

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 12/23/2019	Time of Crash 19:19 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 1	Speed Limit 35 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:				
Route# Direction Name of Roadway/Street At			WEST 807 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001330		
License # --- St MA DOB/Age ---			Reg # 4KH743 Reg Type PAN Reg State MA			Veh Year 2010 Veh Make HYUNDAI Veh Config. 1 20					
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Owner SHUMAN MARK			Address 203 FISHER ST					
Operator SHUMAN EMILY			City NEEDHAM State MA Zip 02492			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)		
Address 203 FISHER ST			Insurance Company AMICA MUTUAL INS			Event Sequence 3 22 22 22 22			10 Undercarriage		
Vehicle Travel Direction: N S E X Responding to Emergency? N			Citation # (If Issued) _____			Most Harmful Event 3 23			11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y		
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility								
Operator			See Above								
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 1 14			Action 2 15			Location 4 16		
License # --- St --- DOB/Age ---			Reg # --- Reg Type --- Reg State ---			Veh Year --- Veh Make --- Veh Config. 20					
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Owner ---			Address ---					
Operator CHAPMAN CATHERINE			City --- State --- Zip ---			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)		
Address 41 BERWICK RD			Insurance Company ---			Event Sequence 22 22 22 22			10 Undercarriage		
Vehicle Travel Direction: N S E W Responding to Emergency? ---			Citation # (If Issued) _____			Most Harmful Event 23			11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 24 24			Underride/Override 25 Towed ---		
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility								
Operator/Non-Motorist			See Above								

→ 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:

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 RD NEWTON, MA 02459	-----	N
POLK, HALIMAH,	41 BERWICK RD NEWTON, MA 02459	-----	N

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

