direc	tion	Name of R	oadway/Street		Route# Direc	tion A	ddress #		N	ame of I	Roadwa	y/Street		$ 2^{10}$
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with					Feet NSEW of				Mile Marker					
														_	
						Feet NSEW of Route# Intersecting Roadw						adway/S	Street	-	
2 1						Feet NSEW of								1	
	Route# Direction Name of Intersecting Roadway/Street					Landmark									_
3	XVehicle1	#Occupants	se Number		1	19000011	59								
	License#		St_MA	_ DOB/Age	Reg#	1NLS28			Reg	Туре_РА	.N	Reg	g State_1	MA	
	Sex_F_ Lic. 0	Class D 18 1	8 Lic. Restrictions	B 19 CDL	Veh Y	ear_2019	Ve	eh Make_	тоуот	A		Veh C	onfig.	1 20	
4	Operator BAN		BETH	A Endorsment		Veh Year 2019 Veh Make TOYOTA Veh Config.  Owner TOYOTA LEASE TRU								- <b>1</b>	
1		Last LINGTON ST (2	First apt. 34)	Middle		SS PO BX 1053			First		Middle				. 💾
	City CAMBRI	IDGE	State	MA Zip 02140		City_ATLANTA					State_GAZi			p_30348	
	Insurance Company ARBELLA MUTUAL					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up							Up to Thre	:e)	
5 <b>1</b>	Vehicle Travel	Direction: N	S X W Respon	nding to Emergency? Y	Event	Sequence 3	22 2	22 22	22	2	3	$\overline{}$	4		
	Citation # (If Is	ssued) T1445247			Most 1	Harmful Event	3 2	3			9		- 1	Undercarri Totaled	.age
	Violation	1: Ch <b>89/11</b> Sec	Violation 2	: ChSec	Driver	Contributing (	Code	19 24	24		VÍ			Totaled	
<sup>6</sup> <b>1</b>	Violation	3: ChSec	Violation 4	: ChSec	Under	ride/Override	2	5 Tov	ved N	0	7		6		
		fill out for opera	Age/DOB Sex Pos. \$\frac{1}{26} \frac{27}{28} \frac{28}{29} \frac{30}{29} \frac{31}{31} \frac{32}{32} \frac{33}{33} \frac{31}{31} \frac{32}{133} \frac{33}{33} \frac{32}{31} \frac{32}{32} \frac{33}{33} \frac{33}{32} \frac{33}{33} \frac{32}{33} \frac{32}{33							Andical Facilit	3 13				
	Operator	Name (Last First Middle) Address  Operator See Above				Age/DOB Sex Fos.			system Status Switch Code Code Sta						
											+				
7							15		10					1	_
2	Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist A	Type 1	Action 1	Loc	cation 1	16 Co	ndition	17 1	□⊦	Hit/Run	Море	ed
	License#		St	DOB/Age	Reg#	Reg #						Res	Reg State		
	Sex_M Lic. 0	18 1		19 CDL									20		
8 <b>1</b>	Operator EMERSON ERIC Endorsment				Owner	Ourner									
1		Last BEACON ST (ap	pt. 2)	Middle		Last First Middle Address									
	City NEWTON State MA Zip 02461					City State Zip									_
	Insurance Com	Vehicl	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									:e)			
	Vehicle Travel	Event	22 22 23 2 3 4												
	Citation # (If Is	Most 1	Most Harmful Event 23 10 Undercarriage 5 11 Totaled							age					
	Violation	ver Contributing Code 24 24													
	Violation	n 3: ChSe	Underride/Override 25 Towed 8 7 6												
	Plo Name (Last Fi		operator and all o	ccupants involved		A /DOD	6.	26 2 Seat Safe Pos. Sys	7 28 ty Airbag A	29 Switz-l	0 31 Trap		33 ransp.	Medical Facili	
		Non-Motorist		See Above		Age/DOB	Sex	Pos. Sys	satus	Switch Co	de Code			Medical Facili	ity
													$\top$		
													$\dashv$		$\dashv$
								+	+	+		+	+		$\dashv$



## Crash Narrative:

MV#1 was traveling east on Commonwealth Ave. Pedestrian was crossing the cross walk at Cedar St from the north side of Commonwealth ave to the south side.

The pedestrian stated that he was more than half way across the cross walk when he was struck by a vehicle.

The pedestrian stated that he did not see the vehicle until it was to late.

Operator of MV#1 stated that she did not see the pedestrian crossing the cross walk until right before she struck him. Operator of MV#1 stated that as soon as she saw him she attempted to stop, but was not able to do so until after she struck the pedestrian.

A witness at the scene stated that he was stopped in the west bound side of Commonwealth Ave allowing the pedestrian to cross. He stated that he saw MV#1 approaching the crosswalk and not stopping. He stated that

(Continued on next page)

Witnesses:									
Name (Last, First, Middle)	Address		Phone #	:	Statement				
TRIPP, KEVIN,		KETT LN DLE,MA 02081							
Property Damage:									
Owner (Last, First, Middle)	Address	Phone # 34-Type Des			scription of Damaged Property				
Truck and Bus Information:  Carrier Name	Registration #	(From Vehic	cle Section)	Carrier Issu	ing Authority Code	35			
Address		City		St	Zip				
US DOT #:		Issuing State	ICC #:_		Interstate	36			
Cargo Body Type Code Gross Vehicle Weight 38 38									
Trailer Reg #:	Reg Type Reg S	tate Reg Year	Tra	ailer Length					
Hazmat Information:									
Placard 40 Material 1 digit #	41 Material Name		Material 4 o	digit #	Release code	42			

•	Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestr	ian			
Crash Diagram:	ie: → 1	<b>→</b>	2	Ŷ				
					I	rash <u>Did Not</u> ( a Public Way:	Occur	
						Off-Street Parking	g Lot	
						Garage		
	į		į	İ		Mall/Shopping Ce	enter	
						Other Private Way		
		 				cate North by A		
				į		cate North by A	iiow	
				İ				
Crash Narrative:								
he was not able to signal	the pedestrian	or operator	of MV#1. The	witness	stated that he	observed th	ne	
pedestrian struck, and im	mediately got o	ut of his vel	nicle to help.					
The pedestrian was transp	orted to the ho	spital by med	dics. Pictures	were ta	ken of his inju	uries to be a	attached	
to this report.								
MV#1 was driven off scene	. Pictures wer	e take of the	e damage to MV#	1.				
A citation was issued to	the operator of	MV#1.						
W itnesses: Name (Last, First, Middle)		Address			Phone #	<del> </del>	Statement	
Property Damage:			T					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property		
Truck and Bus Information:	Registration #		(From Vehi	cle Section)				
Carrier Name			(2.1011)		Carrier Issu	uing Authority Cod	35 e	
Address			City		St	Zip		
Address         City         St         Zip           US DOT #:         State Number         Issuing State         ICC #:         Interstate         36								
37		38	issuing state	ICC #		interstate		
	ross Vehicle Weight				39			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length			
Hazmat Information:  40	41						42	
Placard Material 1 digi	:# Material N	Vame		Material 4 o	ligit #	Release code		
JOHN D BERGDORF			NEWTO	N POLICE DEPARTS		11/11/20	)19	

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)