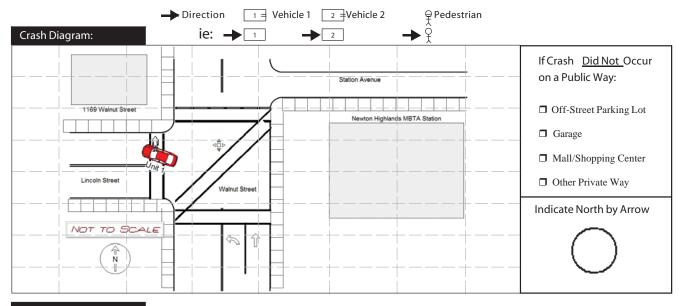
	Poli	ice Use Only		Commonwea	alth o	of Massa	achu	isetts			RMV	<sup>7</sup> Docum	ent Number	
	Date of Crash 12/09/2019	Time of Crash 07:34	City/Town	1410101		icle Cra	sh	Number Vehicles	Injured	Latit	d Limit ude		State Police Local Police MBTA Police	N XI
		24HR	OF CENT			Report		1	1		gitude_		Other:	$\overline{-}$
		ATINTER	RSECTION:	<	LOCA	HON	>		NO	AT	INTE	ERSEC	TION:	2
	WES	T LINCO	LN ST											
$egin{bmatrix} 1 \ 1 \end{bmatrix}$	Route# Direc	tion	Name of R	oadway/Street		Route# Direction	on Ad	dress #		Nan	ne of R	oadway/S	Street	_ 2 <sup>10</sup>
	NOR	TH WALNU				Feet [	N S E	W of		•	0	or		- <del>  -</del>
	Route# Direc	etion N	lame of Intersecting			East D	N S E	W ac	Mile	1arker			Exit Number	_
			Also at Interse	ction with					Route#	Iı	ntersect	ting Road	way/Street	- 11
<sup>2</sup> <b>3</b>	Route# Direc	tion	Name of Intersecti	ng Roadway/Street		Feet [	N S E	W of						_ 1
3			I _ I								Lan	ıdmark		$\dashv$
	XVehicle1	#Occupants	Hit/Run	Moped Case	Number		19	000001266						
	License#		St_MA		Reg#	81ZH83			_ Reg Ty	pe_PAN	1	Reg S		_
	Sex_F_ Lic.	Class D 18 1	Lic. Restrictions	B 19 CDL	Veh Y	ear_2012	Vel	n Make_T	ОУОТА			Veh Con	fig. 20	
4	Operator EDI	ELSON	JILL First	Endorsment	Owner	(Same as ope	rator)		First			Middle		- 1 <sup>12</sup>
3	ll .	GMONT STREE	Γ (apt. 2)	Middle		Las						Middle		. 💾
	City BROOKI	LINE	State	MA Zip 02446	City_						_State_	Z	ip	_
	Insurance Com	pany GEIKO			Vehicle	e Action Prior to	Crash	4 2	<u>1</u>	Damageo	d Area	Code: (C	ircle Up to Thre	ee)
5 <b>1</b>	Vehicle Travel	Direction: N	S E X Respon	nding to Emergency? N	Event	Sequence 3	22 22	22	<sup>22</sup> (2)		3		4	
1	Citation # (If I	ssued)			Most I	Harmful Event	3 23		_	_	9	/	10 Undercarri 5 11 Totaled	iage
	Violation	1: ChSec	Violation 2	: ChSec	Driver	Contributing Co	ode :	1 24	24		廾		5 11 Totaled	
<sup>6</sup> 2	Violation	3: ChSec	Violation 4	: ChSec	Under	ride/Override	25	Towe	8		7		6	
			ator and all occupa					26 27 Seat Safety	28 2 Airbag Airb	9 30 ag Eject	31 Trap 1	31 32 33 ap Injury Transp.		
	Name (Last Fir	st Middle)		Address See Above		Age/DOB		os. \$ystem	Status \$wit	ch Code	Code S	status Cod	N/A	3
7														
3	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A Ty	pe 1	Action 1	Loca	ation 1	Cond	ition 1	17	Hit/	/Run Mop	ed
		g.	64	DOD/A	Don't Don't Don't to							_		
	License # St DOB/Age					Reg TypeReg State						-		
8	Sex_M Lic. Class Lic. Restrictions CDL Operator MURREN LAWRENCE P					Veh Year Veh Make Veh Config.								
Last First Middle Last First									Middle					
Address Address Address City BROOKLINE State MA Zip 02445 City														
	Insurance Com		State				Crock	StateZip  Crock Damaged Area Code: (Circle Up to Three)						ee)
			venicle Action Prior to Crash											
venicle Travel Direction: N/S E W Responding to Emergency? Event Sequence  Gitation # (If Issued) N/A								10 Undercarri	iage					
	Citation # (If Issued) 14/1   Most Harmful Event   9								5 11 Totaled					
							Driver Contributing Code  Underride/Override  Towed  Towed						6	
1				ccupants involved	Underi	iue/Override		Towed	28 2 Airbag Airb	9 .30	31 Trap I	32 5	33	_
	Name (Last Fi	rst Middle)		Address		Age/DOB	Sex	Pos. System	Airbag Airb Status Sw	ag Eject tch Code	Trap I	njury Tran Status Co	de Medical Facil	
	Operator/	Non-Motorist		See Above								8 2	BRIGHAM AND W	OMEN



## Crash Narrative:

On Monday, December 9, 2019, while assigned to Traffic unit N525, I responded to the intersection of Lincoln Street and Walnut Street, Newton for a report of a motor vehicle crash involving a pedestrian. The weather at the time of the crash was rain. The road surface was wet. Lincoln Street and Walnut Street are both public ways maintained by the City of Newton.

I spoke with the operator of MV1, Jill Edelson (S99137352). Edelson stated she was stopped in traffic while operating her 2012 Toyota Camry (MA: 812H83) Northbound on Walnut Street at Lincoln Street at a red light. Edelson stated the light turned green and she had a green left turn only arrow. Edelson stated she turned left into Lincoln Street from Walnut Street when the front passenger side of her vehicle crashed into a pedestrian in the roadway. Edelson stated she did not see the pedestrian prior to the impact. I

(Continued on next page)

Witnesses:									
Name (Last, First, Middle)	Address		Phone #	Statement					
AUSTIN IV , EDWARD,		ONT STREET VILLE,MA 02143		Y					
Property Damage:	·								
Owner (Last, First, Middle)	Address	Phone #	34-Type De	scription of Damaged Property					
Truck and Bus Information: Registration #(From Vehicle Section)  Carrier NameCarrier Issuing Authority Code									
Address		City		St Zip					
US DOT #:		Issuing State	ICC #:	Interstate	36				
Cargo Body Type Code 37 Gross Vehicle Weight 38 39									
Trailer Reg #:	Reg Type Reg Sta	te Reg Year	Trailer						
Hazmat Information:									
Placard 40 Material 1 digit #	Material Name		Material 4 digit	# Release code	42				

→	Direction 1	Vehicle 1 2	≢Vehicle 2	₽Pedestri	an	
Crash Diagram:	ie: → 1	2	□ →	. Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	g Lot
					Garage	
				į	☐ Mall/Shopping C	enter
	- —   — — — —			- — —	☐ Other Private Wa	у
	- — — — —			+	Indicate North by A	Arrow
Crash Narrative: observed damage to the low I spoke with the injured p entered the crosswalk on L	edestrian, Law	rence Murren,	at Brigham an	d Women's	s Hospital. Murren stated	l he had
					<del>_</del>	
signal. Murren believes MV back towards the "59 Bus".						
stated he was unable to av						
	old the vehicle	. Mulien st	ated he has an	Injury (	to his hip and had a head	
laceration.						
I spoke with a witness to						
the traffic light on Walnu		tin stated the	e traffic ligh	t turned	green and MV1 had a green	left 
(Continued or	n next page)					
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Name (Last, First, Middle)		Address			Priorie #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		35
Carrier Name					Carrier Issuing Authority Co	
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	Tra	iler Length	
Hazmat Information:						
Placard 40 Material 1 digit #	Material N	ame		Material 4 d	igit # Release code	42
MICHAEL R GAUDET				N POLICE DEPARTA	12/09/3	2010

ID/Badge #

Signature

Department

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)

	→ Direction	1 =	Vehicle 1	2 = Vehicle 2	₽Pedes	trian		
Crash Diagram:	ie: →[	1	<b>→</b>	2	→ 🤅			
							If Crash <u>Did No</u> on a Public Way	
		_ _			_ 	<u> </u>	☐ Off-Street Par	king Lot
				<u> </u>	<u> </u>			
	İ	į					☐ Mall/Shoppin	g Center
	- — —   — — — -	 		· <del> </del>		<del> </del>	☐ Other Private	Way
	- — — — — — — — — — — — — — — — — — — —	_ _		· - -		+	Indicate North b	y Arrow
					 	 		)
Crash Narrative:	,							_
turn arrow. Austin stat	ed MV1 started t	o g	o and mak	e their left	turn. Aus	tin st	ated he observed ar	older
gentleman starting to w	alk out into the	st	reet. Au	stin stated	the pedestr	ian had	d his head down and	d had an
umbrella due to the rai								
the crossing pedestria					s not belie	eve eitl	ner saw each other	·
Photos were taken of th	e area and submi	tte	d to the	IT Bureau.				
Witnesses:								
Name (Last, First, Middle)			Address				Phone #	Statement
David David								
Property Damage: Owner (Last, First, Middle)	Address			Phone #	34-Type	Descrip	otion of Damaged Property	
Truck and Bus Information:	Registration #			(Fron	n Vehicle Section)			
Carrier Name	Ttogistiation ii			(170			_ Carrier Issuing Authority	Code 35
Address				City			_ St Zip_	
US DOT #:	State Number			Issuing State	ICC #	:	Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	3	38					
Trailer Reg #:	Reg Type		Reg State	Reg Ye	ear 7	Γrailer Len	gth 39	
Hazmat Information:								
Placard 40 Material 1 d	igit # 41 Material	l Nan	ne		Material	4 digit#_	Release code	e 42
MICHAEL R GAUDET					NEWTON POLICE DEPA	RTM	12/	09/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)