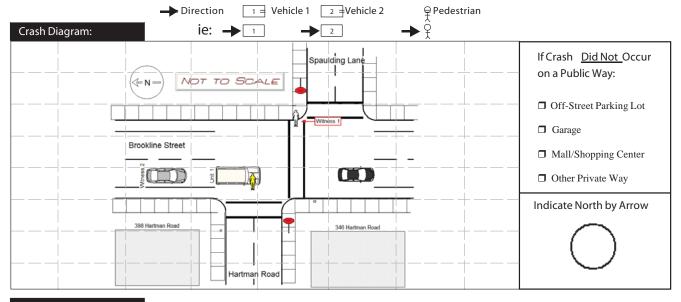
	Poli	ice Use Only		Commonwe	alth d	of Massa	achu	setts	\$		RMV	Docum	ent Number	
	Date of Crash 01/23/2020	Time of Crash 15:04	City/Tow NEWTON	MIOTOI		icle Cra	sh	Number Vehicles	Injure	l Latit	d Limit		State Police Local Police MBTA Police	N X
		24HR	CECTION			Report		1	1		gitude_		Other:	
		ALINIER	RSECTION:	<	LOCA	HON	>		NO	I AI	INIE	LRSEC	CTION:	2
	SOU	TH BROOK	KLINE ST											
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direc	tion	Name of R	oadway/Street		Route# Direction	on Ad	dress #		Nar	ne of R	oadway/S	Street	_ 2 10
	WES	T HARTM	MAN RD			Feet [N S E	W of		• Marker	(or	Exit Number	
	Route# Direc	etion N	Jame of Intersecting			Feet 1	N S E	w of	WHICH	viaikci			Exit Nulliber	-
			Also at Interse	ction with					Route	# <u>I</u>	ntersect	ting Road	way/Street	- 11
2 2	Route# Direc	tion	Name of Intersect	ing Roadway/Street	I	Feet	N S E	of of			Y	1 1		_ 1
3			D	D., .							Lan	ıdmark		-
	Vehicle1	1_#Occupants	Hit/Run	☐ Moped Case	Number		20	00000087	'					_
	License#	18 1	St MA		Reg#	9NX525			Reg T	pe_PAN	1	Reg S	State MA 20	-
	Sex_M_ Lic.	Class D 18	Lic. Restrictions	1 CDL	Veh Y	ear_2017	Veh	Make_G	MC			Veh Con	afig. 2	
4 1	Operator <u>UM</u>		MENACHEM First	M Middle		CHABAD LU			First			Middle		- 1
1	Address 163 B	ELLINGHAM R	RD			ss 163 BELLING	GHAM I	ROAD						.
	City BROOKI	LINE	State	MA Zip 02467	City _B	ROOKLINE					_State_	MA Z	ip <u>02467</u>	-
	Insurance Com	pany CHURCH	MUTUAL INSUR	ANCE COMPANY	Vehicle	e Action Prior to	Crash	1	21	Damageo	d Area	Code: (C	ircle Up to Thre	ee)
5 2	Vehicle Travel	Direction: N	X E W Respo	nding to Emergency? N	Event	Sequence 3	22 22				_ 0		4	
	Citation # (If I	ssued) T0115905			Most I	Harmful Event	3 23		1	—	9	$ \cdot $	10 Undercarri 5 11 Totaled	age
-	Violation	1: Ch90/14/Sec	Violation 2	: ChSec	Driver	Contributing Co	ode 1	19 24	24					
⁶ 1	Violation	3: ChSec	Violation 4	: ChSec	Under	ride/Override	25	Towe	ed_N8		7		6	
	Please t Name (Last Fir		ator and all occupa	ants involved Address		Age/DOB		26 27 Seat Safety Pos. System	28 Airbag Airl Status Swi	29 30 Eject Ich Code	31 Trap 1 Code 5	32 Injury Tran Status Cod	33 lsp. Medical Facili	y 3
	Operator			See Above				1	4 99		0	10 1	N/A	
7	Diagram Calasta)				4 1	15		16		17			
2	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A Ty	/pe 1	Action 1	Loca	tion 2		lition 1	17	Hit,	/Run Mop	ed
	License#		St	DOB/Age	Reg#				Reg T	/pe		Reg S	State	
	Sex_F Lic.	Class 18 1	8 Lic. Restrictions	19 CDL		ear						Veh Con	20	
⁸ 2	Operator ALI	EXANDER	CASSANDRA	Endorsment E	Owner									
2		VHITING AVEN	First NUE (apt. 212)	Middle	Addres	Las	t		First			Middle		
	City DEDHA	М	State	MA Zip 02026	City_						_State_	Z	ip	.
	Insurance Com	pany			Vehicle	e Action Prior to	Crash	2	21	Damageo	d Area	Code: (C	ircle Up to Thre	e)
	Vehicle Travel	Direction: N	S E W Resp	onding to Emergency?	Event	Sequence	22 22	22	22 2		3		4	
	Citation # (If I		^			Harmful Event	23					/)	10 Undercarri 5 11 Totaled	age
	Violatio	n 1: ChSe	ec Violation	2: ChSec		Contributing Co	ode	24	24	1	9		5 11 TOTALEG	
				4: ChSec		ride/Override	25	Tower	8 l		7		6	
	Pl	ease fill out for		ccupants involved				26 27 Seat Safety	28 2 Airbag Airl	9 30 Eject	31 Trap I	njury Trar	33 lsp.	\dashv
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos. System	n Status Sw	itch Code	e Code	Status Co		
	- F 3744317									+				
										+				



Crash Narrative:

On Thursday, January 23, 2020 while assigned to Traffic unit N525, I responded to the intersection of Brookline Street and Hartman Road, Newton for a report of a motor vehicle/pedestrian crash involving a City of Newton Crossing Guard. The weather at the time of the crash was overcast. The road surface where the crash took place was dry. Brookline Street and Hartman Road are both public ways maintained by the City of Newton. On arrival, the injured pedestrian was in the process of being transported to Newton Wellesley Hospital with minor injuries.

I spoke with the operator of the vehicle involved in the crash, Menachem Uminer (\$43996134).

Uminer stated he was operating his vehicle on Brookline Street (S) towards Hartman Road. Uminer stated he was stopped in traffic on Brookline Street prior to the crash. Uminer stated the vehicle in front of him

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
	94 VINE STREET		
GARCIA , ASHLEY,	NEWTON,MA 02467		Y
	34 BIRCH STREET		.,
VAIDYA , ANAND,	NEEDHAM,MA 02494		Y

Trackana bas information.	Registration #	(From Veni	cie Section)			35
Carrier Name				Carrier Issu	ing Authority Code	
Address		City		St		_
US DOT #:Sta	ate Number	Issuing State	ICC #:		Interstate 36	
Cargo Body Type Code Gross V	Vehicle Weight 38			39		
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Lengt			
Hazmat Information:						
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42	

MICHAEL R GAUDET NEWTON POLICE DEPARTM 01/23/2020

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

→ Direction 1	Vehicle 1 2	₹Vehicle 2	$\underset{T}{\Theta} Pedestrian$		
Crash Diagram: ie: -	2	→	Ŷ		
				If Crash <u>Did Not</u> on a Public Way:	Occur
				Off-Street Parkin	ng Lot
				☐ Garage	
					Contar
iiii				— — Mall/Shopping C	
				☐ Other Private Wa	ay
				Indicate North by	Arrow
Crash Narrative:					
proceeded to travel straight from it's st	copped position	n and he then	began to f	follow the traffic on B	rookline
Street. Uminer stated he did not see any	one in the v	ricinity of his	s vehicle a	as he began to travel s	traight
from his stopped position. Uminer stated	l as he was tr	aveling by Ha	rtman Road,	, the front passenger s	ide area
of his vehicle made contact with a pedes	rian on the r	ight side of l	Brookline S	Street at Hartman Road.	Uminer
stated he did not see this party until a	ter they were	struck and he	e then proc	ceeded to pull his vehic	cle over.
Uminer stated he was operating his veh	cle at a very	low speed at	the time t	the collision took place	e
After speaking with Uminer, I obser	rved the white	2017 GMC Yuko	on (MA: 9N)	(525) involved in the	
crash parked on Brookline Street (S) just	past Hartman	Road. Uminer	stated the	e vehicle had been moved	d
after the collision took place. I observe	ed no obvious	damage to the	body of th	ne vehicle on the front	
(Continued on next page)					
Witnesses:					
Name (Last, First, Middle)	Address			Phone #	Statement
Property Damage:	-				'
Owner (Last, First, Middle) Address		Phone #	34-Type De	scription of Damaged Property	
Truck and Bus Information: Registration #		(From Vehic	ele Section)		35
Carrier Name				Carrier Issuing Authority Co	ode
Address	(City		St Zip	
US DOT #: State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gross Vehicle Weight	38				
Trailer Reg #: Reg Type	Reg State	Reg Year	Trailer	Length 39	
Hazmat Information:					
Placard 40 Material 1 digit # 41 Material N	ame		Material 4 digit	# Release code	42

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

01/23/2020

Date

Precinct/Barracks

CDP1 11 ·24·00

MICHAEL R GAUDET

	Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestria	in	
Crash Diagram:	ie: 🕕 🛚 1	→ □	2	₽ ĝ		
					If Crash <u>Did No</u> on a Public Way	
					Off-Street Par	king Lot
					Garage	
			į		☐ Mall/Shoppin	g Center
		+			Other Private	Way
				+	Indicate North b	by Arrow
			-	+ +)
Crash Narrative:						
passenger side area where						
towards the door. Uminer		eves the from	nt passenger do	or mirror	was the point of conta	act between
his vehicle and the pedes		h	(004103506	Compi		
to cross Brookline Street					a stated she was attemp	
steps into Brookline Street						
its brakes near the cross						
the right from the area w						
						looked
			-			e looked
over and saw a crossing g	uard on the roa		-			e looked
over and saw a crossing g			-			e looked
over and saw a crossing g	uard on the roa		-			Statement
over and saw a crossing g (Continued witnesses:	uard on the roa	dway on Brool	-		man Road.	
over and saw a crossing g (Continued witnesses:	uard on the roa	dway on Brool	-		man Road.	
over and saw a crossing g (Continued Witnesses: Name (Last, First, Middle)	uard on the roa	dway on Brool	-		man Road.	
over and saw a crossing g (Continued witnesses:	uard on the roa	dway on Brool	-	S) at Hart	man Road.	
over and saw a crossing g (Continued of the same (Continued of the same of th	uard on the road	dway on Brool	cline Street (S	S) at Hart	Phone #	
over and saw a crossing g (Continued of the same (Continued of the same of th	uard on the road	dway on Brool	cline Street (S	S) at Hart	Phone #	
over and saw a crossing g (Continued of the same (Continued of the same of th	nuard on the road on next page) Address	Address	cline Street (S	34-Type [Phone #	Statement
over and saw a crossing g (Continued of the continued of	Address Registration #	Address	Phone #	34-Type [Phone #	Statement
over and saw a crossing g (Continued of the continued of	Address Registration #	Address	Phone #	34-Type [Phone # Description of Damaged Property Carrier Issuing Authority	Statement Code 35
over and saw a crossing g (Continued of the continued of	Address Registration #	Address	Phone # (From Veh	34-Type [Phone # Description of Damaged Property Carrier Issuing Authority	Statement Code 35
over and saw a crossing g (Continued of the continued of	Address Registration #	Address	Phone # (From Veh	34-Type [Phone # Description of Damaged Property Carrier Issuing Authority St Zip	Statement Code 35
over and saw a crossing g (Continued of the continued of	Address Registration # State Number oss Vehicle Weight	Address 38	Phone # (From Veh Issuing State	34-Type [Phone # Description of Damaged Property Carrier Issuing Authority St Zip Interstate	Statement Code 35
over and saw a crossing g (Continued of the continued of	Address Registration # State Number oss Vehicle Weight Reg Type	Address 38	Phone # (From Veh Issuing State	34-Type [Phone # Description of Damaged Property Carrier Issuing Authority St Zip Interstate	Code 35
Over and saw a crossing g (Continued of the continued of	Address Registration # State Number oss Vehicle Weight Reg Type	Address Address Reg State	Phone # (From Veh Issuing State	34-Type [ICC #: Trail	Phone # Description of Damaged Property Carrier Issuing Authority St Interstate	Code 35

ID/Badge #

Department

Precinct/Barracks

Date

Signature

-	→ Direction	1 = Vehicle 1	2 =Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: →□	1 -	2	₽Ŷ			
	 	 	 	<u> </u>	I	Crash <u>Did Not</u> (a Public Way:	Occur
		<u> </u>				Off-Street Parking	g Lot
		 				Garage	
į		į		į		Mall/Shopping Co	enter
		- 				Other Private Way	y
		- 			Ind	licate North by A	irrow
						\bigcirc	
Crash Narrative:							
The injured pedestr	ian involved in	the crash i	s Cassandra Al	Lexander (s23636307). <i>1</i>	Alexander is	a
crossing guard for the Ci	ty of Newton ar	nd is assigne	d to the inter	section o	f Brookline St	treet and Har	tman
Road for the Memorial Spa	ulding school o	crossings. T	his crash occu	rred whil	e Alexander wa	as performing	her
official duties. Alexand	er was wearing	her departme	nt issued yell	low reflec	tive jacket at	t the time of	the
crash.							
I spoke with Alexan	der at Newton W	Wellesley Hos	pital where sh	ne was bei	ng treated for	her injurie	s.
Alexander stated she was	performing her	duties as a	crossing guard	d at the i	ntersection of	f Brookline S	treet
and Hartman Road. Alexand	er stated she h	nad just fini	shed crossing	two pedes	trians in the	marked cross	walk on
Hartman Road when observe	d a pedestrian	enter the cr	osswalk on Bro	ookline St	reet at Spaulo	ding Lane. A	lexander
(Continued	on next page)						
Witnesses:		1					1
Name (Last, First, Middle)		Address			Phone	! # 	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property	
Truck and Bus Information:	Registration #		(From Ve	chicle Section)			
Carrier Name	· 				Carrier Is	suing Authority Cod	35 le
Address			_ City		St	Zip	
US DOT #:	_ State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gr	ross Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	ailer Length 39		
Hazmat Information: Placard 40 Material 1 digit	41 Matarial P	Nama		Matarial 4	ligit #	Release code	42
i iacaid viateriai i digil	iviaterial I	vaiii0		1414101141 4 (ндιι π	_ Release code	

ID/Badge #

Department

Precinct/Barracks

Date

Signature

→	Direction 1 :	Vehicle 1 2	Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: → 1	2	→	· ĝ		
					If Crash <u>Did N</u> on a Public Way	
					☐ Off-Street Par	king Lot
					Garage	
			į	į	☐ Mall/Shoppin	g Center
					☐ Other Private	Way
	· — — — — -		- — — —	+	Indicate North b	y Arrow
	-)
Crash Narrative:						
stated she began to enter	the intersectio	n of Brooklin	ne Street at H	artman R	oad with her hands up ar	nd her
department issued yellow re	eflective jacke	t on in an e	ffort to stop	traffic	in the area to allow the	•
pedestrian in the marked c	rosswalk safely	cross. Alexa	ander stated s	he was s	truck on her left side b	ру а
passing vehicle. Alexander	stated she did	not see the	vehicle and fo	ell to t	he roadway. Alexander st	ated as
she was falling to the road	dway she extend	ed her right	arm in an eff	ort to b	race her fall. Alexander	stated
she had injuries to her arm	ns and legs and	was sore fro	om the collision	on.		
I spoke with a second	d witness to th	e crash via	telephone, Ana	nd Vaidy	a (S43996134). Vaidya st	ated
he was stopped in traffic l	oehind MV1 on B	rookline Stre	eet (Southbound	d). Vai	dya stated he observed t	the
vehicle in front of MV1 pro	oceed straight	on Brookline	Street after	being st	opped in traffic. Vaidy	va stated
(Continued or	n 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: Carrier Name	Registration #			,	Carrier Issuing Authority	Code 35
Address_			City		St Zip	
US DOT #:			,		•	36
Cargo Body Type Code 37 Gros	s Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length 39	
Hazmat Information:						
Placard 40 Material 1 digit #	41 Material Na	ime		Material 4 o	ligit # Release code	42

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

01/23/2020

Date

Precinct/Barracks

MICHAEL R GAUDET

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Crash Diagram:	ie: → ¹	2	→ §	
		<u> </u>		If Crash <u>Did Not</u> Occur on a Public Way:
				☐ Off-Street Parking Lot
				☐ Garage
				☐ Mall/Shopping Center
				☐ Other Private Way
		+ +		Indicate North by Arrow

Crash Narrative:

he then observed MV1 proceed straight on Brookline Street at Hartman Road at a low rate of speed. Vaidya estimated the speed of MV1 at this time to be 5 miles per hour. Vaidya stated a crossing guard was on the right side of the roadway on Brookline Street at Hartman Road wearing a yellow and black reflective jacket and snow pants. Vaidya stated the crossing guard had her back towards him and MV1, and extended her arm out to stop traffic. Vaidya stated at this time MV1 rolled by the crossing guard at a low rate of speed and the front right fender area of the vehicle hit the left rear leg/lower back area of the crossing guard. Vaidya stated the crossing guard bounced off of the car and fell to the roadway. Vaidya stated he believes MV1 was unaware he hit the crossing guard and observed the vehicle travel another 10 feet until it came to stop on Brookline Street. Vaidya stated the crossing guard was not in a marked crosswalk at the time of the crash.

(Continued o	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			ı	Phone #	Statement
Property Damage:	_	•					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	f Damaged Property	
			•				
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			
Truck and Bus Information: Carrier Name				cle Section)	Car	rier Issuing Authority (ode 35
						,	
Carrier Name			City		St	z Zip	lode
Carrier NameAddressUS DOT #:37	State Number		City		St	zZipInterstate	'ode
Carrier NameAddressUS DOT #:37	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_	St	z Zip	'ode
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_	St	zZipInterstate	'ode
Carrier Name	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State Reg Year	ICC #:_ Tr	St.	zZipInterstate	36 36

MICHAEL R GAUDET 01/23/2020 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge# Department Precinct/Barracks Date

	→ Direction	1 Vehicle 1	2 =Vehicle 2	Pedestria	an	
Crash Diagram:	ie: →□	1 -	2	▶ 🖁		
					If Crash <u>Did No</u> on a Public Way:	I
		_			— ☐ Off-Street Park	ing Lot
					☐ Garage	
					☐ Mall/Shopping	Center
		- 			Other Private W	'ay
		-			Indicate North by	Arrow
	 		 	+ +		
					ssachusetts Uniform Citaroadway). Photos were	tion
taken of the vehicle an	d scene and submi	itted to the	IT Bureau.			
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 Ve	chicle Section)		35
Carrier Name					Carrier Issuing Authority C	ode
Address			City		St Zip	
	State Number	38	Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	36			30	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trai	ler Length 39	
Hazmat Information: Placard 40 Material 1 d	ligit # 41 Material	Name		Material 4 di	git # Release code	42
MICHAEL R GAUDET			NEW	TON POLICE DEPARTM	01/23	/2020

ID/Badge #

Department

Signature

Precinct/Barracks

Date