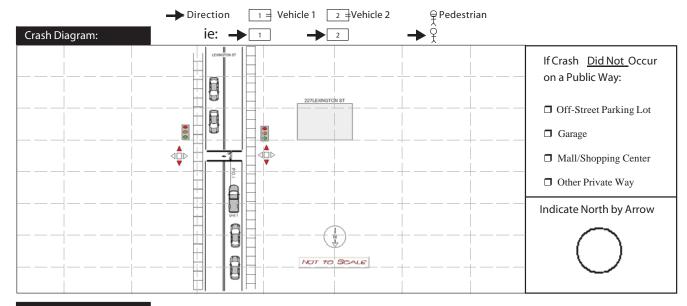
|                       | Poli                              | ice Use Only                   |                        | Commonwea            | lth o          | f Massa                       | ichu   | setts                              | }                            |                                  | RMV                      | / Docur          | nent Number   |               |
|-----------------------|-----------------------------------|--------------------------------|------------------------|----------------------|----------------|-------------------------------|--------|------------------------------------|------------------------------|----------------------------------|--------------------------|------------------|---|---------------|
|                       | Date of Crash<br>01/27/2020       | Time of Crash<br>09:41<br>24HR | NEWTON                 | MIOTOI               |                | icle Cra<br>Report            | sh     | Number<br>Vehicles<br>1            |                              | ed Latit                         | d Limi<br>ude<br>gitude_ |                  | State Police<br>Local Police<br>MBTA Police<br>Other: | XI<br>D       |
|                       |                                   |                                | RSECTION:              |                      | OCAT           |                               | >      |                                    | NC                           |                                  |                          |                  | CTION:  |               |
|                       |                                   |                                |                        |                      |                | SOUTH                         | 227    |                                    | LEXII                        | NGTON                            | ST                       |                  |   | 2             |
| 1<br>1                | Route# Direc                      | tion                           |                        | oadway/Street        | R              | Route# Direction              | n Ado  | dress #                            |                              | Naı                              | me of R                  | Loadway          | /Street   |               |
|                       |                                   |                                | At                     |                      |                | Feet N                        | N S E  | w of                               |                              | •                                |                          | or               |   | _   _         |
|                       | Route# Direc                      | etion 1                        | Name of Intersecting I |                      |                | Fact N                        | N S E  | W of                               | Mile                         | Marker                           |                          |                  | Exit Number   |               |
|                       |                                   |                                | Also at Intersec       | tion with            | -  -           |                               |        | _                                  | Rout                         | e# I                             | ntersec                  | ting Roa         | dway/Street   | -             |
| 2<br><b>1</b>         | Route# Direc                      | tion                           | Name of Intersection   | ng Roadway/Street    | — -            | Feet [                        | N S E  | w of                               |                              |                                  | Τ                        | ndmark           |   | $ \frac{1}{}$ |
| 3                     | [ <b>V</b> ]57.12.1.1             | 1 #0 .                         |                        | D.W                  |                |                               |        |                                    |                              |                                  | Lar                      | ndmark           |   | $\dashv$      |
|                       | Vehicle 1                         | #Occupants                     | _                      | Moped Case N         | Number         |                               | 20     | 00000099                           |                              |                                  |                          |                  |   | _             |
|                       | License#                          | 18                             | St_MA                  | DOB/Age              | Reg # <u>8</u> |                               |        |                                    |                              | Гуре_PAN                         | N                        | Reg              | State MA 20   | -             |
|                       | Sex_M_ Lic.                       | Class B                        | Lic. Restrictions      | CDLEndorsment        |                | ar_2018                       |        |                                    | HEV                          |                                  |                          | Veh Co           | nfig. 2   |               |
| <sup>4</sup> 3        | Operator WIN                      | Last                           | ALLAN<br>First         | Middle               |                | LEASE PLAN                    |        |                                    | First                        |                                  |                          | Middle           | :   | - 1           |
|                       |                                   | VAVERLEY OA                    |                        | MA 00455             |                | 1165 SANCT                    | UAKY P | KVV Y                              |                              |                                  |                          | GA               | 20000   | -             |
|                       | City WALTH                        |                                | State                  | Zip <u>02452</u>     |                | LPHARETTA                     |        |                                    | 21                           |                                  |                          |                  | Zip 30009<br>Circle Up to Thr                         | -  <br>ree)   |
| 5                     | 1                                 | npany ACE AME                  |                        | ı N                  |                | Action Prior to               | Crash  | 22                                 |                              | Damage<br>2                      | 3                        | Couc. (          | 4   |               |
| 1                     |                                   | Direction: N ssued) T2013958   | -                      | ding to Emergency? N |                | sequence 5                    | 23     |                                    |                              |                                  | $\prod$                  | $\overline{A}$   | 10 Undercari  | riage         |
|                       |                                   |                                |                        | ChSec                |                | armful Event  Contributing Co | 3 20 1 | 9 24                               | 24                           | 1                                | 9                        |                  | 5 11 Totaled  |               |
| <sup>6</sup> <b>1</b> | 1                                 |                                |                        | ChSec                |                | de/Override                   | 25     | Towe                               | d N                          | 8                                | O                        | )                | 6   |               |
| _                     |                                   |                                | ator and all occupa    |                      | Cildeiti       | de/Override                   |        | 26 27<br>eat Safety                |                              | 29 30<br>irbag Eject             | 31<br>Trap               | 32<br>Injury Tra | 33<br>ansp.   |               |
|                       | Name (Last Fir                    | rst Middle)                    |                        | Address<br>See Above |                | Age/DOB                       | Sex P  | os. \$ystem                        | Status S                     | witch Code                       | Code                     | Status Co        | ode Medical Facil                                     | ity 3         |
|                       | 1                                 |                                |                        |                      |                |                               |        |                                    |                              |                                  |                          | 10 1             |   |               |
|                       |                                   |                                |                        |                      |                |                               |        |                                    |                              |                                  |                          |                  |   |               |
|                       |                                   |                                |                        |                      |                |                               |        |                                    |                              |                                  |                          |                  |   |               |
| 7                     |                                   |                                |                        |                      |                |                               |        |                                    |                              |                                  |                          |                  |   |               |
| 1                     | Please Select C<br>of the Followi | I Vehicle                      | e# Occupants           | Non-Motorist A Type  | e 14           | Action 1                      | 5 Loca | tion 3                             | 16 Co.                       | ndition 1                        | 17<br>1                  | □ні              | t/Run Mop   | oed           |
|                       | License#_                         |                                | St                     | DOB/Age              | Reg#           |                               |        |                                    | Reg '                        | Гуре                             |                          | Reg              | State   |               |
|                       | Sex_F Lic.                        | 18                             |                        | 19 CDL               |                | ar                            |        |                                    |                              |                                  |                          | Veh Co           | 20  |               |
| 8<br>1                | Operator SU                       | ν                              | XIAOPING               | Endorsment           | Owner          | Last                          |        |                                    |                              |                                  |                          |                  |   | _             |
| 1                     |                                   | Last<br>EXINGTON ST            | First                  | Middle               | Address        | Last                          |        |                                    | First                        |                                  |                          | Middle           |   | _             |
|                       | City NEWTO                        | N                              | State                  | MA Zip 02466         | City           |                               |        |                                    |                              |                                  | _State                   | 2                | Zip   | _             |
|                       | Insurance Com                     | ipany                          |                        |                      | Vehicle        | Action Prior to               | Crash  | 2                                  | 21                           | Damage                           | d Area                   | Code: (0         | Circle Up to Thr                                      | ree)          |
|                       | Vehicle Travel                    | Direction: N                   | S E W Respo            | nding to Emergency?  | Event S        | Sequence 2                    | 2 22   | 22                                 | 22                           | 2                                | 3                        |                  | 4   |               |
|                       | Citation # (If I                  | ssued)                         |                        |                      | Most H         | armful Event                  | 23     |                                    |                              | 1 4                              | 9                        |                  | 10 Undercari<br>5 11 Totaled                          | riage         |
|                       | Violatio                          | n 1: ChS                       | ec Violation 2         | 2: ChSec             | Driver         | Contributing Co               | ode _  | 24                                 | 24                           |                                  | ZÍ                       |                  |   |               |
|                       | Violatio                          | n 3: ChS                       | ec Violation 4         | 4: ChSec             | Underri        | de/Override                   | 25     | Towed                              | l                            | 8                                | 7                        |                  | 6   |               |
|                       | Pl<br>Name (Last Fi               |                                | r operator and all o   | ccupants involved    |                | Age/DOB                       |        | 26 27<br>eat Safety<br>Pos. Syster | 28<br>Airbag A<br>n Status S | 29<br>irbag Eject<br>Switch Code | 31<br>Trap<br>e Code     |                  | 33<br>ansp.<br>code Medical Faci                      | ility         |
|                       |                                   | Non-Motorist                   |                        | See Above            |                |                               |        |                                    |                              |                                  |                          | 7 2              |   |               |
|                       |                                   |                                |                        |                      |                |                               |        |                                    |                              |                                  |                          |                  |   |               |
|                       |                                   |                                |                        |                      |                |                               |        |                                    |                              |                                  |                          |                  |   |               |
|                       |                                   |                                |                        |                      |                |                               |        |                                    |                              |                                  |                          |                  |   |               |



## Crash Narrative:

(Continued on next page)

Operator of vehicle one , Allan Wint stated on 01/27/2019 at 09:40 hours he was driving his employer's pick up truck south bound on Lexington St near number 227. Lexington St is a public way in the city of Newton. Wint is a driver for Auto Zone auto parts located at 140 Lexington St , Waltham, MA ( 781 894-0656 ) Wint was driving a 2018 Chevrolet Colorado pick up tuck ( MA reg 8CA823 ) that Auto Zone leases from Lease Plan USA Ltd. Wint stated that he was headed to Webster St in Newton to pick up a delivery. Wint stated that as he approached the area of 277 Lexington St he believed that the traffic light that is at the marked crosswalk was green for south and north bound traffic. Wint stated that he did not see any pedestrians in the crosswalk, until he heard the sound of an object impacting into the front driver's side of his vehicle. Wint stated that he stopped his vehicle approximately ten yards past the crosswalk and got out. Wint stated it was

Witnesses: Name (Last, First, Middle) Address Phone # Statement 238 RIVER ST WALTHAM, MA 02453

SHANKS, BESSY, D 198 CHESTNUT ST N KEEGAN, ELIZABETH, WALTHAM,MA 02453 **Property Damage:** 

| Owner (Last, First, Middle) | Address               | Phone #       | 34-Type      | Description of Damag | ged Property       |    |
|-----------------------------|-----------------------|---------------|--------------|----------------------|--------------------|----|
|                             |                       |               |              |                      |                    |    |
|                             |                       |               |              |                      |                    |    |
| Truck and Bus Information:  | Registration #        | (From Vehic   | cle Section) |                      |                    | 35 |
| Carrier Name                |                       |               |              | Carrier Issu         | ing Authority Code | 33 |
| Address                     |                       | _ City        |              | St                   | Zip                |    |
| US DOT #:                   | _ State Number        | Issuing State | ICC #:_      |                      | Interstate 36      |    |
| Cargo Body Type Code 37 Gro | oss Vehicle Weight 38 |               |              | 39                   |                    | J  |
| Trailer Reg #:              | Reg Type Reg State _  | Reg Year      | Tr           |                      |                    |    |
| Hazmat Information:         |                       |               |              |                      |                    | _  |
| Placard 40 Material 1 digit | # Material Name       |               | Material 4   | digit #              | Release code 4     | 2  |

MICHAEL A MCSWEENEY 01/27/2020 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge# Department Precinct/Barracks Date

|                | → Direction | 1 = Vehicle 1 | 2 =Vehicle 2   | ₽ Pedestrian |   |
|----------------|-------------|---------------|----------------|--------------|---|
| Crash Diagram: | ie: →       | 1 -           | 2              | <b>→</b> ĝ   | _   |
|                | <br>  <br>  | <br>          | <br>           | <br>         | If Crash <u>Did Not</u> Occur<br>on a Public Way: |
|                |             |               |                |              | ☐ Off-Street Parking Lot                          |
|                |             |               | _              | <u> </u>     | ☐ Garage  |
|                |             |               |                |              | ☐ Mall/Shopping Center                            |
|                |             |               |                |              | ☐ Other Private Way                               |
|                |             |               | _              | +            | Indicate North by Arrow                           |
|                |             | _             | - <del> </del> |              |   |

## Crash Narrative:

then he realized that his vehicle had stuck a female and a dog. Wint stated that he was not operating any electronic devices at the time of the crash, and I observed none in his vehicle. Wint stated he was not injured in crash. Wint's vehicle had damage to the driver's side mirror and lower molding of the driver's side front door. Wint's vehicle did not require a tow.

Witness Bessy Shanks stated that she was driving in her vehicle behind Wint's vehicle south bound on

Lexington St. Shanks stated that Wint's vehicle was driving slow and swerving approximately two blocks prior

to the crash. Shanks stated that she believed that Wint may of been distracted. Shanks stated that south

and north bound traffic was stopped because that cross walk light was red and that a female and a dog were

crossing from the east to west in the marked crosswalk in font 227 of Lexington St. Shanks stated that the

(Continued on next page)

| Witnesses:                 |                     |         |           |
|----------------------------|---------------------|---------|-----------|
| Name (Last, First, Middle) | Address             | Phone # | Statement |
|                            | 25 HARDY ST         |         |           |
| TAYLOR, HENRY,             | FRAMINGHAM,MA 01701 |         | N         |
|                            | 30 KNIGHT RD        |         |           |
| DEOS , JACQUELINE,         | FRAMINGHAM,MA 01701 |         | N         |

## 

| Truck and Bus Information:       | Registration #     | (From Vehi    | icle Section)      |               |                    | 25 |
|----------------------------------|--------------------|---------------|--------------------|---------------|--------------------|----|
| Carrier Name                     |                    |               |                    | Carrier Issui | ing Authority Code | 35 |
| Address                          |                    | City          |                    | St            | Zip                |    |
| US DOT #: St                     | ate Number         | Issuing State | ICC #:             |               | _ Interstate 36    |    |
| Cargo Body Type Code Gross Gross | Vehicle Weight 38  |               |                    | 39            |                    |    |
| Trailer Reg #:                   | Reg Type Reg State | Reg Year      | Trailer Length     |               |                    |    |
| Hazmat Information:              |                    |               |                    |               |                    |    |
| Placard 40 Material 1 digit #    | Material Name      |               | Material 4 digit # |               | Release code 42    |    |

| MICHAEL A MCSWEENEY                |           | NEWTON POLICE DEPARTA |            | 01/27/2020        |      |
|------------------------------------|-----------|-----------------------|------------|-------------------|------|
| Police Officer Name (Please Print) | Signature | ID/Badge #            | Department | Precinct/Barracks | Date |

| -                             | Direction 1       | Vehicle 1 2  | ₹Vehicle 2       | Pedestrian         |  |           |
|-------------------------------|-------------------|--------------|------------------|--------------------|--|-----------|
| Crash Diagram:                | ie: 🕕 🛚 1         | 2            | →                | · ĝ                |  |           |
|                               |                   |              |                  |                    | If Crash <u>Did Not</u> on a Public Way: | Occur     |
|                               |                   |              |                  |                    | ─ ☐ Off-Street Parkin                    | g Lot     |
|                               |                   |              |                  |                    | ☐ Garage                                 |           |
|                               |                   |              |                  |                    | ☐ Mall/Shopping C                        | enter     |
|                               |                   |              |                  |                    | Other Private Wa                         |           |
|                               | <br>              |              |                  |                    |  |           |
|                               | j                 |              |                  |                    | Indicate North by A                      | rrow      |
|                               |                   |              |                  |                    |  |           |
| Crash Narrative:              |                   |              |                  |                    |  |           |
| front driver's side of Win    | t's vehicle srt   | uck the fema | le and the dog   | as they wer        | re approximately halfwa                  | y into    |
| the crosswalk. Shanks stat    | ed that the fem   | ale and dog  | both fell to     | the ground a       | after the crash.                         |           |
| Witness Elizabeth Keegan s    | tated that she    | was driving  | in her vehicle   | south bound        | d on Lexington St two                    | vehicle   |
| behind Wint's vehicle. Kee    | gan stated that   | she was not  | sure what col    | or the traf        | fic light was at the t                   | ime of    |
| the crash, but traffic was    | stopped both n    | ot and south | bound traffic    | was stopped        | d. Keegan also stated t                  | hat       |
| Wint's vehicle " didn't ev    | en slow down ".   | Keegan stat  | ed that Wint's   | vehicle st         | cruck the female pedest                  | rian and  |
| the dog as they were in th    | e marked crossw   | alk in front | of 277 Lexing    | ton St.            |  |           |
| Witness Henry Taylor state    | d that his vehi   | cle was the  | first one sto    | pped at the        | red crosswalk light at                   | 227       |
| Lexington St in the north     | bound lane. Tay   | lor stated t | hat north and    | south bound        | traffic was stopped an                   | d that    |
| (Continued o                  | n next page)      |              |                  |                    |  |           |
| Witnesses:                    |                   |              |                  |                    |  |           |
| Name (Last, First, Middle)    |                   | Address      |                  |                    | Phone #                                  | Statement |
|                               |                   |              |                  |                    |  |           |
|                               |                   |              |                  |                    |  |           |
| Property Damage:              |                   |              |                  |                    |  |           |
| Owner (Last, First, Middle)   | Address           |              | Phone #          | 34-Type Desc       | cription of Damaged Property             |           |
|                               |                   |              |                  |                    |  |           |
|                               |                   |              |                  |                    |  |           |
| Truck and Bus Information:    | D : 4 4: "        |              | (From Vehic      | 1.6.4.             |  |           |
| Carrier Name                  | Registration #    |              |                  | ,                  | Carrier Issuing Authority Coc            | 35<br>le  |
| Address                       |                   |              | City             |                    | St Zip                                   |           |
| US DOT #:                     |                   |              | •                |                    |  | 36        |
| 37                            | ss Vehicle Weight | 38           | _ 10041119 54410 |                    | Microsate                                |           |
| Trailer Reg #:                |                   | Pag State    | Dog Voor         | Trailer I          | angth 39                                 |           |
| Hazmat Information:           | Keg Type          | reg state    | Keg I cai        |                    | Angui                                    |           |
| Placard 40 Material 1 digit # | # 41 Material Na  | nme          |                  | Material 4 digit # | F Release code                           | 42        |
|                               |                   |              |                  |                    |  |           |

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

01/27/2020

Date

Precinct/Barracks

MICHAEL A MCSWEENEY

Police Officer Name (Please Print)

| Crash Diagram:  | → Direction 1 = Ve                               | ehicle 1 2 = Vehicle 2 | ₽Pedestrian<br>→ Ŷ |   |
|---|--|------------------------|--------------------|---|
|   |  |                        |                    | If Crash <u>Did Not</u> Occur<br>on a Public Way:   |
|   |  |                        |                    | ☐ Off-Street Parking Lot ☐ Garage ☐ Mall/Shopping Center ☐ Other Private Way  Indicate North by Arrow |
| Crash Narrative: Wint's vehicle did not Witness Jacqueline Deos | <del></del>                                      |                        |                    | alk. bound on Lexington St. Deos  |
| did not stop and that if  | it struck a female ped<br>crosswalk was identifi | estrian and a dog in   | the marked crossw  | ated that Wint's vehicle alk. he and her dog stopped on ted that she activated the                    |

The pedestrian in the crosswalk was identified as Xiaoping Sun. Sun stated that she and her dog stopped on the south bound side of the marked crosswalk across from 227 Lexington St. Sun stated that she activated the crosswalk light and waited until the light was red for north and south bound traffic, and that the walk single was activated. Sun stated that she looked to her left and saw traffic north bound traffic was stopping. Sun stated that she turned to her right and entered the marked crosswalk. Sun stated that she and

| (Continued  | on next page)  |                |                      |               |                    |                       |          |
|---|----------------|----------------|----------------------|---------------|--------------------|-----------------------|----------|
| Witnesses:  |                |                |                      |               |                    |                       |          |
| Name (Last, First, Middle)                              |                | Address        |                      |               | Phone              | e# 5                  | tatement |
|   |                |                |                      |               |                    |                       |          |
|   |                |                |                      |               |                    |                       |          |
| Property Damage:  |                | +              |                      |               | <u>'</u>           |                       |          |
| Owner (Last, First, Middle)                             | Address        |                | Phone #              | 34-Type       | Description of Dan | naged Property        |          |
|   |                |                |                      |               |                    |                       |          |
|   |                |                |                      |               |                    |                       |          |
|   |                |                |                      |               |                    |                       |          |
| Truck and Bus Information:                              | Registration # |                | (From Vehi           | icle Section) |                    |                       | 35       |
| Truck and Bus Information:  Carrier Name                |                |                |                      | , i           | Carrier Is         | ssuing Authority Code | 35       |
|   | _              |                |                      |               |                    | ,                     |          |
| Carrier Name  |                |                | _ City               |               | St                 | Zip                   |          |
| Carrier NameAddressUS DOT #:                            |                |                | _ City               |               | St                 | Zip Interstate        |          |
| Carrier NameAddressUS DOT #:                            | State Number   | 38             | _ City Issuing State | ICC#:_        | St                 | Zip Interstate        |          |
| Carrier Name  Address US DOT #:  Cargo Body Type Code37 | State Number   | 38             | _ City Issuing State | ICC#:_        | St                 | Zip Interstate        |          |
| Carrier NameAddressUS DOT #:Cargo Body Type Code37      | State Number   | 38 Reg State _ | _ City Issuing State | ICC#:Tr       | St                 | Zip Interstate        |          |

| →  | Direction 1      | Vehicle 1 2  | Vehicle 2      | Pedestr      | ian                  |                                     |           |
|--|------------------|--------------|----------------|--------------|----------------------|-------------------------------------|-----------|
| Crash Diagram:                           | ie: → 1          | 2            | →              | · ĝ          |                      |                                     |           |
|  |                  |              |                |              |                      | ash <u>Did Not</u> C<br>Public Way: | Occur     |
|  |                  |              |                | . — —        | o                    | ff-Street Parking                   | Lot       |
|  |                  |              |                |              | <b>G</b>             | arage                               |           |
|  |                  |              |                |              | п м                  | all/Shopping Ce                     | enter     |
|  |                  |              |                | +            |                      | ther Private Way                    |           |
|  |                  |              | +-             |              | Indica               | ate North by A                      | rrow      |
|  |                  |              |                |              |                      | $\bigcirc$                          |           |
| Crash Narrative:                         |                  |              |                |              |                      |                                     |           |
| her dog had crossed over                 | the north bound  | side of Lex  | ington St and  | she then     | looked to her        | right and sa                        | 1W        |
| Wint's vehicle not stopping              | g and " going v  | ery fast ".  | Sun stated tha | t the fr     | ont driver's sid     | de mirror of                        | Wint's    |
| vehicle stuck her in the fa              | ace . Sun state  | d that as sh | e fell to the  | ground s     | he was struck or     | n the left l                        | leg by    |
| Wint's driver's side. Sun                | stated that she  | did not los  | e consciousnes | s after      | she had fallen       | to the groun                        | nd. Sun   |
| was transported via EMS to               | The Brigham an   | d Women's Ho | spital for tre | atment fo    | or head and necl     | k injuries a                        | and       |
| abrasions to her legs. Sun               | 's dog died as   | a result of  | being struck b | y Wint's     | vehicle.             |                                     |           |
| Photo's of the crash site a              | and of Wint's v  | ehicle were  | taken and the  | disc was     | downloaded by        | the NPD's II                        | <u> </u>  |
| Bureau. Before leaving the               | crash site, I    | tested the c | rosswalk light | s and the    | ey were in work      | ing order.                          |           |
| Based upon my observations               | of the crash s   | ite, Wint's  | vehicle, and t | he state     | ments made to me     | e, I conclud                        | ded that  |
| (Continued or                            | n next page)     |              |                |              |                      |                                     |           |
| Witnesses:                               |                  |              |                |              |                      |                                     |           |
| Name (Last, First, Middle)               |                  | Address      |                |              | Phone #              |                                     | Statement |
|  |                  |              |                |              |                      |                                     |           |
|  |                  |              |                |              |                      |                                     |           |
| Property Damage:                         |                  | 1            |                |              |                      |                                     | l         |
| Owner (Last, First, Middle)              | Address          |              | Phone #        | 34-Type      | Description of Damag | ed Property                         |           |
|  |                  |              |                |              |                      |                                     |           |
|  |                  |              |                |              |                      |                                     |           |
|  |                  |              |                |              |                      |                                     |           |
| Truck and Bus Information:  Carrier Name | Registration #   |              |                | ,            | Carrier Issui        | ng Authority Code                   | 35        |
| Address                                  |                  |              | City           |              | St                   | Zip                                 |           |
| US DOT #:                                | State Number     |              | Issuing State  | ICC#:        |                      | Interstate                          | 36        |
| 37                                       | s Vehicle Weight | 38           |                | 100          |                      |                                     |           |
| Trailer Reg #:                           | Reg Type         | Reg State    | Reg Year       | Tra          | ailer Length         |                                     |           |
| Hazmat Information:                      |                  |              |                |              |                      | _                                   |           |
| Placard 40 Material 1 digit #            | 41 Material Na   | nme          |                | Material 4 d | ligit #              | Release code                        | 42        |

| _                           | Direction 1        | → Vehicle 1      | 2 ≢Vehicle 2    | ₽Pedestr         | ian                |   |           |
|-----------------------------|--------------------|------------------|-----------------|------------------|--------------------|---|-----------|
| Crash Diagram:              | ie: → 1            | <b>→</b>         | 2               | → ♀              |                    |   |           |
|                             |                    |                  |                 | Precestry        |                    | Crash Did Not On a Public Way:  Off-Street Parking Garage Mall/Shopping Cerl Other Private Way dicate North by Ar | Lot       |
| Crash Narrative:            |                    |                  |                 |                  |                    |   |           |
|                             |                    | ad Will to an al |                 | 12050 - 1        |                    |   | . MOT     |
| Wint was at fault for this  |                    |                  |                 | 13958 and C      | ited him for       | a violation or  | MGL       |
| 89/11 , failure to yield    | to a pedestrian    | in a crosswa     | lk.             |                  |                    |   |           |
|                             |                    |                  |                 |                  |                    |   |           |
|                             |                    |                  |                 |                  |                    |   |           |
|                             |                    |                  |                 |                  |                    |   |           |
|                             |                    |                  |                 |                  |                    |   |           |
|                             |                    |                  |                 |                  |                    |   |           |
|                             |                    |                  |                 |                  |                    |   |           |
|                             |                    |                  |                 |                  |                    |   |           |
|                             |                    |                  |                 |                  |                    |   |           |
|                             |                    |                  |                 |                  |                    |   |           |
|                             |                    |                  |                 |                  |                    |   |           |
| Witnesses:                  |                    |                  |                 |                  |                    |   |           |
| Name (Last, First, Middle)  |                    | Address          |                 |                  | Phone              | e #   | Statement |
|                             |                    |                  |                 |                  |                    |   |           |
|                             |                    |                  |                 |                  |                    |   |           |
|                             |                    |                  |                 |                  |                    |   |           |
| Property Damage:            |                    | •                |                 |                  | ·                  |   |           |
| Owner (Last, First, Middle) | Address            |                  | Phone #         | 34-Type          | Description of Dan | naged Property  |           |
| owner (East, First, Middle) | / radicss          |                  | THORE #         | 311)pc           | Description of Dun | inged i roperty   |           |
|                             |                    |                  |                 |                  |                    |   |           |
|                             |                    |                  |                 |                  |                    |   |           |
|                             |                    |                  |                 |                  |                    |   |           |
| Truck and Bus Information:  | Registration #     |                  | (From           | Vehicle Section) |                    |   | 35        |
| Carrier Name                |                    |                  |                 |                  | Carrier Is         | ssuing Authority Code   | ;         |
| Address                     |                    |                  | City            |                  | St.                | Zip   |           |
|                             |                    |                  |                 |                  |                    |   | 36        |
| US DOT #:                   | _ State Number     |                  | Issuing State _ | ICC #:_          |                    | Interstate  |           |
| Cargo Body Type Code 37 Gro | oss Vehicle Weight | 38               |                 |                  |                    |   |           |
| Trailer Reg #:              | Pag Tung           | Pag State        | D V             | r T              | giler I ength      | P   |           |
|                             | reg rype           | Reg state        |                 | ı 113            | anci Leilgui       |   |           |
| Hazmat Information:         |                    |                  |                 |                  |                    |   |           |
| 40                          | .41                |                  |                 |                  |                    |   | 42]       |
| Placard Material 1 digit    | # 41 Material N    | Vame             |                 | Material 4 o     | ligit #            | Release code  | 42        |
| Placard Material 1 digit    | # 41 Material N    | Jame             |                 | Material 4 o     | ligit #            | Release code  | 42        |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)