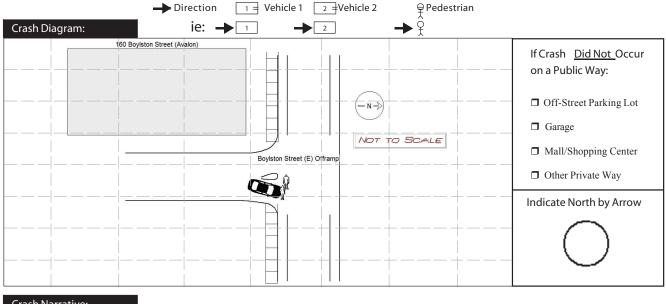
	Poli	ice Use Only		Commonwea	lth o	f Massa	achu	setts	<b>;</b>		RMV	/ Docun	nent Number	
	Date of Crash 05/17/2021	Time of Crash 13:23	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		ed Latit	d Limitude		State Police Local Police MBTA Police Other:	NA NA
		AT INTER	RSECTION:		LOCAT		>	1					CTION:	┪
						EAST	160		BOYL	STON S	Г			<u> </u>
l	Route# Direc	tion	Name of R	oadway/Street		Route# Direction		dress #				oadway/	Street	-  :
			At			Feet []	N S E	W of		•		or		_  -
	Route# Direc	ction 1	Name of Intersecting	Roadway/Street						Marker			Exit Number	_
			Also at Interse	ction with	-	Feet [	N S E	W of	Rout	e# I	ntersect	ting Road	dway/Street	-  -
l l	Route# Direc	tion	Name of Intersecti	ng Roadway/Street	-	Feet	N S E	W of						_ [
				<u> </u>							Lan	ıdmark		$\dashv$
	XVehicle1	#Occupants	Hit/Run	Moped Case	Number		21	.00000353	1					
	License#	10	St MA		Reg#_	VT41980			Reg T	ype_PAS	3	Reg	State MA	_
	Sex_M Lic.	Class D 18 1	Lic. Restrictions	I CDL	Veh Ye	ar_2013	Veh	Make_L	INCOL	1		Veh Co	nfig. 20	
1	Operator CH		JOSHUA First	Endorsment MICHAEL Middle		CUMMINGS		THON	IAS First			Middle		-
_		EDAR HILL RO				S 282 MILLHA		EET						-
	City NNORTI		State	MA Zip 01532	City_M	IARLBOROUG	GH						Zip <u>01752</u>	-
	Insurance Com	pany SAFECO			Vehicle	Action Prior to		3		_	d Area	Code: (C	Circle Up to Thr	ee)
	Vehicle Travel	Direction: N	S X W Respon	nding to Emergency?_N	Event S	Sequence 3	22 22 23		22		3	$\overline{\mathcal{I}}$	4 10 Undancem	
	Citation # (If I	·			Most H	Iarmful Event	3		24	<b>—</b>	9	$(\mid \mid \mid$	10 Undercarr 5 11 Totaled	nage
L	1			: ChSec		Contributing Co	ode 1	19 24		3	<u>/</u>		6	
L			c Violation 4 ator and all occupa	: ChSec	Underr	ide/Override		Towe	ed Y		31	32	33	_
	Name (Last Fir		ator and an occupa	Address		Age/DOB		26 27 Seat Safety Sos. System	28 Airbag Ai Status Sv	29 Signature 29 Eject Code	31 Trap Code	32 Injury Tra Status Co		ity
	Operator			See Above				1	4 9	9 0	0	10 1	N/A	
1	Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist A Typ	pe 1	Action 1	5 Loca	ation 2	16 Cor	dition 1	17 L	Hit	t/Run Mop	ed
	License#	10	St	DOB/Age	Reg#_				Reg T	ype		Reg		_ ]
	Sex_F Lic.	Class 18 1	Lic. Restrictions	CDL	Veh Ye	ar	Veh	Make				Veh Co	nfig.	
ļ.	Operator CO	Last	JOAN First	Middle	Owner	Las	t		First			Middle		-
	Address 629 H	IAMMOND ST			Addres	s								-
	City BROOKI	LINE	State	MA Zip 02467	City						_State_	2	Zip	-
	Insurance Com	npany			Vehicle	Action Prior to						Code: (C	Circle Up to Thr	ee)
	Vehicle Travel	Direction: N	S E W Respo	onding to Emergency?	Event S	Sequence 2	22 22		22	<u>'</u>	3	$\overline{\mathcal{I}}$	4 10 Undercarr	riage
	Citation # (If I	ssued) N/A			Most H	Iarmful Event	23	24	24	<b>—</b>	9	$(\mid \mid \mid$	5 11 Totaled	lage
				2: ChSec		Contributing Co	ode 25			3	/ /		6	
				4: ChSec	Underr	ide/Override		76 27	i		31	32	33	
	Name (Last Fi		operator and all o	ccupants involved Address		Age/DOB		26 Seat Safety Pos. System	Airbag Ai n Status S	29 Spect rbag Eject witch Code	Trap Code	Injury [[ra	nsp. ode Medical Faci	lity
	Operator/	Non-Motorist		See Above			-					8 2	NEWTON WELLES	SLEY



## Crash Narrative:

On Monday, May 17, 2021 I responded to the parking lot entrance of the Avalon at Chestnut Hill (160 Boylston Street, Newton) for a report of a motor vehicle/pedestrian crash. The weather at the time of the crash was clear and sunny. The road surface was dry. Boylston Street is a public way in the City of Newton.

I spoke with the operator of MV1, Mr. Joshua Champion (SA1310472). Mr. Champion stated he was operating his 2013 Lincoln MKS (MA: VT41980) while attempting to exit the Avalon parking lot at the Boylston Street (E) off ramp. Mr. Champion stated he was monitoring the traffic to merge and as he started to make his right turn his vehicle crashed into the left side of a pedestrian in the roadway. Mr. Champion stated he did not see the pedestrian as he was making his turn. I observed no damage to the area

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)	1	Address			Phone	#	Statement	
CONTOMPASIS, MICHL,		529 (apt E207) BROOKLINE	HAMMOND STR ,MA 02467					
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	cription of Damaged Property		
Truck and Bus Information:  Carrier Name	Registration#		(From Vehic	cle Section)	Carrier Is:	suing Authority Coo	35 le	
Address			City		St	Zip		
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36	
Cargo Body Type Code 37	Gross Vehicle Weight	88			39	 ]		
Trailer Reg #:	Reg Type	_ Reg State	Reg Year	Tı				
Hazmat Information:						I		
Placard 40 Material 1 di	igit # 41 Material Nam	e		Material 4	digit #	Release code	42	

MICHAEL R GAUDET			NEWTON POLICE DEPARTM		05/17/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Direction	1 = Vehicle 1	2 =Vehicle 2	₽ Pedestriar	•	
Crash Diagram: ie: 🗕	1 -	2	<b>→</b> ĝ		
	 		<u> </u> 	If Crash <u>Dic</u> on a Public V	
				─	Parking Lot
		_		Garage	
			İ	☐ Mall/Shop	ping Center
				☐ Other Priv	ate Way
	 			Indicate Nor	th by Arrow
Crash Narrative:					
where the pedestrian made contact wit					
The injured pedestrian, Mrs. Jo	<u></u>	·			
her husband. Mrs. Contompasis stated parking lot exit and continue on Boy					-
allow her and her husband to cross.					
passenger side bumper area crashed in					
Contompasis was transported to Newton	Wellesley Ho	ospital for inj	uries to her	right foot and knee	•
I spoke with a witness to the c	erash, Mr. Mic	chl Contompasis	. Mr.Contompa	sis stated he was w	alking with
his wife Joan on Boylston Street (W).	Mr. Contomy	pasis stated he	was walking	just ahead of his w	ife as
(Continued on next page	<u>)</u>				
W itnesses:					
Name (Last, First, Middle)	Address			Phone #	Statement
Property Damage:	'				
Owner (Last, First, Middle) Address		Phone #	34-Type De	escription of Damaged Prope	rty
Truck and Bus Information: Registration	ı#	(From `	Vehicle Section)		35
Carrier Name				Carrier Issuing Autho	
1				St Z	
Address		City		2 2	ip
US DOT #: State Number		City Issuing State _			36
	38			Interst	36
US DOT #: State Number Cargo Body Type Code 37 Gross Vehicle Weight Trailer Reg #: Reg Type	t 38	Issuing State	ICC #:	Interst	36
US DOT #: State Number  Cargo Body Type Code 37 Gross Vehicle Weight  Trailer Reg #: Reg Type  Hazmat Information: 40 41	t 38 Reg Stat	Issuing State  re Reg Yea	ICC #: r Traile	Interst	36 36 42

ID/Badge #

Department

Signature

Date

Precinct/Barracks

Police Officer Name (Please Print)

•	→ Direction	1 =	Vehicle 1	2 =Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →[	1	→[	2	→ ♀			
						I	If Crash <u>Did Not</u> ( on a Public Way:	Occur
		_ _		<u> </u>			☐ Off-Street Parking	g Lot
							☐ Garage	
				<del></del>			☐ Mall/Shopping Co	enter
		_					☐ Other Private Way	
		_		+		<u> </u>	ndicate North by A	
		_ _		 	+			
							( )	
				<del>     </del>				
Crash Narrative:								
they crossed the Avalon a	at Chestnut Hi	ll ex	kit at Rt	. 9. Mr. Con	tompasis st	ated he obse	erved a black se	edan to
his left as he crossed.	Mr. Contompas	is st	tated he l	believed the	operator wa	s not paying	attention as l	he
exited the parking lot as	nd the vehicle	acce	elerated :	into his wife	's left sid	e.		
Witnesses:								
Name (Last, First, Middle)		A	Address			Pho	one #	Statement
Property Damage:								1
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of Da	amaged Property	
Truck and Bus Information:	Registration #			(From	Vehicle Section)			25
Carrier Name	· · · · · · · · · · · · · · · · · · ·					Carrier	Issuing Authority Cod	35 le
Address				City		St	Zip	
US DOT #:	State Number	3		Issuing State _	ICC#:_		Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	3	8					
Trailer Reg #:	Reg Type		_ Reg State _	Reg Yea	ır Tra	ailer Length	39	
Hazmat Information:	41							42
Placard Material 1 digi	t# Materia	l Namo	e		Material 4	digit #	Release code	
MICHAEL R GAUDET				2	NEWTON POLICE DEPART!	<b>\</b>	05/17/20	021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)