

Police Use Only				Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 01/13/2020		Time of Crash 18:17 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1		Number Injured 0		Speed Limit 25 Latitude _____ Longitude _____		State Police Local Police MBTA Police Other: <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:							
<div><div>EAST</div><div>BEACON ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>SOUTH</div><div>HERRICK RD</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>						<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 Route# Intersecting Roadway/Street</div><div>Feet N S E W of Landmark</div></div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants						<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000048					
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator PELLEGRIN RAPHAEL Address 53 STEARNS ST City NEWTON State MA Zip 02465 Insurance Company COMMERCE Vehicle Travel Direction: N X E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Reg # 5MC719 Reg Type PAN Reg State MA Veh Year 2019 Veh Make NISSAN Veh Config. 1 20 Owner PELLEGRIN JEANNOEL Address 53 STEARNS ST City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 3 22 22 22 22 2 Most Harmful Event 3 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved						26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Code Operator See Above --- 3 4 4 0 0 10 1 Medical Facility									
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 10 16 Condition 1 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped									
License # --- St DOB/Age --- Sex F Lic. Class 18 18 Lic. Restrictions CDL Endorsment Operator CHAN ALYSSA Address 53 DEFOREST RD City NEWTON State MA Zip 02462 Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 20 Owner Address City State Zip Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed									
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→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

**NOT TO SCALE**

Union St

17 Herrick Rd

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑ N

**Crash Narrative:**

On Monday January 13th 2020 at 1830, CHAN, Alyssa came into the front desk to report a past MVA vs pedestrian. At 1300, she was walking on Herrick Rd when she crossed by an entrance to a driveway by 17 Herrick Rd, when a vehicle pulled out and struck her. She states she was hit on her left side of her body and used her hand to brace herself against the car. The operator of MV1 asked her if she was ok, which she said she was, and then drove off. CHAN was later evaluated by her primary care physician, which advised her to monitor her wrist for any development of injury in the coming days. I spoke to the owner of MV1, who stated his son was driving the car today. Operator of MV1 stated he was pulling out of a driveway next to 17 Herrick Rd and looked both ways before pulling out, but did not see the pedestrian walking in front of his car. He states he got out and asked if she was ok, and she continued to walk away without talking. I did not observe

(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

**LAUREN MARIE KEEFE**      **NEWTON POLICE DEPT**      **01/13/2020**

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24:00

♀ Pedestrian

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

42

CDP1 11 -24:00