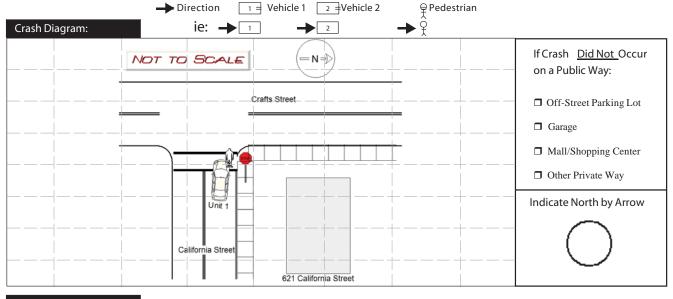
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Name (Last First Windle) Address Age/DOB Sex Tos. System Status Switch Code Code Status Code Wedner Facility	
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Please Select One of the Following: Vehicle#Occupants	Ł
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License # St DOB/Age Reg # Reg Type Reg State	
Sex_M_ Lic. Class Lic. Restrictions CDL Veh Year Veh Make Veh Config	
2 Last First Middle Last First Middle	
Address 119 FAIR OAKS AVE Address	
City NEWTON State MA Zip 02460 City State Zip	
Insurance Company Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three	.
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence)
Citation # (If Issued) IVA Most Harmful Event	
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code	
Violation 3: ChSec Violation 4: ChSec Underride/Override Towed	
Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB A	
Operator/Non-Motorist See Above	ge
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	ge



Crash Narrative:

On Monday, December 9, 2019, while assigned to Traffic unit N525, I responded to the intersection of California Street at Crafts 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. California Street at Crafts Street are both public ways maintained by the City of Newton.

I spoke with the operator of MV1, Kevin Gilmore (S27275907). Gilmore stated he was operating his

2015 Volkswagon Golf (MA: 1EHH93) Westbound on California Street towards Crafts Street. Gilmore stated

he came to a stop at the stop sign on California Street. Gilmore stated he looked to his right, and then to

his left. Gilmore stated he began to make his right turn onto Crafts Street when his vehicle made contact

with a pedestrian in the roadway. Gilmore stated he did not see the pedestrian until contact was made. I

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)	Address			Phone #	Phone #			
Property Damage:								
Owner (Last, First, Middle) Address			Phone #	34-Type	Description of Damag	scription of Damaged Property		
Truck and Bus Information: Registration #(From Vehicle Section) 35								
Carrier Name Carrier Issuing Authority Code								
Address City St Zip								
US DOT#:S	State Number		Issuing State	ICC #:		Interstate	36	
Cargo Body Type Code Gross Vehicle Weight 38								
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length								
Hazmat Information:								
Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42								

MICHAEL R GAUDET NEWTON POLICE DEPARTM 12/09/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Crash Diagram:	ie: →□	1 -	→	Ŷ	
	_			<u> </u>	If Crash <u>Did Not</u> Occur on a Public Way:
	_	<u> </u>			☐ Off-Street Parking Lot
					☐ Garage
					1 -
	_	-ii		+	☐ Mall/Shopping Center
					Other Private Way
					Indicate North by Arrow
Crash Narrative:					
observed no damage to the r	ight passenge	er side of MV1	. where the con	tact occurred.	Gilmore reported no
injuries.					
The injured pedestria	n, Charles Do	oris-Pierce (S	68331436), was	transported to	Brigham and Women's
Hospital in Boston for his	injuries. I	followed up w	with him in the	Emergency Depar	tment. Doris-Pierce
stated MV1 was stopped at t	he stop sign	on California	Street. Dori	s-Pierce stated	he entered the marked
crosswalk and began to cros	s California	Street at Cra	afts Street. D	oris-Pierce stat	ed MV1's right passenger
side tire ran over his foot	. Doris-Pie	rce stated he	then slammed or	n the hood of MV	1. Doris-Pierce stated
MV1 continued and he was kn	ocked to the	ground. Dori	s-Pierce repor	ted injuries to	his foot, thigh, and back.
(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:					
Carrier Name	Registration # _		(From Vehic	ŕ	Carrier Issuing Authority Code 35
			City		
AddressUS DOT #:S			•		36
37	Vehicle Weight	38			
		F 6	. · · ·	<i>m</i> * -	39
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Length	
40	41	NT.		M	D 1 42
Placard 40 Material 1 digit #	41 Material	Name		Material 4 digit #	Release code 42
40	Material	Name		Material 4 digit #	12/09/2019

-	Direction 1		±Vehicle 2	Pedestria	in	
Crash Diagram:	ie: 🕕 🛚 1	2	□ →	₽Ŷ		
					I	<u>Did Not</u> Occur blic Way:
	ii				—— □ Off-S	treet Parking Lot
						Shopping Center
				į	☐ Other	Private Way
					Indicate	North by Arrow
				+	(
Crash Narrative:						
After speaking with	all parties inv	volved, the o	perator of MV	1 was issu	ed Massachusetts	Uniform Citation
T2016430 for Chapter 89,	Section 11 (Fai	ilure to Yie	ld to a Pedes	trian in a	Crosswalk). Pho	tos were
taken of the scene and su	bmitted to the 1	IT Bureau.				
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:	1			0.7		
Owner (Last, First, Middle)	Address		Phone #	34-Type [Description of Damaged F	roperty
Truck and Bus Information:	Registration #		(From Vel	nicle Section)		
Carrier Name			(110111 761		Carrier Issuing A	Authority Code 35
Address_			City		St	Zip
US DOT#:			•			nterstate 36
37		38	issuing state	1CC#	11	nerstate
Cargo Body Type Code Gr	oss Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	ler Length	
Hazmat Information:	41					[42]
Placard 40 Material 1 digit	# Material N	ame		_ Material 4 di	git # Re	lease code 42
MICHAEL R GAUDET			NEWI	ON POLICE DEPARTM		12/09/2019
Police Officer Name (Please Print)	Signature		ID/Badge # De	partment	Precinct/Barracks	Date

CDP1 11 ·24·00