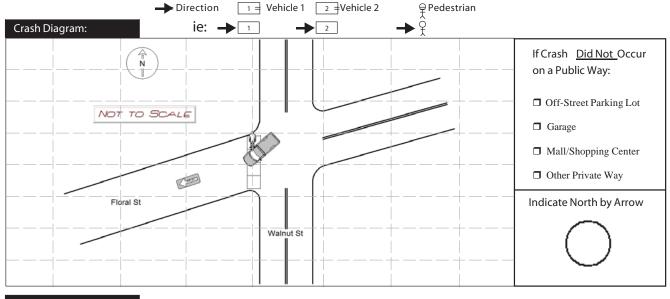
| | Poli | ce Use Only | | Commonwea | alth c | of Mass | achi | usetts | \$ | | RMV | ⁷ Docum | ent Number | |
|-----------------------|-----------------------------------|------------------------|----------------------|-----------------------|--|-------------------|---------|--------------------------|---------------|------------------|--------------|-----------------------|---|------------------|
| | Date of Crash 12/05/2019 | Time of Crash 18:10 | City/Tow NEWTON | Motor | · Veh | icle Cra | sh | Number Vehicles | | | d Limit | | State Police Local Police MBTA Police | □ Xi |
| | 12/03/2019 | 24HR | NEWTON | | | Report | | 1 | 1 | | gitude_ | | Other: | |
| | | AT INTER | SECTION: | < | LOCA | ΓΙΟΝ | > | | NO' | ГАТ | INTE | ERSEC | CTION: | |
| | WES | Γ FLORA | L ST | | | | | | | | | | | 2 |
| $\frac{1}{4}$ | Route# Direc | tion | Name of R | oadway/Street | | Route# Direction | on A | ddress # | | Naı | me of R | oadway/S | Street | _ 2 ¹ |
| | SOU | TH WALNU | Feet NSEW of • or | | | | | | | | | | | |
| | Route# Direc | tion N | lame of Intersecting | Roadway/Street | - | | | | Mile | Marker | | | Exit Number | _ |
| | | | Also at Interse | ction with | - | Feet | N S E | of of | Route | # - I | ntersect | ting Road | way/Street | - 1 |
| 2 1 | Route# Direc | tion | Nama of Intercept | ng Roadway/Street | | Feet | N S E | W of | | | | | | 1 |
| 3 | Route# Direc | tion | Name of intersect | ng Roadway/Street | | | | | | | Lan | ıdmark | | \dashv |
| | XVehicle1 | 1_#Occupants | Hit/Run | Moped Case | Number | | 1 | 900001249 |) | | | | | |
| | License# | | St MA | DOB/Age _ | Reg# | US669K | | | Reg T | ype_PAS | 3 | Reg S | | _ |
| | Sex_M Lic. | Class D 18 1 | 8 Lic. Restrictions | 1 CDL | Veh Yo | ear_2015 | Ve | h Make_C | HEV | | | Veh Con | nfig. 20 | |
| 4 | Operator CAS | SEY | TIMOTHY | Endorsment P | Owner | (Same as ope | rator) | | First | | | Middle | | - 1 |
| 1 | Address 58 DA | ALE ST | rirst | miudie | | SS | | | | | | widdle | | _ |
| | City NEWTO | | State | MA Zip 02026 | City_ | | | | | | _State_ | Z | Tip | _ |
| | Insurance Com | pany METROPO | DLITAN | | Vehicle | e Action Prior to | o Crash | 3 | 21 | Damage | d Area | Code: (C | Circle Up to Three | ee) |
| 5 | Vehicle Travel | Direction: N | S E X Respon | nding to Emergency? N | Event | Sequence 3 | 22 2 | 2 22 | 22 2 | | 3 | | 4 | |
| | Citation # (If I | ssued) | | | Most I | Harmful Event | 3 23 | 3 | | _ | 9 | | 10 Undercarr 5 11 Totaled | iage |
| | Violation | 1: ChSec | Violation 2 | : ChSec | Driver | Contributing C | ode | 19 24 | 24 | | ľ | $\setminus \setminus$ | 5 11 Totaled | |
| ⁶ 2 | Violation | 3: ChSec | Violation 4 | : ChSec | Underr | ride/Override | 25 | Towe | ed_N 8 | | 7 | | 6 | |
| | | | ator and all occupa | | Age/DOB Sex Pos. System Status Whitch Code Code Status Code Medical Facility | | | | | | | fy 3 | | |
| | Name (Last Fir | st Middle) | | Address See Above | | Age/DOB | Sex | 99 | 4 99 | | 0 | 10 1 | le Medical Facili | ty J |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | |
| 2 | Please Select C of the Followi | Vehicle | # Occupants | Non-Motorist A Ty | rpe 1 | 4 Action 2 | Loc | ation 1 | 16 Cone | dition 1 | 17 L | Hit, | /Run Mop | ed |
| | | | C. | DOD/A | D# | | | | D T | | | D 6 | 34-4- | - |
| | License # Sex_M Lic. 0 | 18 1 | StSt | DOB/Age CDL | Reg # Reg Type Reg State Veh Year Veh Make Veh Config. | | | | | | 20 | - | | |
| 8 | Operator SIE | • | DONALD | Endorsment I | | | ve | п маке | | | | Veh Con | iiig. | |
| ⁸ 1 | Address 82 PA | Last | First | Middle | | Las | st | | First | | | Middle | | - |
| | City NEWTO | | State | MA Zip 02468 | | SS | | | | | State | 7 | ···· | - |
| | Insurance Com | | State | Zip <u>02100</u> | | e Action Prior to | | | 21 | Damage | | | ip ircle Up to Thre | ee) |
| | | . , | S E W Resp | anding to Emarganara | | | 22 2 | | 22 2 | Ü | 3 | ` | 4 | |
| | Vehicle Travel | | Kesp | onding to Emergency? | | Sequence | 23 | | | | \prod | | 10 Undercarr | iage |
| | Citation # (If I | | | 2: ChSec | | Harmful Event | ode | 24 | 24 | + | 9 | $ \cdot $ | 5 11 Totaled | |
| | | | | 2: ChSec 4: ChSec | Driver Contributing Code 8 7 6 | | | | | | 6 | | | |
| | | | | ccupants involved | Unden | Ide/Override | | Towed 26 27 Seat Safety | 28 Airbag Air | 29 30 | 31 Trap I | 32 | 33 | \dashv |
| | Name (Last Fi | rst Middle) | | Address | | Age/DOB | Sex | Pos. Syster | n Status Sv | ritch Code | e Code | Status Co | de Medical Faci | lity |
| | Operator/ | Non-Motorist | | See Above | | | | | | | | 8 2 | BRIGHAMS | \blacksquare |
| | | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |



Crash Narrative:

MV#1 was traveling south on Walnut St, and attempting to take a right turn onto Floral St. The pedestrian was crossing Floral St, south bound, in a cross walk. MV#1 hit the pedestrian with his passenger side mirror causing him to fall to the ground.

I first spoke with the operator of MV#1. The operator stated he was making a right turn onto Floral St from Walnut St, and due to the heavy traffic he was moving at a slow pace. The operator stated that as he was making the right turn, he did not see the pedestrian in the cross walk. Operator stated that as soon as he heard his mirror hit something, he immediately came to a stop and went to go and check what he hit, and found that it was a pedestrian.

I next spoke with a witness. The witness stated that he was walking behind the pedestrian. The witness

(Continued on next page)

| Witnesses: | | | |
|----------------------------|-----------------|---------|-----------|
| Name (Last, First, Middle) | Address | Phone # | Statement |
| NAHAREDIANI DAVID D | 1623 CENTRE ST | | v |
| NAHABEDIAN , DAVID, D | NEWTON,MA 02461 | | 1 |
| | | | |
| | | | |

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

| Truck and Bus Information: | Registration # | (From Vehic | cle Section) | | |
|-------------------------------|---------------------|---------------|--------------------|-----------------|-------------------|
| Carrier Name | | | | _ Carrier Issui | ng Authority Code |
| Address | | City | | St | Zip |
| | State Number | Issuing State | ICC #: | | _ Interstate 36 |
| Cargo Body Type Code Gross | s Vehicle Weight 38 | | | 39 | |
| Trailer Reg #: | Reg Type Reg State | Reg Year | Trailer Leng | | |
| Hazmat Information: | | | | | |
| Placard 40 Material 1 digit # | 41 Material Name | | Material 4 digit # | | Release code 42 |

| JOHN D BERGDORF | | 1 | NEWTON POLICE DEPARTM | | 12/05/2019 |
|------------------------------------|-----------|------------|-----------------------|-------------------|------------|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |

| → | ➤ Direction [| 1 = | Vehicle | 1 [| ≥ =Vehicle 2 | ₽Pedest | rian | | |
|------------------------------|-------------------|--------|---------|------------|---------------|------------------|------------|---|-----------|
| Crash Diagram: | ie: →[| 1 | | → [| 2 | →ĝ | | | |
| | | | | | | | | If Crash <u>Did Not</u> on a Public Way: | Occur |
| | | _ | | _ | | | | ☐ Off-Street Parkin | ng Lot |
| | | | | | | | | ☐ Garage | |
| į į | į | į | | į | | | | ☐ Mall/Shopping C | Center |
| | · — — — — - | - | | + | | | | Other Private Wa | ny |
| | | _ | | | | | <u> </u> | Indicate North by | Arrow |
| | | _ | | + | | | | | |
| | | | | | | | | () | |
| | - | _ | | † | | | | | |
| Crash Narrative: | | | | | | | | L | |
| stated that he observed the | e pedestrian | beg | gin to | cross | at the cro | ss walk, a | and the | truck make the turn | n. The |
| witness stated that the tr | uck was movi | ng s | slowly | as he | made the tu | rn. The w | ritness | stated that as he w | vas |
| making the turn, he observe | ed the side : | mirr | or hit | the | pedestrian, | knocking h | im ove | r. | |
| I finally spoke with the pe | edestrian. | He s | stated | that | he does not | remember o | getting | hit by the mirror of | of the |
| truck. | | | | | | | | | |
| Multiple pictures were take | en of the sc | ene . | , | | | | | | |
| MV#1 had no visible damage | to the vehic | cle, | but t | he pa | ssenger side | mirror wa | s pushe | ed back against the | door. |
| The pedestrian was transpor | rted to Brig | hams | by me | dics | with apparen | t minor in | juries | • | |
| Due to the poor lighting co | onditions, t | he s | statmen | ts ma | de that the | vehicle wa | s trave | eling slowly, and th | nat the |
| (Continued or | n next page) | | | | | | | | |
| Witnesses: | | | | | | | | | |
| Name (Last, First, Middle) | | | Address | | | | | Phone # | Statement |
| | | | | | | | | | |
| | | | | | | | | | |
| Property Damage: | | ' | | | | | ' | | <u> </u> |
| Owner (Last, First, Middle) | Address | | | | Phone # | 34-Type | Descript | ion of Damaged Property | |
| | | | | | | | | | |
| | | | | | | | | | |
| Truck and Bus Information: | Registration # | | | | (From V | Pehicle Section) | | | |
| Carrier Name | | | | | | | | Carrier Issuing Authority Co | de 35 |
| Address | | | | | City | | | StZip | |
| US DOT #: | State Number | | | | Issuing State | ICC #:_ | | Interstate | 36 |
| Cargo Body Type Code 37 Gros | s Vehicle Weight | | 38 | | | | | | |
| Trailer Reg #: | Reg Type | | Reg S | tate | Reg Year | Tr | ailer Leng | th 39 | |
| Hazmat Information: | 41 | | | | | | | | 421 |
| Placard Material 1 digit # | Materia | ıl Nar | ne | | | Material 4 | digit# | Release code | 42 |
| | | | | | | | TA. | 12/05/ | |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

| - | Direction 1 | | ≠Vehicle 2 | ₽Pedestria | n | |
|--|---------------------|--------------|---------------|---------------------|---|-----------|
| Crash Diagram: | ie: → 1 | 2 | <u> </u> | ₽Ŷ | | |
| | | | | | If Crash <u>Did Not C</u> on a Public Way: | Occur |
| | | | | | Off-Street Parking | ; Lot |
| | | | | | Garage | |
| | _ | | | | ☐ Mall/Shopping Ce | |
| | | | | | ☐ Other Private Way | ′ |
| | | | | | Indicate North by A | rrow |
| | | | + | +- +- | | |
| Crash Narrative: | | | | | L | |
| pedestrian was dressed in | dark clothing, | no citation | was issued a | t this time. | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| W itnesses: Name (Last, First, Middle) | | Address | | | Phone # | Statement |
| | | | | | | |
| | | | | | | |
| Property Damage: | | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type D | escription of Damaged Property | |
| | | | | | | |
| | | | | | | |
| Truck and Bus Information: | Registration # | | (From V | ehicle Section) | | 25 |
| 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 Gr | ross Vehicle Weight | 38 | | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Traile | er Length | |
| Hazmat Information: 40 | 41 | | | | | 42 |
| Placard Material 1 digit | # Material Na | nme | | Material 4 dig | it # Release code | 72 |
| JOHN D BERGDORF | | | NE | WTON POLICE DEPARTM | 12/05/20 |)19 |
| Police Officer Name (Please Print) | Signature | | | Department | Precinct/Barracks Date | |

CDP1 11 ·24·00