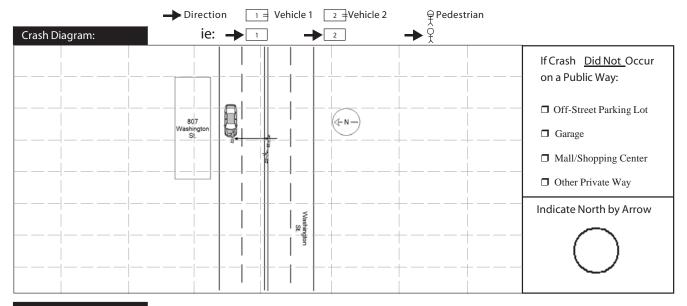
	Poli	ice Use Only		Commo	nwealt	h o	f Mass	ach	use	tts			RM	V Doci	umen	t Number	
	Date of Crash 12/23/2019	Time of Crasl	h City/T NEWTON	own N	Iotor V	<sup>7</sup> ehi	cle Cra	ash		nber	Numb Injure		ed Limi		St L	tate Police ocal Police IBTA Police	
	12/23/2019	19:19 24HI			Polic	e R	Report		1		1		ngitude_			ther:	
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							WEST	8	07		WASH	INGT	ON ST				ŀ
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$\dashv$	At					Feet NSEW of or											
	Route# Direc	etion	Name of Intersect	ing Roadway/Street		- -					Mile	Marker			E	xit Number	
			Also at Inte	ersection with		_ -	Feet	N S	E W o	f	Route	# —	Intersec	ting Ro	oadwa	v/Street	-
						_ -	Feet [	N S	E W o	f				0		,	
	Route# Direct	tion	Name of Inters	ecting Roadway/Stree	et	Landmark							4				
	XVehicle1	#Occupant	ts Hit/Rur	Moped	Case Nui	mber			190000	1330							1
	License#		St N	IA DOB/Age	R	Reg # 4	KH743				_Reg T	vne PA	N	Re	eg Stat	e MA	
	Sex_F Lic. 0	18		_ 19		-	ar_2010	V	eh Mak	е НҮ	_			Veh C		20	_
	Operator SHU		EMILY	Endors			SHUMAN			ARK							ŀ
	Address 203 F	Last ISHER ST	First	Midd	le A	Address	203 FISHER	ST			First			Mid	dle		_
	City NEEDHA		S	tate MA Zip 0249			EEDHAM						State	MA	_Zip	02492	
			MUTUAL INS	r		-	Action Prior t	o Cras	h .	21 1					-	le Up to Thre	ee)
	Vehicle Travel	_		sponding to Emerger			equence 3			22	<b>22</b> 2		3		4		
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				n 2: ChSec_			Contributing C		1 2	4	24	<b>—</b>	9		) 5	11 Totaled	
	Violation	Violation 3: ChSecViolation 4: ChSec					Underride/Override Towed Y 6										
	Please fill out for operator and all occupants involved										28 Airbag Air Status Sw	29 3 bag Eje	0 31 ct Trap le Code	32 Injury	33 Fransp.		
ł	Name (Last Fire Operator	st Middle)		Addr See Ab			Age/DOB	Sex	Pos. \$		Status \$w	tch Coc	le Code	Status	Code <sup>1</sup>	Medical Facili	ity
ŀ													+				
	Please Select C of the Followin	I Vehic	tle#Occupa	nts Non-Moto	rist A Type	14 1	Action 2	15 Lo	ocation	4	6 Con	dition	17 99		Hit/Ru	ın Mop	ed
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	Citation # (If Issued)  Violation 1: ChSec Violation 2: ChSec					Most Harmful Event  Driver Contributing Code  24  24  1  5 11 Totaled											
				on 4: ChSec_			de/Override	Į	25 <sub>T</sub>	owed_	8		7		6		
				ll occupants involv		JIIUCIII	ac, o verride				28 Airbag Air	29 3	0 31 ct Trap	32	33		-
-	Name (Last Fi	rst Middle)	1	Add	lress		Age/DOB	Sex		System System	Status Sv	itch Co	de Code	Injury Status	Code	Medical Faci	
}	Operator/	Non-Motorist	-	See Ab	ove							+		8	2	BRIGHAM & WOM	MENS
-								-				+	+				_



## Crash Narrative:

On 12/23/19, at 1919 hours, I responded to the area of 807 Washington St. for pedestrian struck by a motor vehicle. Upon arrival with Cataldo Medics and Newton Fire, I observed Catherine Chapman being treated in the westbound lane a few feet in front of a 2010 Hyundai Elantra (MA Reg. 4KH 743). The vehicle had a shattered windshield. Ms. Chapman appeared to be wearing a dark colored jacket and dark pants.

The operator of the motor vehicle, Emily Shuman, stated she was traveling westbound in the outside lane when Ms. Chapman stepped in front of her car from the eastbound lane. I also spoke with a witness, Malcolm Robinson, who stated Ms. Chapman was crossing the street from the eastbound lanes with two other people. The other two people stopped in the middle of the street but Ms. Chapman kept walking and was struck. The other two people were Victor Polk and Halimah Polk, both of which confirmed the witness statement.

(Continued on next page)

Witnesses:						
Name (Last, First, Middle)		Address		Phone #	Statement	
POLK JR, VICTOR, H		41 BERWICK I NEWTON,MA	02459			N
POLK , HALIMAH,	41 BERWICK F NEWTON,MA			N		
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	

Truck and Bus Information:	egistration #	(From Vehic	ele Section)		25
Carrier Name				Carrier Issuir	ng Authority Code
Address		City		St	Zip
US DOT #: State N	Number	Issuing State	ICC #:		_ Interstate 36
Cargo Body Type Code 37 Gross Vehi	cle Weight 38			39	
Trailer Reg #: R	eg Type Reg State	Reg Year	Trailer		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digi	t #	Release code 42

ALEXANDER C SPINNEY		24734	NEWTON POLICE DEPARTM		12/23/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
5004 44 4444					

-	Direction	1 = Vehicle 1	2 #Vehicle 2	₹ Pedestr	rian		
Crash Diagram:	ie: →□	1 -	2	<b>▶</b> ♀			
	_		_	₹ redestr	If   ol	Crash Did Not Con a Public Way:  Off-Street Parking Garage Mall/Shopping Cool Other Private Way	g Lot enter
Crash Narrative:							
Ms. Chapman was trans	norted by Catal	do to Brich-	n & Womens He	nital …it	h non-life +1	restening is:	ıries
					How tire cu	reacening inju	
Todys towed the vehicle as	nd pictures of	the scene wer	re submitted t	TO IT.			
Witnesses:							
Name (Last, First, Middle)		Address			Phone	e #	Statement
D							-
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dan	naged Property	
			<u> </u>				
Truck and Bus Information:	Registration #		(From Ve	ehicle Section)			
Carrier Name			(210111 ) (	,	Carrier Is	ssuing Authority Cod	35
Currer reality					Curior is	ssumg rumorny cou	
Address			City		St	Zip	
US DOT #:	_State Number		Issuing State	ICC #:_		Interstate	36
37		38					
Cargo Body Type Code Gro	oss Vehicle Weight				20	<b>5</b>	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	ailer Length 39		
Hazmat Information:							
40	41						42
Placard Material 1 digit	# Material I	Name		Material 4	dıgit #	Release code	
ALEXANDER C SPINNEY		2473	4 NEW	/TON POLICE DEPART!		12/23/20	110

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)