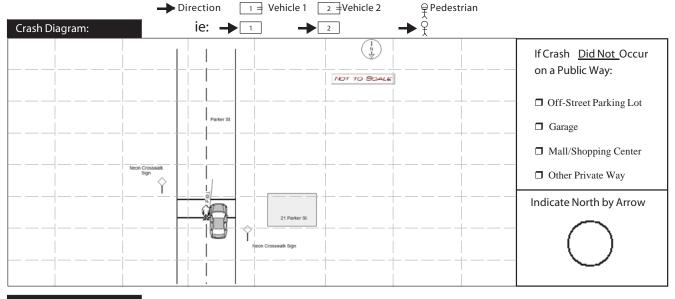
	Poli	ice Use Only		Common	wealth	of Mass	achı	ısett	S		RMV	V Docu	ıment	Number	
	Date of Crash 11/11/2019	Time of Crash 17:44	City/Tow NEWTON	Mo	tor Ve	hicle Cra	sh	Numbe Vehicle			ed Limi		Sta	ate Police cal Police BTA Police	<u>N</u>
	11/11/2019	24HR				Report		1	1		ngitude_		Ot	her:	
		AT INTER	RSECTION:	<	LOCA	ATION	>		N(	ТА Т	INTI	ERSE	CTI	ON:	
						SOUTH	21		PARI	KER ST					F
1 <b>!</b>	Route# Direc	tion	Name of I	Roadway/Street		Route# Direction	on Ac	ldress #		N	ame of F	Roadwa	y/Stree	et	
				Feet NSEW of or									_ F		
	Route# Direc	etion N		Mile Marker Exit Number									_		
			Also at Inters			Feet	N S E	W of	Rou	e#	Intersec	ting Ro	adway	/Street	-
1						Feet	N S E	W of	rtou	.011	mersee	ing rec	,aa ,, ay	, Birect	
	Route# Direc	tion		Landmark											
,	XVehicle1	_1_#Occupants	Hit/Run	Moped	Case Numbe	r	19	90000116	0						
	License#		St MA	DOB/Age	Page	# 455FE6			Pag	Type PA	N	Pο	a State	MA	
	Sex_F_ Lic. 0	18 1		19	_	Year_2010			_				-	20	-
ļ			SANDRA	Endorsmen	nt	er_(Same as ope						_ ven c	omig.	_	-
1	Operator COI  Address 61 HA	Last ALYON RD	First	Middle		ress	st					Midd	ile		-
	City NEWTO		Stat	e_MA Zip_02459									7in		-
		pany_ARBELLA		ezip_====		cle Action Prior to			21					e Up to Thre	_
	1			onding to Emergency			22 22	2 22	22	2	3		4	•	
				onding to Emergency		st bequence 3	23				$\prod$	$\overline{A}$	) 1	10 Undercarr	iage
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		fill out for opera	Unde	Underride/Override							_				
	Name (Last Fir			Address		Age/DOB	Sex				le Code	Status	Code	Medical Facili	ty
	Operator			See Above	*			1	4	4 0	0	10	1		
1	Please Select C of the Followi	I Vehicle	e# Occupants	Non-Motorist	A Type 1	Action 1	Local	ation 1	16 Co	ndition	17 1	Di	Hit/Rui	n Mop	ed
	License#		St	DOB/Age	Reg	Reg#			Reg Type				Reg State		
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1	Address 21 PA	Last ARKER ST (apt.	First 27)	Middle		·ess	st		First			Midd	ile		
	City NEWTO			e_MAZip	City						State	:	Zip		
	Insurance Company					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)							ee)		
	Vehicle Travel Direction: NSEW Responding to Emergency?					22 22 22 22 23 4									
		ssued)	•	g zamergene)		Harmful Event	23					A		10 Undercarr	iage
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				occupants involved		January Sverifice			28 Airbag A	29 3	0 31 ct Trap	32 Injury T	33		
	Name (Last Fi	rst Middle)		Address		Age/DOB		Pos. Syste	Mirbag A	Switch Co	de Code	Status	Code	Medical Facil	lity
	Operator/	Non-Motorist		See Above	<del></del>					+	+	7	2	BETH ISRAEL	$\blacksquare$
										$\perp$	-		_		_



## Crash Narrative:

Vehicle #1 Was Traveling Southbound on Parker St. Vehicle #1 collided with a pedestrian on it's left drive side in a marked crosswalk in front of 21 Parker St. The operator of vehicle #1 stated she saw the pedestrian through her driver's side window at the same time she heard a loud bang. The operator of vehicle #1 stated she noticed her mirror was gone and realized she had hit something so she stopped.

The pedestrian in the crosswalk was crossing from his residence at 21 Parker St. on the west side of Parker to the east side of Parker St. in a marked crosswalk. The pedestrian was approximately 2 feet from the middle divider when he was hit by the mirror of vehicle #1. It should be noted that the pedestrian was wearing all dark clothing. The Pedestrian appeared to suffer an injury to his arm and his body and was transported to Beth Israel by Cataldo.

(Continued	on next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone i	#	Statement
KAHAN, ELIAV,		,						N
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desci	ription of Dama	aged Property	
Truck and Bus Information:  Carrier Name	Registration #			,		Carrier Issu	uing Authority Co	ode 35
Carrier NameAddressUS DOT #:			City			St	Zip	ode
Carrier NameAddressUS DOT #:	_ State Numbeross Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	ode

KEVIN DONOVAN			NEWTON POLICE DEPARTM		11/11/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	→ Direction	1 =	Vehicle	1 2	≠Vehicle 2	₽ Pedesti	ian		
Crash Diagram:	ie: <b>→</b> [	1	_	2		→ 🖁			
								If Crash <u>Did Not</u> on a Public Way:	Occur
		_						☐ Off-Street Parkin	g Lot
								☐ Garage	
		 		-+				☐ Mall/Shopping C	'enter
		- -		-+				Other Private Wa	
	_   	  _		_					
		İ						Indicate North by A	Arrow
				-+				$ \cup$	
Crash Narrative:									
The Witness stated he did	not see the	cras	h, but	just	prior to i	t he saw an	unkno	own vehicle driving a	t a high
rate of speed northbound	on Parker St.	and	the ve	hicle	may have	beeped at t	he pe	destrian in the cross	walk
causing him to step back	into the south	hbou	nd trav	rel la	ne where t	the crash ha	ppene	d.	
Photographs were taken of	the scene and	d su	bmitted	i to t	he IT bure	au to be at	tache	d to this report.	
The operator of Vehicle #	1 was cited wi	ith 1	MGL Ch	89-1	1 fail to	yield to pe	destr	ian in a crosswalk	
(Citation #T2079123).									
Witnesses:									
Name (Last, First, Middle)			Address					Phone #	Statement
Property Damage:		•					•		
Owner (Last, First, Middle)	Address				Phone #	34-Type	Descrip	otion of Damaged Property	
Truck and Bus Information:									
Carrier Name	Registration #				(From	Vehicle Section)		Carrier Issuing Authority Co	35
					7.			_	de
Address									36
US DOT #:			38		_ Issuing State _	ICC #:_		Interstate	
Cargo Body Type Code Gr	oss Vehicle Weight							39	
Trailer Reg #:	Reg Type		_ Reg Sta	ate	Reg Ye	ar Tr	ailer Len	gth	
Hazmat Information:  40	41								42
Placard Material 1 digit	# Materia	l Nam	ne			Material 4	digit#_	Release code	.2
KEVIN DONOVAN								11/11/2	

CDP1 11 ·24·00

Police Officer Name (Please Print)

ID/Badge #