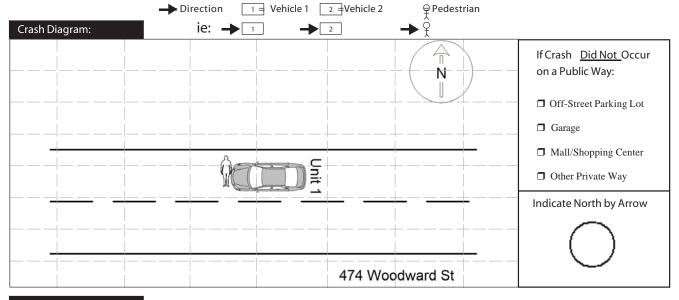
Po	lice Use Only		Commo	nwealth	of Mass	achus	setts			RMV I	Oocume	nt Number	
Date of Crash 12/29/2019	Time of Crash	City/To	own M	lotor V	ehicle Cra	ash [Number Vehicles	Number Injured		d Limit <u>2</u> ide	25	State Police Local Police MBTA Police	□ Xi
12/23/2019	24HR			Police	Report		1	1		itude		Other:	
	AT INTE	RSECTION:	<	LOC	ATION	>		NOT	AT I	INTER	RSECT	ΓΙΟN:	
					WEST	474		WOOD	WARD	ST			H
Route# Dire	ection	Name of	Roadway/Street		Route# Directi	on Add	ress #		Nam	ne of Roa	idway/St	reet	_
			At		Feet	N S E V	V of		•	or			
Route# Dire	ection 1	Name of Intersecting	ng Roadway/Street		-	., 5 2 7	<u> </u>	Mile M	larker	OI		Exit Number	
		Also at Inter			Feet [N S E V	v of	Route#	In	tarcactin	a Poodu	ay/Street	-
					Feet [N S E V	v of	Route	111	nerseem	ig Roadw	ay/Sirect	
Route# Dire	ction	Name of Interse	cting Roadway/Street	t				-		Landr	nark		
X Vehicle	1 1_#Occupants	Hit/Run	Moped	Case Numb	er	190	0001341						
License#_	_	St M	A DOB/Age	D	g# 192HV0			D T	PAN	ı	D C4-	-4- MA	
	18	18	19		Year 2016						_	20	-
Sex_F_ Lic		Lic. Restriction MARGARET	Endorsn	ment		watow)					eh Confi	.g. 1	ŀ
Operator M	Last VELLINGTON A	First	Middle		ner (Same as ope	st		First			Middle		-
			MA 00050		dress								-
City MARSI			ate_MAZip_02050		y		2	_			-	cle Up to Thre	
\neg	mpany COMMER				nicle Action Prior t	o Crash	22	22 2	amageu	3	oue. (Cii 4	•	(86)
Vehicle Trave	el Direction: N	S E X Resp	onding to Emergence		ent Sequence 3	23	22			Ť/	$ \int_{0}^{1} $	10 Undercarr	inge
Citation # (If	Issued)			Mo	st Harmful Event	3	24	24	←	9	5	11 Totaled	lage
Violatio	n 1: ChSe	c Violation	2: ChSec	Dri	ver Contributing C	ode 19				<u> </u>	ه کیا		
			4: ChSec	Un	derride/Override		Towe	<u>Y</u>		•			_
Please Name (Last F		ator and all occu	pants involved Addre	ss	Age/DOB	Sex Pos	26 27 at Safety s. System	28 29 Airbag Airba Status Swite	g Eject ch Code	31 Trap Inji Code Sta	32 33 ury Transp tus Code	p.	ity
Operato	r		See Abo	ove			- 1	4 4	0	0 10	0 1		
Diago Cologo	000				14	15		16		17		<u> </u>	
Please Select of the Follow	Vehicle	e# Occupan	ts Non-Motori	ist A Type 1	Action 97	Locati	on 4	Condi	tion 1		Hit/R	Run Mop	ed
License#_		St	DOB/Age	Re	<u> </u>		•	Reg Tv	ne		_Reg Sta	ate	
Sex_F Lic	Class 18 1		19		ı Year_							20	_
Operator CA		 ELIZABETH		ment	ner								
	Last CHESTNUT ST	First	Middle		dress	st		First			Middle		
City NEWTO		St	ate_MAZip		y					State	7.ir)	
Insurance Co					nicle Action Prior t		2	_				cle Up to Thre	ee)
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	Issued)		sponding to Emergen		st Harmful Event	23				\/		10 Undercarr	iage
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Name (Last	First Middle)	- operator and an	Addre	ess	Age/DOB	Sex Po	at Safety os. System	Airbag Airba Status Swit	g Eject ch Code	Trap Inju Code St	ury Transı tatus Code	p. Medical Faci	lity
Operato	r/Non-Motorist		See Abo	ve		-				8	2	BI	
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Crash Narrative:

Sgt. McNeil, N495, and I responded to 474 Wodward St. for an auto pedestrian accident. Upon arrival the victim, Elizabeth Cantwell was laying in the street and receiving treatment from NFD and Cataldo. The operator of Ma Reg. 192HVO was Margaret Meehan. Meehan was visibly upset and was hearing impaired, as a result Meehan was unable to communicate what happened in the accident. At this time we were able to contact Meehans daughter, Bernadette Conley 781-248-6222. Cantwell was transported to Beth Israel Hospital. Traffic Bureau was notified. I went to the BI hospital to get a statement from Cantwell. Cantwell states that her husband parked their vehicle across the street from Starbucks. Cantwell states that she stood next to her car to cross the street. Vehicle 1 came to a stop and Cantwell believed that the vehicle was going to let her cross the street (not in crosswalk). Cantwell states that when she went to cross the street

(Continued on next page)

Witnesses:					
Name (Last, First, Middle)	Address			Phone #	Statement
FLYNN, JOHN,	208 RIVER NEWTON,				Y
Property Damage:					
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information: Carrier Name	Registration #			Carrier Issuing Authority	Code 35
Address		City		St Zip_	
US DOT#:		Issuing State	ICC #:_	Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Tr		
Hazmat Information:					
Placard 40 Material 1 digit #	# 41 Material Name		_ Material 4	digit # Release cod	de 42

STEPHEN T COTTENS		NEWTON POLICE DEPARTM	12/29/2019		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction 1	delicle 1 ≥ 2	≠Vehicle 2	₽ Pedestriar	1
Crash Diagram:	ie: 🕕 🛚 1	2		→Ŷ	
					If Crash <u>Did Not</u> Occur on a Public Way:
					Off-Street Parking Lot
					Garage
					☐ Mall/Shopping Center
į į	į į		į		☐ Other Private Way
					Indicate North by Arrow
		 		+- +-	
Crash Narrative:					
vehicle 1 hit her, causing	her to land on	the hood an	d then rolle	ed off onto t	he street. At this time
Cantwell has a dislocated	hip and head in	jury. I took	photos of t	the scene. M	eehans vehicle was parked in a
legal spot and I transpor	ted her to NHQ	where she wa	s picked up	by her daugh	ter Bernadette Conley. I fill
and immediate threat with	the RMV and a c	copy of the r	eport was at	tached with	the form.
W:					
W itnesses: Name (Last, First, Middle)		Address			Phone # Stateme
Property Damage:			1		
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property
Truck and Bus Information:	Pagistration #		(From I	/ehicle Section)	
Carrier Name	Registration #		(110111 \	,	Carrier Issuing Authority Code
Address			City		St Zip
			•		36
US DOT #:		38	Issuing State	ICC #:	Interstate
Cargo Body Type Code Grou	ss Vehicle Weight				39
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	r Length
Hazmat Information:	41				-
Placard 40 Material 1 digit #	Material Na	ame		Material 4 dig	it # Release code 42
STEPHEN T COTTENS			NI	EWTON POLICE DEPARTA	12/29/2019
Police Officer Name (Please Print)	Signature			Department	Precinct/Barracks Date

CDP1 11 ·24·00