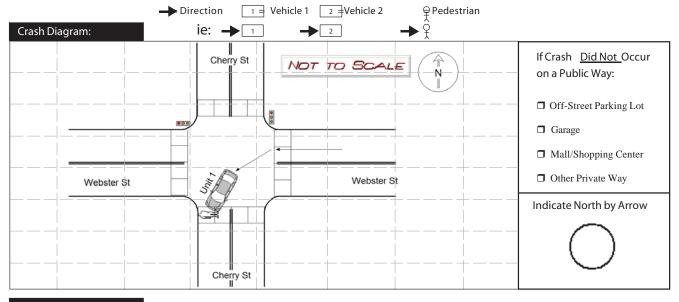
	Poli	ce Use Only		Commonwe	ealth o	of Mass	achu	isetts	<b>;</b>		RMV	/ Docum	ent Number	
	Date of Crash 01/09/2020	Time of Crash 13:46	City/Tow NEWTON	141010		icle Cra	ısh [	Number Vehicles			d Limit ude		State Police Local Police MBTA Police	NA NA
		24HR				Report		1	1		gitude_		Other:	_
		AT INTER	SECTION:	<	LOCA	TION	>		NO'	ГАТ	INTE	ERSEC	CTION:	2
	sou	ГН CHERR	Y ST											
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direc	tion	Name of R	oadway/Street		Route# Directi	on Ad	dress #		Nar	ne of R	oadway/S	Street	2
	EAST	WEBST		•		Feet	N S E	W of	Mile	• Marker	(	or	Exit Number	_
	Route# Direc	tion N	lame of Intersecting			Feet	N S E	W of	Wille	viaikci			EXIL NUMBER	_
			Also at Interse	ction with					Route	# <u>I</u>	ntersect	ting Road	way/Street	
<b>2 2</b>	Route# Direct	tion	Name of Intersect	ing Roadway/Street		Feet	N S E	w of			Τ	11-		3
3	[X]	4 "-	D								Lan	ndmark		$\dashv$
	A Vehicle1	_1_#Occupants	Hit/Run	Moped Cas	se Number		20	000000036						
	License#	18 18	St MA	DOB/Age	Reg#	2197RW			Reg T	pe_PAN	1	Reg S	State MA 20	_
	Sex_F_ Lic. 0	Class D 16	Lic. Restrictions	1 CDLEndorsment	Veh Y	ear_2011	Vel	n Make_T	OYOTA			Veh Con	ifig. 1	
<sup>4</sup> 3	Operator PYV		SHARON	Middle	Owne	(Same as ope	rator)		First			Middle		- <b>1</b>
3	Address 144 C	HERRY ST				SS								-
	City W. NEW	TON	State	MA Zip 02465	_ City_						_State_	Z	ip	_
	Insurance Com	pany AMICA M	UTUAL		_ Vehic	le Action Prior t	o Crash	4	21	Damageo	d Area	Code: (C	ircle Up to Thr	ree)
5 <b>1</b>	Vehicle Travel	Direction: N	X E W Respo	nding to Emergency? N	_ Event	Sequence 3	22 22	22	22 €		3		4	
	Citation # (If Is	ssued)			Most	Harmful Event	3 23	1		_	9	/	10 Undercarr 5 11 Totaled	riage
	Violation	1: ChSec	Violation 2	:: ChSec	Driver	Contributing C	ode 1	1 24	24		ŹŤ		o II Iotaled	
<sup>6</sup> <b>1</b>	Violation	3: ChSec	Violation 4	: ChSec	Under	ride/Override	25	Towe	ed_N 8		7		6	
	Please f		ator and all occupa			A /DOD	Sex S	26 27 Seat Safety	28 Airbag Airl	29 30 Eject	31 Trap	32 Injury Tran	33 lisp.	13 3
	Operator	st Middle)		Address See Above		Age/DOB		os. \$ystem	Status Swi		Code :	\$tatus   Coc 10   1	le Medical Facili	ity 5
											-			
2	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A	Гуре 1	Action 2	Loca	ation 1	16 Cond	lition 1	17	Hit	/Run Mop	oed
					_									-
	License#	18 1		DOB/Age									20	-
0	Sex_M_ Lic. 0		Lic. Restrictions SCOTT	CDL Endorsment	_	ear	Vel	ı Make				Veh Con	ifig.	
<sup>8</sup> <b>2</b>	Operator LOI	Last	First	Middle	Owne	r	st		First			Middle		-
	Address 175 A				_ Addre	SS								-
	City NEWTO	N	State	e MA Zip 02458					· ·		_State_		ip	-
	Insurance Com	pany			_ Vehic	le Action Prior to				Jamageo	a Area	`	ircle Up to Thr	ee)
	Vehicle Travel	Direction: N	S E W Resp	onding to Emergency?	Event	Sequence	22 22 23		22 2		Ţ	$\overline{\mathcal{I}}$	10 Undercari	riage.
	Citation # (If Is	ssued)			Most	Harmful Event			24	<b>←</b>	9	$( \mid \mid \mid$	5 11 Totaled	.age
	Violation	n 1: ChSe	ec Violation	2: ChSec	Driver	Contributing C	ode 25	24	24 8		4		6	
				4: ChSec	Under	ride/Override		Tower	l	0 1 20	/			
	Plo Name (Last Fi		operator and all o	ccupants involved Address		Age/DOB		26 Seat Safety Pos. Syster	28 2 Airbag Airl n Status Sw	9 30 pag Eject itch Code	Trap 1 Code	Injury Tran	33 isp. de Medical Faci	ility
	Operator/	Non-Motorist		See Above								8 1		
										+				



## Crash Narrative:

On 01/09/20 at approximately 13:30 hours, a pedestrian Scott Lorenz came in to the lobby of Newton Police
Headquarters to report that he was struck by a motorist while crossing the intersection of Cherry & Webster
Streets. This accident took place at approximately 13:00 hours on this date. Mr. Lorenz further stated that
he was walking on foot and attempting to cross Cherry Street going eastbound at Webster Street. He says that
he did not activate the cross walk signal but thought it was clear to proceed as Webster Street had a red
light signal. While attempting to cross, he says that the westbound lane of Webster Street received a green
light and MV1 proceeded to turn left on to Cherry Street from Webster Street. He then looked at the motorist
and thought that she saw him. Once she kept approaching and realizing that he was not seen, he started to
back track but was struck by the front end of MV1. Lorenz then tumbled back and fell down to the ground. He

(Continued on next page) Witnesses: Address Name (Last, First, Middle) Phone # Statement **Property Damage:** Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property** Truck and Bus Information: Registration # \_\_\_\_\_\_(From Vehicle Section) 35 Carrier Name \_ \_\_\_ Carrier Issuing Authority Code Address\_\_\_ US DOT #: State Number \_\_\_ Issuing State \_\_\_\_\_ ICC #:\_\_\_ Cargo Body Type Code Gross Vehicle Weight Reg Type\_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year\_\_\_\_ Trailer Length Trailer Reg #:\_ Hazmat Information: Material Name\_\_\_\_\_\_ Material 4 digit # \_\_\_\_\_\_ Release code Placard Material 1 digit #

JEREMY L WILSON		25227	NEWTON POLICE DEPARTM		01/09/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	Direction	ı = Vehicle 1	2 =Vehicle 2	₽Pedestr	ian	
Crash Diagram:	ie: →□	<b>→</b> [	2	₽Ŷ		
	 	 	 		If Crash <u>C</u> on a Public	oid Not_Occur C Way:
					□ Off-Stree	et Parking Lot
			<u> </u>		Garage	
	İ				□ Mall/She	opping Center
	— —   — — — — 				☐ Other Pr	ivate Way
			++-		Indicate No	orth by Arrow
			++-   			
Crash Narrative:						
says that he got up feel:						
information and then lef						
Newton Police Headquarte	rs to report it.	I observed	d a small round	lswollen	red mark to the insi	de of his
right knee area and a rec	d mark to the ba	ck left side	e of his neck.	Digital	photos were taken of	his
injuries. Mr. Lorenz de	clined medical a	ttention and	d wanted this i	ncident d	ocumented in case hi	s possible
injuries worsened.						
I then spoke to the opera	ator of MV1, Sha	ron Pywell	(MA S23277423),	on the p	hone after. Pywell	stated
that she was operating he	er Toyota Prius	bearing MA 1	reg. # 2197RW o	n Webster	Street facing westb	ound at Cherry
Street waiting for the g	reen signal to t	urn left on	to Cherry Stre	et. Once	the light changed,	she attempted
(Continued	on next page)					
Witnesses:		1			21 "	ļ <sub>s</sub> , ,
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Prop	perty
Truck and Bus Information:	Registration #		(From Ve	hicle Section)		35
Carrier Name					Carrier Issuing Autl	
Address			_ City		St	Zip
US DOT #:	State Number		Issuing State	ICC #:_	Inter	state 36
Cargo Body Type Code 37	ross Vehicle Weight	38			20	
Trailer Reg #:	Reg Type	Reg State _	Reg Year_	Tra	ailer Length	
Hazmat Information:  Placard 40  Material 1 dig	it # 41 Material N	Name		Material 4 o	ligit# Releas	e code 42
JEREMY L WILSON		252	27	TON POLICE DEPARTM		01/09/2020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

-	Direction	1 = Veh	icle 1	2 = Vehicle 2	Pedestr	an	
Crash Diagram:	ie: →	1	→[	2	<b>→</b> ♀		
							sh <u>Did Not</u> Occur Public Way:
		_				o	ff-Street Parking Lot
						□ G	
						M	all/Shopping Center
					+		ther Private Way
		_		+		Indica	ate North by Arrow
	_				+		
Crash Narrative:							
to turn and never saw a p	edestrian try	ing to d	cross Ch	nerry Street	. I asked	ner if she ever	felt contact to
which she replied that sh	e was not awa	re that	she eve	er struck so	meone. She	further says th	nat once she did
see him, she believed tha	t he never lo	st his b	alance	or ever fel	l down. She	e says that he	retrieved his
backpack from the ground	and approache	d her di	river's	side openin	g her door	stating that he	was struck by
her.							
Witnesses:							
Name (Last, First, Middle)		Addre	ess			Phone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of Damage	ed Property
Truck and Bus Information:	Registration #			(From	Vehicle Section)		
Carrier Name						Carrier Issuir	ng Authority Code
Address						g.	
				City		St	Zip
US DOT #:				•			36
37				•			36
37	_ State Number coss Vehicle Weight	38		Issuing State _	ICC #:	39	36
Cargo Body Type Code 37 Gr Trailer Reg #: Hazmat Information:	_ State Number coss Vehicle Weight	38		Issuing State _	ICC #:	39	_ Interstate 36
Cargo Body Type Code 37 Gr Trailer Reg #:	State Number oss Vehicle Weight   Reg Type	38 Re	g State	Issuing State Reg Yea	ICC #: r Tra	39	Interstate 36

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)