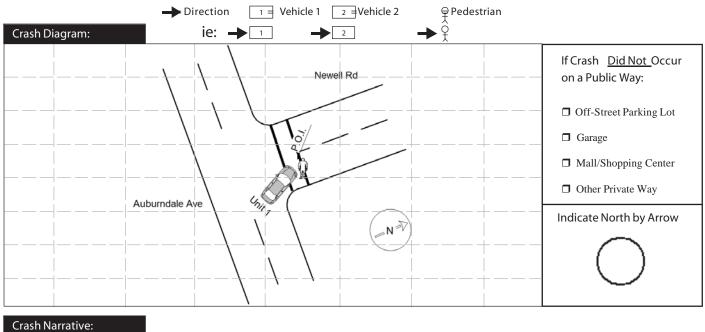
	Police Use Only	Commonwealth	of Massach	usetts	RMV Document Number					
	Date of Crash Time of Crash City/Town 03/17/2020 19:55 NEWTON	Motor Ve	hicle Crash	Number Number Vehicles Injured	Local Police					
	24HR	Police	Report	1 1	Latitude MBTA Police Other:					
	AT INTERSECTION:	< LOC	ATION >	NOT	AT INTERSECTION:					
	AUBURNDALE AVE					ŀ				
l <u>L</u>	Route# Direction Name of R	oadway/Street	Route# Direction A	Address #	Name of Roadway/Street					
_	At NEWELL RD	İ	Feet NS F	E W of	• or	H				
	Route# Direction Name of Intersecting	Roadway/Street	Feet NSEW of or Exit Number							
	Also at Intersec	ction with	Feet N S E W of Route# Intersecting Roadway/Street							
			Feet NSEW of							
	Route# Direction Name of Intersecti	ng Roadway/Street	Landmark							
99	XVehicle1 1_#Occupants Hit/Run	Moped Case Number	er :	2000000239						
	License # St MA		# 93Y880	Reg Type	PAN Reg State MA	_				
	Sex_M Lic. Class D 18 18 Lic. Restrictions		Year 2001 V	eh Make_TOYOTA	Veh Config. 20					
	Operator ALNAMOS ALI Last First	Endorsment	ner (Same as operator)			_				
L	Address 60 PRENTISS ST		ress	First	Middle	_				
	City WATERTOWN State				StateZip					
	Insurance Company ARBELLA	•	icle Action Prior to Crash		maged Area Code: (Circle Up to Thre	ree)				
	Vehicle Travel Direction: NSEM Respor	nding to Emergency? N Ever	nt Sequence 3 22 99		3 4					
	Citation # (If Issued) T2079194			3	10 Undercarri	riage				
	Violation 1: Ch_89/11Sec Violation 2	: ChSec Driv	ver Contributing Code	97 24 99 24	5 11 Totaled					
	Violation 3: ChSec Violation 4			Towed N 8	7 6					
	Please fill out for operator and all occupa			26 27 28 29 Seat Safety Airbag Airbag	30 31 32 33 Eject Trap Injury Transp.					
	Name (Last First Middle) Operator	Address See Above	Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility							
	operato:	566710076		99 4 99	0 0 10 1	$\overline{}$				
Į	Please Select One of the Following: Vehicle#Occupants	Non-Motorist A Type 1	Action 15 Lo	cation 16 Conditi	on 1 Hit/Run Mope	oed				
	License #St	DOB/Age	#	Reg Type	eReg State					
	Sex_M Lic. Class 18 Lic. Restrictions	19	Veh Year Veh Make Veh Config. 20							
	Operator DUGAS STEPHEN	Endorsment	nerLast							
	Address 123 AUBURNDALE AVE		ress		Middle					
	City NEWTON State									
	Insurance Company	•	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)							
	instrance company	ven	venicle Action Thor to Clash							
	Vehicle Travel Direction: NSFW Poor	onding to Emergency?	nt Sequence 22	Most Hamsful Frant 23						
			nt Sequence			riage				
	Citation # (If Issued)	Mos	t Harmful Event		10 Undercarri 5 11 Totaled	riage				
	Citation # (If Issued) Violation 1: ChSec Violation	Mos 2: ChSec Driv	t Harmful Event 2 er Contributing Code 2	3 24 24 8		riage				
	Citation # (If Issued) Violation 1: ChSec Violation Violation 3: ChSec Violation	Mos 2: ChSec Driv 4: ChSec Und	t Harmful Event 2 er Contributing Code 2	3 24 24 8 8 Towed 8	5 11 Totaled 6	riage				
	Citation # (If Issued) Violation 1: ChSec Violation Violation 3: ChSec Violation Please fill out for operator and all o Name (Last First Middle)	Mos 2: ChSec Driv 4: ChSec Und ccupants involved Address	t Harmful Event er Contributing Code erride/Override Age/DOB Sex	3 24 24 8	7 6 5 11 Totaled 7 6 Status Code Medical Facility					
	Citation # (If Issued) Violation 1: ChSec Violation Violation 3: ChSec Violation Please fill out for operator and all o	Mos 2: ChSec Driv 4: ChSec Und ccupants involved	t Harmful Event 2 er Contributing Code 2 erride/Override 2	3 24 24 8 8 5 Towed 8 29 Seat Safety Airbag Airbag Airbag	5 11 Totaled 7 6 30 31 32 33 Eject Trap Injury Transp.					
	Citation # (If Issued) Violation 1: ChSec Violation Violation 3: ChSec Violation Please fill out for operator and all o Name (Last First Middle)	Mos 2: ChSec Driv 4: ChSec Und ccupants involved Address	t Harmful Event er Contributing Code erride/Override Age/DOB Sex	3 24 24 8 8 5 Towed 8 29 Seat Safety Airbag Airbag Airbag	7 6 5 11 Totaled 7 6 5 11 Totaled 8 10 131 32 33 Eject Trap Injury Fransp. Code Status Code Medical Facility					
	Citation # (If Issued) Violation 1: ChSec Violation Violation 3: ChSec Violation Please fill out for operator and all o Name (Last First Middle)	Mos 2: ChSec Driv 4: ChSec Und ccupants involved Address	t Harmful Event er Contributing Code erride/Override Age/DOB Sex	3 24 24 8 8 5 Towed 8 29 Seat Safety Airbag Airbag Airbag	7 6 5 11 Totaled 7 6 5 11 Totaled 8 10 131 32 33 Eject Trap Injury Fransp. Code Status Code Medical Facility					



On 3/17/20 while working N493, I responded to the intersection of Auburndale Ave and Newell Rd for an MVA car vs pedestrian. On arrival I located pedestrian Stephen Dugas DOB 8/25/50 sitting in the middle of Newell Rd bleeding profusely from the top of his head, but otherwise consious/alert. The driver of the motor vehicle (MA reg 93Y880) was still on scene. He is identified as Ali Alnamos DOB12/10/59.

While the medics were tending to Dugas I obtained a statement from Alnamos. He stated that he was driving on Auburndale Ave towards Lexington St and went to turn right onto Newell Rd. Upon turning, he made contact with the pedestrian with what he believes to be his passenger side mirror. Alnamos was distraught while speaking with me, and told me that he did not see the man. It should be noted that there is a clearly marked pedestrian crosswalk on Newell Rd, right at the location of this accident. There are street lights in the

(Continued on next page)

Witnesses:									
Name (Last, First, Middle)		Address				Phone #		Statement	
Property Damage:									
Owner (Last, First, Middle)	wner (Last, First, Middle) Address			Phone # 34-Type Desc			cription of Damaged Property		
Truck and Bus Information:	Registration #		(From Vehic	le Section)				35	
Carrier Name						Carrier Issui	ng Authority Cod	e	
Address			City			St	_ Zip		
US DOT #:S			_ Issuing State	ICC #:_			_ Interstate	36	
Cargo Body Type Code Gross	Vehicle Weight	38				39			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tı	railer L				
Hazmat Information:									
Placard 40 Material 1 digit #	41 Material Nat	me		Material 4	digit#		Release code	42	

KELEIGH N DONAHUE NEWTON POLICE DEPARTM 03/17/2020 Police Officer Name (Please Print) ID/Badge# Precinct/Barracks Signature Department Date

	Direction 1	■ Vehicle 1 2	yehicle 2	₽ Pedestria	an		
Crash Diagram:	ie: → 1	→ 2	2	→Ŷ			
	 		 			f Crash <u>Did Not</u> on a Public Way:	<u>Occur</u>
						☐ Off-Street Parkin	ıg Lot
					1	☐ Garage	
						☐ Mall/Shopping C	Center
						☐ Other Private Wa	
		 		+	Ir	ndicate North by <i>F</i>	Arrow
	. — — — —	 	<u>+</u>	+ +			
Crash Narrative:		· · · · · · · · · · · · · · · · · · ·		·			
vicinity and Dugas was w							
Medic 2 transported Duga							rtment
and spoke with Dugas sho							
shortly after entering t		_ _				_	
states that he did not o							
Newell Rd intersects Auk		on the westb	ound side. S	everal pict	ures were t	aken of the so	ene and
have been submitted to I	T. I did not obse	erve any dama	ge to the ve	hicle invol	ved, theref	ore a tow was	not
needed. Alnamos stated t	that he was not in	n need of med	lical attenti	on.			
(Continued	l on next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Pho	ne #	Statemen
Property Damage:							
Owner (Last, First, Middle)	Owner (Last, First, Middle) Address				Description of Da	maged Property	
Truck and Bus Information:	Pagistration #		(From V	(abicle Section)			
Carrier Name			,		Carrier	Issuing Authority Co	de 3
Address			City		St	Zip	
US DOT#:							36
Cargo Body Type Code 37	Gross Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	iler Length	39	
Hazmat Information:	- ••	-			-		
Placard 40 Material 1 di	git # 41 Material N	ame		Material 4 d	igit #	Release code	42
KELEIGH N DONAHUE			NE	WTON POLICE DEPARTM		03/17/2	2020
Police Officer Name (Please Print)	Signature			Department	Precinct/B		

CDP1 11 ·24·00

	→ Direction	1 = Vehicle 1	2 =Vehicle 2	₽ Pedestri	an		
Crash Diagram:	ie: →□	1 -	2	▶ ♀			
			 	<u> </u> <u> </u>		sh <u>Did Not</u> C Public Way:	Occur
					_ Of	f-Street Parking	; Lot
		 	 		G a	rage	
	į			į	□ Ма	all/Shopping Ce	enter
	- — — — — — —			_ — — +	Oti	her Private Way	,
		-		-	Indica	te North by A	rrow
	- — — — — — — — — — — — — — — — — — — —	 -	 	+			
	<u></u>						
Crash Narrative:				•			
Due to Dugas' statement	at the hospital,	. I am mailin	g Alnamos MA c	itation T2	2079194 for 89/1	1 Fail to Y	rield to
Pedestrian in Crosswalk					<u>`</u>		
W itnesses: Name (Last, First, Middle)		Address			Phone #		Statement
Traine (East, Frist, Middle)		7 dai ess			Thoric "		Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damage	d Property	
Truck and Bus Information:	Registration #		(From Vel	nicle Section)			
Carrier Name	_				Carrier Issuin	g Authority Code	35 e
Address			City		St	Zip	
US DOT #:							36
37	Gross Vehicle Weight	38	-				
Trailer Reg #:		Reg State	Reg Year	Tra	iler Length 39		
Hazmat Information:	<i></i>	v –	- 3 —				
Placard 40 Material 1 di	git # 41 Material M	Name		_ Material 4 d	igit #	Release code	42
KELEIGH N DONAHUE			NEWT	ON POLICE DEPARTM		03/17/20	20