

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/12/2019	Time of Crash 12:24 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
EAST Route# Direction Name of Roadway/Street At NORTH Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			DERBY ST Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker Exit Number Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark							
<input checked="" type="checkbox"/> Vehicle 1 # Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Case Number 1900001163							
License # --- St MA DOB/Age ---			Reg # 7TPJ80 Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017 Veh Make CHEVROLET Veh Config. 1 20							
Operator BOND JAMES Last First Middle			Owner (Same as operator) Last First Middle							
Address 46 LINDEN ST			Address _____							
City EVERETT State MA Zip 02149			City _____ State _____ Zip _____							
Insurance Company GREEN MOUNTAIN			Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 3 22 22 22 22 2 3 23 19 24 1 24 25 Towed N							
Citation # (If Issued) T2012435			10 Undercarriage 5 11 Totaled							
Violation 1: Ch 89/11 Sec _____ Violation 2: Ch _____ Sec _____										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
Please fill out for operator and all occupants involved			Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility							
Operator _____ See Above			--- --- 99 4 4 0 0 10 1							
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 1 14 Action 1 15 Location 1 16 Condition 1 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # --- St DOB/Age ---			Reg # _____ Reg Type _____ Reg State _____							
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. 20							
Operator MAKADIA HELEN Last First Middle			Owner _____ Last First Middle							
Address 22 WARWICK RD			Address _____							
City NEWTON State MA Zip 02465			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 22 22 22 22 2 3 23 24 24 25 Towed _____							
Citation # (If Issued) _____			Most Harmful Event 23 10 Undercarriage 5 11 Totaled							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underdrive/Override 25 Towed _____							
Please fill out for operator and all occupants involved			Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility							
Operator/Non-Motorist _____ See Above			----- --- --- 8 1							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Derby Street Waltham Street Fairway Drive

Unit 1

NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

On Tuesday November 12th, 2019 at approximately 1224 hours while working in N526 I responded to the intersection of Derby Street and Waltham Street for a motor vehicle vs. pedestrian accident. At the time of the accident the weather conditions were cloudy and rainy, and the road surface was wet. Both Derby Street and Waltham Street are public ways owned and maintained by the City of Newton.

Upon arrival I spoke with the pedestrian identified as Helen Makadia (S35538182) who stated she was walking in the crosswalk on Waltham Street heading towards Derby Street when she was struck by MV1. Helen stated she was able to walk to the side of the road after impact but complained of knee pain. Medic 2 responded and Helen signed a patient refusal. Sgt. Lee transported Helen to the Franklin Elementary School where she was picking up her children and then she left on her own accord.

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

ANDREA M FERGUSON

NEWTON POLICE DEPART

11/12/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

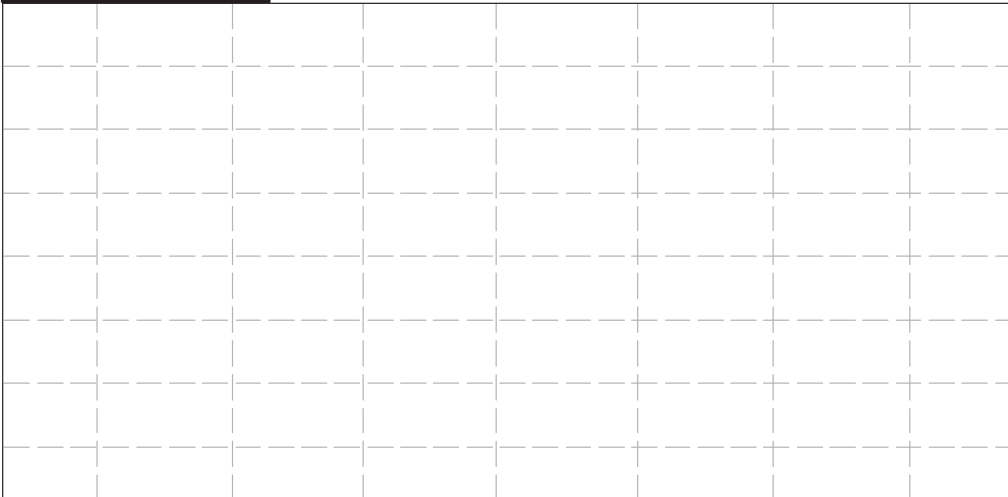
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



If Crash Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

The operator of MV1 identified as James Bond (S93760526) stated he was taking a left turn from Derby Street onto Waltham Street and did not see the pedestrian in the crosswalk until he struck her with his vehicle. James was very remorseful and acknowledged he was at fault. James reported no injuries and had no damage to his vehicle. I issued James in hand a Mass Uniform Citation #T2012435 for Chapter 89 Section 11 for failing to stop for a pedestrian in the crosswalk.

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Carrier Name _____ Carrier Issuing Authority Code

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Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

ANDREA M FERGUSON

NEWTON POLICE DEPART

11/12/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date