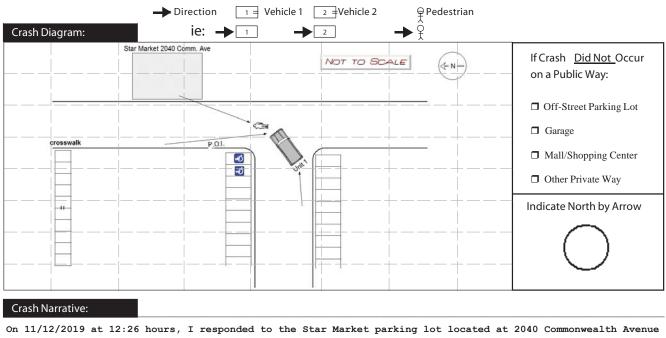
	Poli	ce Use Only		Common	wealth	of Mass	ach	iuse	etts			RMV	/ Doc	umen	t Number	
	Date of Crash 11/12/2019	Time of Crash 12:26	City/Tow NEWTON	n Mo	otor Ve	hicle Cra	ash		mber nicles	Numbe		d Limi ude		St Lo	tate Police ocal Police IBTA Police	N X
l	11/12/2017	24HR	NEWTON			Report		1		1		gitude_		O	ther:	
		AT INTER	RSECTION:	<	LOCA	ATION	>			NO	ГАТ	INTI	ERSI	ECT	ION:	╛
						NORT	н 2	2040		COMM	ONWE	ALTH	AVE			┢
	Route# Direc	tion	Name of R	Loadway/Street		Route# Direct	ion .	Address	s #		Naı	ne of R	Loadwa	ıy/Stre	eet	
\dashv			A	t		Feet	N S	E W c	of –		•		or			┈
	Route# Direc	tion N	Vame of Intersecting	Roadway/Street						Mile N	Marker			E	xit Number	
			Also at Interse	ction with		Feet	N S	E W c	of	Route#	-	ntersec	ting Re	oadwa	y/Street	-
2						Feet	X s	E W c	of				-		KET NEAR	EN.
\exists	Route# Direct	tion	Name of Intersect	ing Roadway/Street								Lar	ndmark			_
3	XVehicle1	#Occupants	Hit/Run	Moped	Case Numbe	er		190000	1164							
	License#		St MD	_ DOB/Age	- Reg	# 3CL2898				_Reg Ty	ne PAN	V	Re	eg Stat	_e MD	
	Sex_M Lic. 0	18 1		19		Year_2009									20	_
		NDEL Last		Endorsme MICHAEL	ent	er (Same as op	erator)									F
	Address 75 BR	Last RAINERD ROAI	First D (apt. 514)	Middle		ress	ast			First			Mid	dle		- -
	City_ALLSTO			e MA Zip 02134										Zip		
	Insurance Com			1		cle Action Prior			4 21	_				-	le Up to Thr	
\Box	Vehicle Travel	Direction: X	S E W Respo	nding to Emergency	? N Ever	nt Sequence 3	22		22	22 2		3		4		
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				:: ChSec		er Contributing (19 2	4	24	+	9) 5	11 Totaled	
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	Name (Last Fire Operator	st Middle)		Address See Above		Age/DOB	Sex			Status Swit		Code 0	\$tatus 10	Code 1	Medical Facili	ity
											+					
											_					_
ι	Please Select C of the Followin	Vehicle	e# Occupants	X Non-Motorist	A Type 1	Action 1	15 L	ocation	4	6 Cond	ition 1	17 I		Hit/Ru	ın Mop	ed
			G,	DOD/A == ==	- D	"				D T			D	G		-
	License # Sex_F Lic. 0	18 1	StSt	DOB/Age		# Year					•			g Stat	20	-
	Operator ALE		MARY	CDL Endorsme	ent			ven iviai	ке				venc	oning		
		Last SEMINARY AV	First	Middle		ress	ast			First			Mid	dle		-
	City NEWTO			e MA Zip 02466		ress						Ctata		7in		-
	Insurance Com		Stati	<u>г Zip </u>	•	cle Action Prior			21						le Up to Thr	ee)
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		ssued)	^	onding to Emergency		t Harmful Event		23		(\square	Λ		10 Undercarr	riage
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ľ	Name (Last Fi	rst Middle)	r	Address	S	Age/DOB	Sex	Pos.	Safety A System	Airbag Airb Status Sw	ag Eject itch Code	Trap e Code	Injury Status	Code	Medical Faci	
	Operator/	Non-Motorist		See Above	e		+				+	+	8	97	NEWTON WELLES	SLEY HO
							-					-				
ľ																



On 11/12/2019 at 12:26 hours, I responded to the Star Market parking lot located at 2040 Commonwealth Avenue for a motor vehicle pedestrian accident. The parking lot is a public/thru way that motorists use to access the Star Market along with other businesses. The weather at the time was cloudy and rainy and the parking lot was saturated. Prior to my arrival, the pedestrian involved left the scene and did not want to speak to the officer nor wanted medical attention. Ofc. Claflin then cancelled Cataldo Ambulance. The pedestrian, Mary Alexander, left her information with a store employee prior to leaving.

I spoke to the operator of MV # 1 (Joshua Randel MD Lic.# R534440603244) who stated that he was travelling through the third row of the Star Market parking lot at an appropriate speed. He was then attempting to make a left turn near the entrance/exit of the store. He says that there was a large white van

(concinued of	n next page,							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:				,				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	ription of Damag	jed Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)				
Carrier Name						Carrier Issui	ing Authority Cod	e 35
Address			City			St	Zip	
US DOT #:			_ 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 L	ength 39		
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #		Release code	42

	→ Direction 1	■ Vehicle 1	2 =Vehicle 2	₽Pedestrian		
Crash Diagram:	ie: → 1	→ [2	→Ŷ		
Crash Diagram:					If Crash Did Not on a Public Way: Off-Street Parkin Garage Mall/Shopping O Other Private Way	ng Lot Center
		— — — † 				
Crash Narrative:						
parked in the end handid	apped spot toward	ds the left of	of him. He s	ays the van w	as sticking out in the	spot
limiting his visibility.	As he was half	way through	his left tur	n and coming	around the corner, he	was not
able to see a pedestriar	pushing a shoppi	ing carriage	. He then st	ruck the carr	riage that was being pu	shed by
Mary Alexander. He furt	her says that the	cart jolted	d Ms. Alexand	ler and she fe	ell down to the ground.	At the
time, Alexander was walk	ing through the l	lot near the	store entran	ce heading ba	ck towards the parked	cars. She
was not in the crosswalk	at the time which	ch was approx	kimately ten	feet down fro	m her location.	
After, I attempted to go	to Ms. Alexander	r's residence	e to follow u	ıp. I spoke t	o her friend who was l	oringing
up Alexander's groceries	and she stated t	that she dec	ided to go to	Newton Welle	sley Hospital for trea	tment. I
then spoke to Ms. Alexar	der in the lobby	of the hosp	ital. She st	ated that she	was exiting the store	through
(Continued	l on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		•				
Owner (Last, First, Middle)	Address		Phone #	34-Type De	scription of Damaged Property	
Truck and Bus Information:						
Carrier Name	Registration #		(From \	Vehicle Section)	Carrier Issuing Authority Co	ode 35
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
	Gross Vehicle Weight	38			39	
Trailer Reg #: Hazmat Information:	Keg Type	Keg State	Reg Year	Trailer	Length	
Placard 40 Material 1 di	git # 41 Material Na	ame		Material 4 digit	# Release code	42

-	Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedesti	rian		
Crash Diagram:	ie: → 1	→	2	₽ Ŷ			
						If Crash <u>Dic</u> on a Public \	
						□ Off-Street	Parking Lot
						☐ Garage	
						□ Mall/Shop	ping Center
		+				☐ Other Priv	ate Way
			_ — — — — —			Indicate Nort	th by Arrow
Crash Narrative:							
the lot with her shopping	<u>-</u>					-	
all of a sudden she only	saw red coming	at her. She	believes MV #	1 was sp	eeding at	the time.	I asked her
if she was struck by the	vehicle or was	the shopping	carriage only	struck.	She rep	olied that she	e did not
know and only remembers f	alling to the g	round after.	She sustained	a large	bruise to	the inside	palm area of
her right hand and her le	eft knee was swo	llen.					
Digital photos of the sce	ne were taken a	nd pictures o	of Ms. Alexande	er's inju	ries wer	e taken at t	he hospital.
As far as possible video	surveillance, I	was told th	nat the Loss Pr	revention	Departme	ent has to ac	cess the
video.							
On 11/13/19 at approximat	ely 14:20 hours	, I went in t	to the Star Mar	ket and	spoke to	the manager,	Nidal Rajeh,
(Continued	on next page)						
Witnesses:		1					16
Name (Last, First, Middle)		Address				Phone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	of Damaged Prope	rtv
Carrier (East, First, Middle)				311990			1.09
Sime (casy insty midule)				эттурс	-		
Since (Lasy 1134) Middle)				эттурс		<u> </u>	
Truck and Bus Information:	Registration #			icle Section)			
	_		(From Veh	icle Section)	Ca	arrier Issuing Author	35
Truck and Bus Information:			(From Veh	icle Section)		arrier Issuing Autho	35
Truck and Bus Information: Carrier Name			(From Veh	icle Section)		arrier Issuing Autho	rity Code 35
Truck and Bus Information: Carrier Name Address US DOT #:			(From Veh	icle Section)		arrier Issuing Autho	rity Code 35
Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code 37 Gr	State Number	38	(From Veh	ICC #:_	s	arrier Issuing Autho	rity Code 35
Truck and Bus Information: Carrier Name Address US DOT #:	State Number	38	(From Veh	ICC #:_	s	arrier Issuing Autho	rity Code 35
Truck and Bus Information: Carrier Name	State Number ross Vehicle Weight Reg Type	38 Reg State	(From Veh	icle Section) ICC #: Tr	ailer Length [arrier Issuing Author St Intersta	rity Code 35 ipate 36

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)

	Direction 1 = Veh	. —	₽ Pedestrian	
Crash Diagram:	ie. —	2	→ ₹	1
			<u> </u> 	If Crash <u>Did Not</u> Occur on a Public Way:
				☐ Off-Street Parking Lot
	_		ļ 	☐ Garage
				☐ Mall/Shopping Center
				☐ Other Private Way
		+	 	Indicate North by Arrow
Crash Narrative:				
inquiring about possible vid	eo surveillance.	He said there is	coverage in the park	ing lot and he was able to
show me the video. A copy of	f the video would	have to be done b	y Loss Prevention wh	ich I requested. I
observed at the 12:12pm mark	in the video, MV	# 1 was parked fi	ve spots up from th	e third row of the lot
that he was exiting. I also	observed a white	e transport van pa	rked in the end hand	icapped spot mentioned by
the operator but it was park	ed correctly and m	not limiting visib	ility. Next, MV # 1	backs out of the spot
		4 ml 4 4 4 4	(3.1 1) 11	

and drives forward going at a reasonable speed. The pedestrian (Alexander) has already exited the store with her carriage and is walking at an angle toward the same third row of parked cars. As the pedestrian is walking towards the direction of MV # 1, it appears that the pedestrian should be visible to him. MV # 1 then starts to take the left turn around the corner without slowing or stopping and strikes the

(Continued o	on next page)						
Witnesses:							
Name (Last, First, Middle)	A	Address			Pho	one # Sta	ntement
Property Damage:						1	
Owner (Last, First, Middle)	Address		Phone #	34-Туре	Description of D	amaged Property	
Truck and Bus Information: Carrier Name	Registration #				Carrie	r Issuing Authority Code	35
	<u>-</u>						
Carrier Name			City		St	Zip	
Carrier NameAddressUS DOT #:			City		St	Zip 30	
Carrier NameAddressUS DOT #:	State Number	8	City Issuing State	ICC#:_	St	Zip	
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Gro	State Number	8	City Issuing State	ICC#:_	St	Zip 30	
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Growth G	State Number	Reg State	City Issuing State	ICC #:_ Tr	Stailer Length	Zip3t	

JEREMY L WILSON		25227	NEWTON POLICE DEPARTM		11/12/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

→	▶ Direction 1	Vehicle 1 2	=Vehicle 2	₽Pedestria	nn	
Crash Diagram:	ie: → 1	2	□ →	. Ŷ		
					If Crash <u>Did Not</u> O on a Public Way:	Occur
					Off-Street Parking	Lot
					☐ Garage	
					☐ Mall/Shopping Ce	enter
					Other Private Way	
	_					
					Indicate North by A	rrow
				+ +		
Crash Narrative:						
carriage head on. Due to	the impact, Ale	exander then	loses grasp of	the carr	iage and it goes past her	2
twisting her body around.	She then hits	and rolls up	on the hood o	f the veh	icle on her left side. MV	7 # 1
then suddenly stops and im	mediately gets	out and prov	ides assistanc	e to the p	pedestrian. Due to the vi	ideo
surveillance, Mr. Randel w	ill be issued/m	nailed MA Uni	form Citation	# T201234	7 for Ch. 90/14/A Failure	to slow
for a pedestrian.						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Name (Last, First, Middle)		Address			1 Hone #	Statement
Property Damage:	I					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		
Carrier Name					Carrier Issuing Authority Code	e 35
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	ler Length 39	
Hazmat Information:						
Placard 40 Material 1 digit #	Material Na	ame		Material 4 dia	git # Release code	42
IEDEMV I MILCON		25227			14 14 0 100	110
Police Officer Name (Please Print)	Signature			artment	Precinct/Barracks Date	