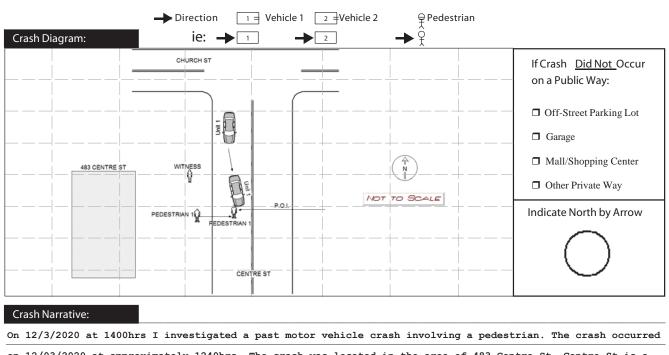
	Poli	ce Use Only		Comm	onweal	th o	f Massa	chus	etts					ment Numbe	
	Date of Crash 12/03/2020	Time of Crash 12:40	City/1	Town ]	Motor `	Vehi	icle Cras	$\mathbf{h} \begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	umber ehicles	Numb		ed Limi tude		State Police Local Police MBTA Pol	e 🛄
l	12/00/2020	24HR					Report		1	1		gitude_		Other:	nce 🔟
		AT INTER	RSECTION:		< L	OCAT	TION >			NO	ГАТ	INTI	ERSE	CTION:	
							SOUTH	483		CENTI	RE ST				
	Route# Direct	tion	Name	of Roadway/Street		R	Route# Direction	Addre	ess#		Na	me of R	Coadway	/Street	
$\dashv$				At		Feet NSEW of or									
	Route# Direct	tion 1	Name of Intersect	ting Roadway/Stree	t	— <u> </u>			,	Mile	Marker			Exit Number	er
			Also at Int	ersection with		-	Feet N	S E W	of	Route	# — <sub>1</sub>	Intersec	ting Roa	dway/Street	
						-	Feet N	S E W	of				8		
4	Route# Direct	ion	Name of Inter	secting Roadway/St	reet							Lar	ndmark		
	XVehicle1	#Occupants	Hit/Ru	n Mopeo	d Case N	umber		2000	000698						
	License#		St <sup>1</sup>	MA DOB/Age		Reg#2	2HRV51			Reg T	ne PAl	N	Reg	State MA	
	Sex_M Lic. C	18 1		19	 L	-	ear 2018				-		_	1	20
$\neg$	Operator ZAN		DANIEL	Ende	orsment		(Same as opera	tor)							
╝	Address 45 AS	HTON AVE	First	М	iddle		Last			First			Middle		
	City NEWTON			State_MA Zip_02	2459		3						,	7in	
	Insurance Comp		<b>`</b>	лис 2лр			Action Prior to		2					Circle Up to 7	
$\neg$		. ,	Y F W Pa	sponding to Emerg	rency? N		Sequence 3 22		22	<b>22</b> 2		3		4	
_		ssued)	1	sponding to Emerg	gency:		sequence 3	23				$\prod$	$ \mathbb{Z} $	10 Under	carriage
	,			on 2: ChSec				3 le 1	24	24	<b>—</b>	9		5 11 Totale	ed
$\neg$				on 4: ChSec			Contributing Cod	25	Towe	8		7		6	
+				cupants involved	<u></u>	Undern	ide/Override	20 Seat			29 30 pag Eject	31	32 Injury Tra	33	
	Name (Last Firs		1	Ac	ddress			Sex Pos.		28 Airbag Air Status Swi		Code	Status Co	ansp. ode Medical F	acility
-	Operator			See F	Above				- 1	4 4	0	0	10 1		
-															
	Please Select O	Vehicle	e#Occupa	ants Non-Mo	torist A Type	14	4 Action 15	Locatio	on 4	16 Cond	dition	17	l Hi	it/Run \Bun \N	Noped
	of the Followin	ng:				1	1		4			1			<u> </u>
	License #	18 1		19		_									20
╛	Sex_M_ Lic. C		Lic. Restriction		L orsment		ear		Iake				Veh Co	onfig.	
	Operator JAG	Last	DEXTER First	M	iddle	Owner .	Last			First			Middle	2	
	Address 120 Cl			364			s								
	City NEWTON	<u> </u>	5	State MA Zip 02	2458	City								Zip	
	Insurance Comp	pany				Vehicle	Action Prior to				U		Code: (0	Circle Up to 7	Three)
	Vehicle Travel I	Direction: N	S E W	Responding to Emer	gency?	Event S	Sequence 22		22	22 2		3		10 Under	carriage
	Citation # (If Is	ssued)				Most H	Iarmful Event	23	24	24	<b>←</b>	9		5 11 Totale	
- 1	Violation	a 1: Ch S	ec Violat	ion 2: ChSe	ec	Driver (	Contributing Cod	le	24	8		$\bigvee_{7}$		6	
					ac.	Undomi	: 1 - /0: 1 -	25	Towed	°		,		U	
	Violation	n 3: ChS		ion 4: ChSe		Ulidelli	ide/Override								
	Violation	n 3: ChSeease fill out for		all occupants invo		Ulidelli	Age/DOB	Sex Pos	Safety Systen	28 Airbag Air Status Sw	29 30 Eject citch Cod	31 Trap de Code		33 ansp. Code Medical	Facility
	Violation Ple Name (Last Fir	n 3: ChSeease fill out for		all occupants invo	olved	Olideiti			Safety Sussem	28 2 Airbag Airl Status Sw	29 30 Eject ritch Cod	31 Trap de Code	Injury I ra	ansp. Code Medical	Facility
	Violation Ple Name (Last Fir	n 3: ChSome ase fill out for middle)		all occupants invo	olved	Olideiti			Safety Safety System	28 Airbag Airl Status Sw	29 30 Dag Eject ritch Cod	31 Trap Code	Status C	ansp. Code Medical	Facility
-	Violation Ple Name (Last Fir	n 3: ChSome ase fill out for middle)		all occupants invo	olved	Onderri			Safety Safety Systen	28 Airbag Airl Status Sw	29 30 Dag Eject ritch Cod	31 Trap Code	Status C	ansp. Code Medical	Facility



On 12/3/2020 at 1400hrs I investigated a past motor vehicle crash involving a pedestrian. The crash occurred on 12/03/2020 at approximately 1240hrs. The crash was located in the area of 483 Centre St. Centre St is a public way in the city of Newton.

Vehicle 1 was traveling southbound on Centre St near the area of 483 Centre St. Pedestrian 1 was located on the southbound side of Centre St near 483 Centre St. Pedestrian entered the southbound lane of Centre St and was struck by Vehicle 1. As a result of the impact Pedestrian 1 sustained a minor injury to his left leg.

Vehicle 1 had no known damage.

No parties were transported.

No tow was required.

(Continued o	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
MARTIN, MIA,		14 MT IDA ST NEWTON,MA						Y
Property Damage:		-						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desci	ription of Damag	jed Property	
Truck and Bus Information:  Carrier Name	Registration #					Carrier Issui	ing Authority Cod	35 de
Address			City			St	Zip	
US DOT#:	State Number		_ Issuing State	ICC #:_			Interstate	36
37	ss Vehicle Weight	38	- 0			39		
Hazmat Information:								
Placard 40 Material 1 digit #	# 41 Material Na	me		Material 4	digit #		Release code	42

	Direction	Vehicle 1	2 #Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: → 1	<b>→</b>	2	→ }			
		<u> </u> <u> </u>	<u> </u>	<u> </u> <u> </u>		If Crash <u>Did No</u> on a Public Way:	
						☐ Off-Street Park	ing Lot
						☐ Garage	
	i i			į		☐ Mall/Shopping	Center
						☐ Other Private V	Vay
						Indicate North by	/ Arrow
			   				)
Crash Narrative:							
It should be noted that t	he crash was rep	orted by the	e Operator c	f Vehicle 1	Daniel	Zandman at approx	kimately
1400hrs. Zandman states t	hat he was opera	ting his Vel	nicle southb	ound on Cen	tre St j	ist after the in	tersection
at Church St. Zandman sta	tes that Pedest	rian 1 unex	pectedly ran	in front o	f his ve	nicle. Zandman s	tated that
he did not have enough	reaction time to	come to a	complete st	op and his	front bu	mper made contact	t with
Pedestrian 1. Zandman sta	ted that after i	mpact he imm	mediately go	t out of hi	s vehicle	and checked on	
Pedestrian 1. Zandman de	scribed pedestri	an on as a 1	10 year old	white male	identifi	ed as Dexter Jago	oditish.
Zandman stated that while	on scene Dexter	called his	mother Jess	Jagoditish	who imm	ediately responde	ed to the
scene. Zandman stated tha	t he exchanged i	nformation w	with Jess Ja	goditish wh	o then to	ook Dexter home.	Zandman
states that a witness Mia	Martin was also	on scene.					
(Continued	on next page)						
Witnesses:		Address			1	Dh are a #	Ctatana
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:	<b>D</b>			W1:1 0 2 )			
Carrier Name	Registration #		(From	Vehicle Section)	C	arrier Issuing Authority C	Code 35
Address			City			St Zip	
US DOT #:	State Number		Issuing State _	ICC #:_		Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38				39	
Trailer Reg #:	Reg Type	Reg State	Reg Yea	ur Tra	ailer Length		
Hazmat Information:	41						42
Placard 40 Material 1 digi	t # Material Na	ame		Material 4 o	ligit #	Release code	42

-	→ Direction 1	Vehicle 1	2 =Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: → 🗆	<b>→</b>	2	₽Ŷ			
		   	 		I	If Crash <u>Did Not</u> C on a Public Way:	Occur
		<u> </u>	<u> </u>		- — — —	☐ Off-Street Parking	g Lot
						☐ Garage	
				İ		■ Mall/Shopping Ce	enter
						Other Private Way	7
		-	<del> </del>		- — — I	ndicate North by A	rrow
						$\bigcirc$	
Crash Narrative:							
At approximately 1425hrs							
was walking on the sidewa							
there were no cars coming	. Dexter stated	that he ent	ered the south	nbound lan	e of Centre	St and a car o	came out
of no where and hit him.  I then spoke to Jess Jago	dition who is D	lowtonia moth	or Togg state	nd that ab		call from Down	
around 1240hrs stating he							
Zandman and a witness Mia							
Jess stated that Dexter a							
Dexter has a bruise on hi	<del>-</del>						
	on next page)		FF				
Witnesses:							
Name (Last, First, Middle)		Address			Pho	ne #	Statement
Property Damage:  Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Da	amaged Property	
o mer (zasty msty madie)	, iddiess		Thomas is	3)pc	- Description of De	agea : roperty	
Truck and Bus Information:  Carrier Name	_			ehicle Section)	Carrier	Issuing Authority Cod	35 e.
Address							
US DOT #:							36
37		38	Issuing State	ICC #:_		Interstate	
	oss Vehicle Weight					39	
Trailer Reg #:	Reg Type	Reg State _	Reg Year_	Tr	ailer Length		
Hazmat Information:  Placard 40 Material 1 digit	# 41 Material N	Name		Material 4	digit #	Release code	42
JASON M. SCHLEGEL			NEW	TON POLICE DEPART	<b>N</b>	12/03/20	020

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)

	Direction 1	ı = Vehicle 1 ☐	2 =Vehicle 2	₽ Pedestrian		
Crash Diagram:	ie: → 1	<b>□</b>	2	<b>▶</b> ĝ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
			<u> </u> .		— ☐ Off-Street Parkin	g Lot
					Garage	
					☐ Mall/Shopping C	Center
		+			Other Private Wa	
					Indicate North by A	Arrow
Crash Narrative:	· b			· first prior to	Ltah eha was wa	
At 1551hrs I spoke with her dog behind Dexter. M						
St. Mia states that she						
Mia states that the pass			<del>_</del>			
1 was traveling at a ver						
immediately jumped up an					<del>_</del>	
to comeback so that they	could check to	see if he was	s ok. Mia stat	tes that Dexter	was then able to con	ntact his
mom who responded on sce	ne.					
Due to this crash being	reported after the	he fact, Fire	e, EMS or Poli	ice where not i	nitially notified and	l did not
(Continued	l on next page)					
Witnesses:						
Name (Last, First, Middle)		Address		<del>_</del>	Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Descrip	ption of Damaged Property	
Truck and Bus Information:	D :-ttion#		(Erom V			
Carrier Name	_		(From Ve		Carrier Issuing Authority Cod	35 de
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 Ler	ngth 39	
Hazmat Information:						12
Placard 40 Material 1 dig	git # 41 Material N	√ame		Material 4 digit # _	Release code	42

-	→ Direction	1 =	Vehicle 1	2 =	Vehicle 2	Pedesti	ian		
Crash Diagram:	ie: →[	1	$\dashv$	2	_	ΡŶ			
								If Crash <u>Did Not</u> on a Public Way:	Occur
		_ _						☐ Off-Street Parking	g Lot
								☐ Garage	
		į			į	į		☐ Mall/Shopping Co	enter
		— - 			_ — — + -			☐ Other Private Way	y
		_ -		_				Indicate North by A	rrow
		_ -			+				
	_	_							
Crash Narrative:									
respond to the scene. Pic	tures were al	so n	ot take	n of t	he crash so	ene. At t	his tim	e this report is for	<u>r</u>
documentation purposes. A									used by
Pedestrian 1 entering the	roadway in	a ma	nner wh	ich ga	ve Vehicle	1 little	or no t	ime to react.	
W itnesses: Name (Last, First, Middle)			Address					Phone #	Statement
Property Damage:									
Owner (Last, First, Middle)	Address				Phone #	34-Type	Description	on of Damaged Property	
Truck and Bus Information:	Registration #				(From Ve	chicle Section)			
Carrier Name	Registration #				(From vc	<i>'</i>		Carrier Issuing Authority Cod	35 le
Address				Ci	у			St Zip	
US DOT #:	_ State Number			:	Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gr	ross Vehicle Weight	3	38						
Trailer Reg #:	Reg Type		Reg Stat	te	Reg Year_	Tr	ailer Length	39	
Hazmat Information:	41								42
Placard 40 Material 1 digit	# Materia	l Nam	ne			Material 4	digit#	Release code	42
JASON M. SCHLEGEL					NEW	TON POLICE DEPART		12/03/2	020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)