

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 12/09/2019	Time of Crash 11:06 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 25 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:							
<div>WEST CALIFORNIA ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>NORTH CRAFTS ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>			<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>									
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001267					
License # --- St MA DOB/Age ---			Reg # 1EHH93		Reg Type PAN		Reg State MA					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2015		Veh Make VOLKSWAGON		Veh Config. 1 20					
Operator GILMORE KEVIN E			Owner (Same as operator)									
Address 70 HOBART STREET (apt. B)			Address									
City BRIGHTON State MA Zip 02135			City State Zip									
Insurance Company COMMERCE			Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 3 22 22 22 22		1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled							
Citation # (If Issued) T2016430			Most Harmful Event 2 23									
Violation 1: Ch 89/11 Sec Violation 2: Ch Sec			Driver Contributing Code 19 24 24									
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved			13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above --- 1 4 99 0 0 10 1 N/A									
Operator												
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 M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year		Veh Make		Veh Config. 20					
Operator DORIS-PIERCE CHARLES			Owner									
Address 119 FAIR OAKS AVE			Address									
City NEWTON State MA Zip 02460			City State Zip									
Insurance Company			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 22 22 22 22		2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled							
Citation # (If Issued) N/A			Most Harmful Event 23									
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24									
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed									
Please fill out for operator and all occupants involved			13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above --- 10 1 N/A									
Operator/Non-Motorist												

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

← N →

Crafts Street

Unit 1

California Street

621 California Street

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 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 #	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

MICHAEL R GAUDET

NEWTON POLICE DEPT

12/09/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

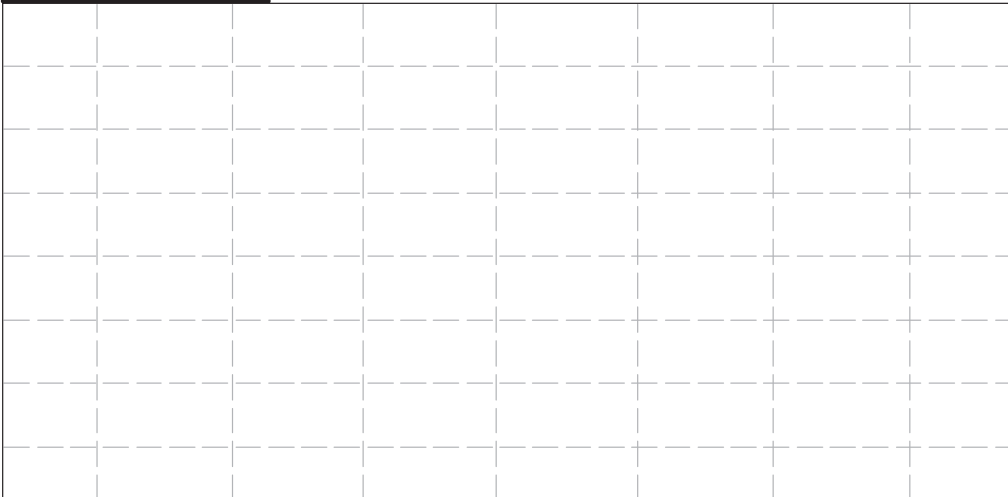
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 → Pedestrian



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:

observed no damage to the right passenger side of MV1 where the contact occurred. Gilmore reported no injuries.

The injured pedestrian, Charles Doris-Pierce (S68331436), was transported to Brigham and Women's Hospital in Boston for his injuries. I followed up with him in the Emergency Department. Doris-Pierce stated MV1 was stopped at the stop sign on California Street. Doris-Pierce stated he entered the marked crosswalk and began to cross California Street at Crafts Street. Doris-Pierce stated MV1's right passenger side tire ran over his foot. Doris-Pierce stated he then slammed on the hood of MV1. Doris-Pierce stated MV1 continued and he was knocked to the ground. Doris-Pierce reported 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:

Registration # _____ (From Vehicle Section)

Carrier Name _____ 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 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

MICHAEL R GAUDET

NEWTON POLICE DEPT.

12/09/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

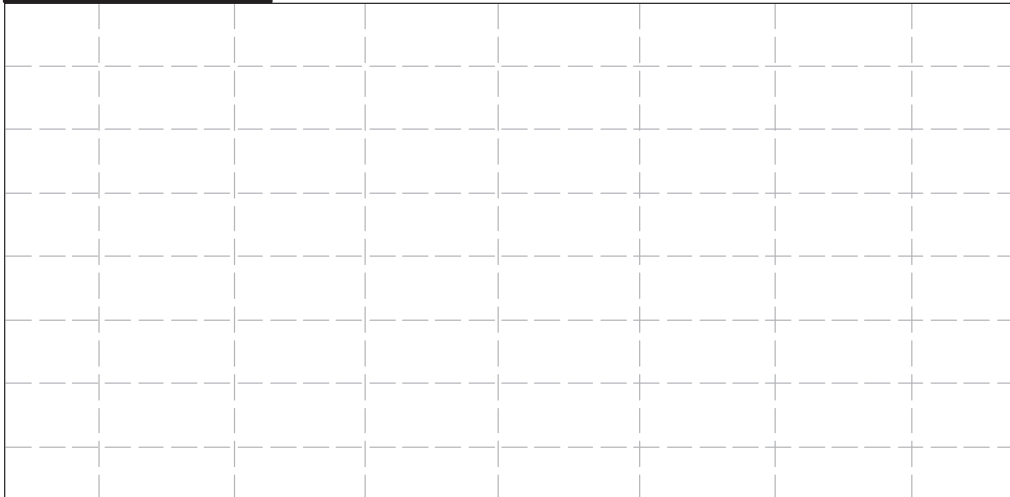
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

After speaking with all parties involved, the operator of MV1 was issued Massachusetts Uniform Citation T2016430 for Chapter 89, Section 11 (Failure to Yield to a Pedestrian in a Crosswalk). Photos were taken of the scene and submitted to the IT Bureau.

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

MICHAEL R GAUDET

NEWTON POLICE DEPT

12/09/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date