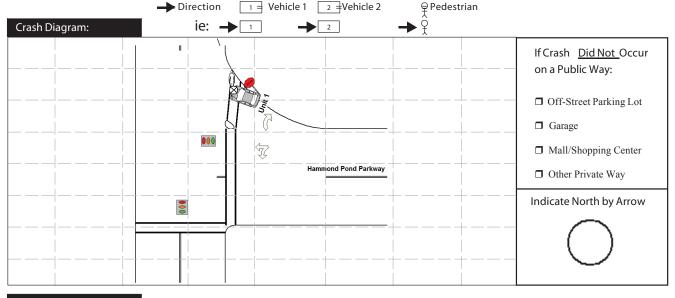
	Poli	ice Use Only		Commonwe	alth o	of Massa	achu	setts			RMV	Docum	ent Number	
	Date of Crash 05/06/2021	Time of Crash 10:27	City/Tow NEWTON	MIOTOI		icle Cra	sh	Number Vehicles			d Limit ude		State Police Local Police MBTA Police	NA NA
		24HR				Report		1	1		itude_		Other:	_
		AT INTER	RSECTION:	<	LOCA	ΓΙΟΝ	>		NOT	AT	INTE	RSEC	TION:	2
	EAST	г веасо	ON ST											
1 1	Route# Direc	tion		oadway/Street		Route# Direction	on Ado	dress #		Nan	ne of Ro	oadway/S	Street	2
	At NORTH HAMMOND POND PKWY					Feet NSEW of or Exit Number								
	Route# Direc	ction N	Name of Intersecting		Feet NSEW of									-
	Also at Intersection with					Route# Intersecting Roadway/Street								
1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of								
3					Landmark									\dashv
	Wehicle1	#Occupants	Hit/Run	Moped	e Number		21	00000315						_
	License#	18 1	St MA		Reg#	777DD4			_Reg Ty	pe_PAN	1	Reg S	State MA 20	_
	Sex_F Lic.	Class D 16 1	Lic. Restrictions	B CDL	Veh Y	ear_2014	Veh	Make_T0	OYOTA			Veh Con	fig. 1	
⁴ 2	Operator DU	Last	DELIA	A Middle	Owner	(Same as open	rator)		First			Middle		- 1
	Address 15 CI	LASS ST (apt. 12			Address									
	City W ROXB	SURY	State	e MA Zip 02132										
	Insurance Com	npany COMMER	CE		Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
5 1	Vehicle Travel	Direction: N	S X W Respo	nding to Emergency? N	Event	Sequence 3	22 22	22	22 2		3		4	
	Citation # (If I	ssued) 992938 A A	<u> </u>		Most I	Harmful Event	3 23		1	←	9	/	10 Undercarr 5 11 Totaled	iage
-	Violation	1: Ch_89/11 _{Sec}	Violation 2	:: ChSec	Driver	Contributing Co	ode 9	9 24	24					
⁶ 1	Violation	3: ChSec	Violation 4	: ChSec	Under	Underride/Override 25 Towed N 8 7 6								
	Please : Name (Last Fir		ator and all occupa	ants involved Address	Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility								13 3	
	Operator	,		See Above										
7									10		17			
2	Please Select C of the Followi	I Vehicle	e# Occupants	Non-Motorist A Ty	ype 1	Action 2	Loca		Cond	ition 1	17	Hit/	/Run Mop	ed
	License#		St	DOB/Age	Reg # Reg Type Reg State							state	_	
	Sex F Lic, Class Lic, Restrictions CDL					Veh Year Veh Make Veh Config.								_
⁸ 1	Operator MC		ERINN	Endorsment	-	Las							<i>O</i> -	
1	Address 40 M	Last	First	Middle		Las	t		First			Middle		_
	City RAMSA		City State Zip									-		
	Insurance Com			2 NJ Zip 07446		e Action Prior to		2	1 [amaged			ircle Up to Thre	ee)
	Vehicle Travel		Event	Event Sequence 22 22 22 22 3 4										
	Citation # (If I		S E W Resp	Most Harmful Event 23								iage		
	`	/	ec Violation	Driver Contributing Code Underride/Override 24 Towed 5 11 Totaled 7 6										
			ec Violation								6			
	Pl	ease fill out for		4: ChSec			S	26 27 eat Safety	28 2 Airbag Airb	9 30 Eject	31 Trap I	32 3 njury Tran	33 isp.	\dashv
	Name (Last Fi	Non-Motorist		Address See Above		Age/DOB	Sex 1	os. Systen	Status Swi	tch Code	Code	Status Co		lity
	Орегаюн	1 TOTI INTO COLLECT		See Autore						+		0 2	117711	\dashv
										+				\dashv



Crash Narrative:

On Thursday May 6th, 2021 at approximately 10:27am I responded to the intersection of Beacon Street and

Hammond Pond Parkway for a minor motor vehicle accident involving a pedestrian. At the time of the accident

the weather was sunny and the road surface was dry. Beacon Street is a public way owned and maintained by the

City of Newton and Hammond Pond Parkway is owned by the State Police.

Upon arrival I spoke with the pedestrian who was being treated by medics on scene. She was identified as

Erinn McGahan. Erinn stated she was jogging on Beacon Street heading westbound and was approaching the

intersection of Hammond Pond Parkway. Erinn stated she thought she made eye contact with the vehicle that

was stopped at the stop sign as she continued to jog across the crosswalk. As she started to enter the

crosswalk, the vehicle started to take the right turn onto Beacon Street and struck her right knee, causing

(Continued on next page)

Witnesses:									
Name (Last, First, Middle)	A	ddress		Phone	#	Statement			
Property Damage:									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	scription of Damaged Property			
Truck and Bus Information:	Registration #		(From Vehic	le Section)					
Carrier Name					Carrier Is	suing Authority Coc	e 35		
Address		(City	Zip					
US DOT#:	State Number	Issuing State ICC #: Interstate							
Cargo Body Type Code Gross Vehicle Weight 38									
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length				
Hazmat Information:						1			
Placard 40 Material 1 digit #	·		Material 4 o	digit #	Release code	42			

_	Direction 1	Vehicle 1	₂ =Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: → 1	→ [2	2	Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parking	g Lot
					☐ Garage	
					☐ Mall/Shopping Co	enter
				+	Other Private Wa	
					Indicate North by A	rrow
				+		
					_	
Crash Narrative:						
her to fall on top of the	hood of the vel	hicle and rol	l off onto the	street.	Erinn stated she had mino	
injuries and was transport	ed by Fallon to	o Newton Well	lesley Hospital			
I spoke with the operator	of the vehicle	, identified	as Delia Duart	. Delia	stated she was stopped at	the stop
sign on Hammond Pond Parkw	ay and did not	see the ped	lestrian enteri	ng the c	rosswalk. Delia stated she	started
to turn right onto Beacon	Street and str	uck the pedes	strian causing	her to r	oll off the hood of her ca	r and
land on the street. Delia	reported no in	juries and si	gned a patient	refusal	. Delia reported no damage	to her
vehicle and was able to le	ave the scene.					
Mass Uniform Citation #992	938AA was issue	ed and mailed	d to Delia Duar	t for Ch	apter 89 Section 11 Crossw	alk
Violation.						
(Continued o	on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						1
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
- I IS I C I						
Truck and Bus Information:	Registration #		(From Vehi			35
Carrier Name					Carrier Issuing Authority Coc	le
Address					St Zip	36
US DOT #:	State Number	38	Issuing State	ICC #:_	Interstate	30
Cargo Body Type Code Gro	ss Vehicle Weight	30			20	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length 39	
Hazmat Information:	A1					42
Placard Material 1 digit i	# Material N	ame		Material 4 d	digit# Release code	42
ANDREA M FERGUSON			NUMBER	N POLICE DEPARTA	05/06/2	021

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)

	Direction	1 =	Vehicle	3	2 #Vehicle 2		₽Pedestr	ian		
Crash Diagram:	ie: →	1]	→ 「	2	→	Ŷ			
Crash Diagram:	ie: ->								If Crash Did Not Con a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North by A	Lot
Crash Narrative:										
Witnesses:										
Name (Last, First, Middle)			Address						Phone #	Statement
Property Damage:										
Owner (Last, First, Middle)	Address				Phone #		34-Type	Desc	ription of Damaged Property	
Truck and Bus Information: Carrier Name	Registration #	#			(Fron		le Section)		Carrier Issuing Authority Code	35
Address					_ City				St Zip	
US DOT #:										36
27			38		15541115 54410		100 #		Interstate	
Cargo Body Type Code	Gross Vehicle Weight								39	
Trailer Reg #:	Reg Type		Reg S	State _	Reg Ye	ear	Tra	ailer L	ength	
Hazmat Information:										
Placard 40 Material 1 dig	git # 41 Materi	ial Nai	me				Material 4	digit#	Release code	42
ANDREA M FERGUSON						NEWTON	POLICE DEPARTN	\	05/06/20	

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)