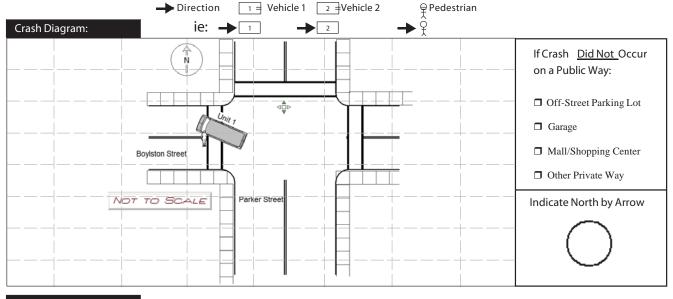
	Poli	ice Use Only		Common	wealth	of Mas	sach	uset	ts		RM	V Docu	ment Numbe	r
	Date of Crash 09/28/2021	07:42	NEWTON	m Mo		hicle Ci Report		Numl Vehic	les Inju	red L	peed Limatitude _		State Police Local Police MBTA Police Other:	e <b>X</b> 1
l		24HR AT INTER	SECTION:	<		ATION	, >	1	1 N(				CTION:	
			SECTION.		Loca		<u> </u>		111	<u> </u>	1 11(1)		e Horr.	
1	Route# Direc		TON ST	Qoadway/Street		Route# Dire	ection	Address #		1	Name of I	Roadway	v/Street	
1		At					Route# Direction Address # Name of Roadway/Street						<u> </u>	
	NORTH PARKER ST  Route# Direction Name of Intersecting Roadway/Street											Exit Number	er	
	- Routen Birec	WIOII 1		Feet NSEW of Route# Intersecting Roadway/Street						_ L				
1						Feet NSEW of								
	Route# Direction Name of Intersecting Roadway/Street					Landmark								
	XVehicle1	#Occupants	Hit/Run	Moped	Case Numbe	er		2100000	767					
	License#		St MA	DOB/Age _ <del></del>	Reg	# 231EG9			Reg	Type_P	AN	Reg	g State_MA	
	Sex_M Lic.	Class D 18 1	8 Lic. Restrictions			Year_2012	V	/eh Make	HONDA	<b>\</b>		_ Veh Co	onfig. 2	
	Operator GY	URIS	VIKTOR First	Endorsmo	ent Owr	ner (Same as o	perator)		First			Middl	le	_
3	Address 25 M	EADOWBROOI	K RD	Witdute		Last First Middle Address							_	
	City NEWTO	N	Stat	e_MA Zip_02459	City	City State Zip								
	Insurance Com	pany GEICO			Veh	Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)								'hree)
1	Vehicle Travel	Direction: N	S E X Respo	nding to Emergency	? <u>N</u> Ever	nt Sequence	3 22	22 22	22	2	3		4	
	Citation # (If I	ssued) N/A			Mos	t Harmful Ever	nt 3	23		1	. 9	$\left\{ \right\}$	10 Underc 5 11 Totaled	~
	Violation	1: ChSec	Violation 2	2: ChSec	Driv	er Contributing		1 24	24			1		
1				4: ChSec	Und	Underride/Override 25 Towed N 6								
	Please to Name (Last Fir		ator and all occup	ants involved  Address	i	Seat Safety Airbag Airbag   Eject 1 Trap   Injury 1 Transp.						ransp. Code Medical Fa	cility	
	Operator			See Abov	re			1	4	99 0	0	10 1	N/A	
2	Please Select C of the Followi	Vehicle	e# Occupants	Non-Motoris	t A Type 1	14 Action 1	15 Lo	ocation	16 Co	ondition	17	П	lit/Run	oped
	License#		St	DOB/Age	Reg	Reg #				Reg TypeReg State			g State	
	Sex_F_ Lic.	Sex_F Lic. Class 18 18 Lic. Restrictions 19 CDL Operator MANUKIAN MARINE					/eh Year Veh Make Veh Config.						onfig.	
2	Operator MA						OwnerLast First Middle							
_	Address 111 E	PAVID STREET	First	Middle	Add	Address								
	City MALDE	City	City State Zip								_			
	Insurance Com	ipany	Veh	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								'hree)		
	Vehicle Travel	y? Ever	Most Harmful Event 23 10 Undercarriage 5 11 Totaled											
	Citation # (If I	Mos								~				
	Violatio	n 1: ChSe	ec Violation	Driv	Driver Contributing Code 24 24									
	Violatio	n 3: ChSe	Und	Underride/Override 25 Towed 8 7 6										
	Pl Name (Last Fi		operator and all	occupants involved		Age/DOI	B Sex	26 Seat Sat Pos. Sy	27 28 fety Airbag stem Status	29 Airbag Ej Switch C	30 31 Frap Code Code		ransp. Code Medical F	acility
		Non-Motorist		See Abov	re								1 N/A	
												+		



## Crash Narrative:

On Tuesday, September 28, 2021 while assigned to Traffic unit N525, I responded to the area of Parker Street and Boylston Street for a report of a motor vehicle crash involving a pedestrian. The weather at the time of the crash was overcast. The road surface was dry. Parker Street and Boylston Street are both public ways in the City of Newton.

The operator of the vehicle involved was identified as Mr. Viktor Gyuris (S12195708). Mr. Gyuris stated he was operating his 2012 Honda Odyssey (MA: 231EG9) on Parker Street (S). Mr. Gyuris stated he had a green light and proceeded to make a left turn on to Boylston Street (W) when a pedestrian walked into the front driver side fender area of his vehicle. Mr. Gyuris stated he observed the pedestrian at the last second and stated she was not in the crosswalk and was talking on her phone.

(Continued on next page)									
Witnesses:									
Name (Last, First, Middle)	Add	Address				Phone #	Statement		
Property Damage:									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	on of Damag	ged Property		
Truck and Bus Information:	Registration #		(From Vehic	le Section)				25	
Truck and Bus Information:  Carrier Name			(From Vehic			Carrier Issu	ing Authority Co	35 de	
								de	
Carrier Name		(	City			St	Zip	de	
Carrier NameAddressUS DOT #:	State Number38	(	City			St	Zip	de	
Carrier NameAddressUS DOT #:	State Number	(	City			St	Zip	de	
Carrier NameAddressUS DOT #:	State Number	(	City Issuing State	ICC#:_		St	Zip	de	
Carrier Name  Address US DOT #: Cargo Body Type Code 37 Gros	State Number	(	City Issuing State	ICC#:_		St	Zip	de	
Carrier Name	State Number	Reg State	City Issuing State	ICC #: Tr	ailer Lengt	St	Zip Interstate	de	

MICHAEL R GAUDET 09/28/2021 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge# Department Precinct/Barracks Date

_	Direction 1	1 = Vehicle 1	2 =Vehicle 2	Pedestri	ian	
Crash Diagram:	ie: →□	1 →	2	Ŷ		
					If Crash <u>Did No</u> on a Public Way:	
					Off-Street Park	ing Lot
					☐ Mall/Shopping	Center
		-  + 			☐ Other Private W	<sup>7</sup> ay
		<u> </u>			Indicate North by	Arrow
		 -		+		
					( )	
				+		
Crash Narrative:						
observed very minor damage	e to the front	driver side	fender/hood are	a above	the front driver side tip	e. Mr.
Gyuris reported no injurie						
I spoke with the injured p	pedestrian, Ms.	Marine Manul	kian (S20246517	). Ms. Ma	anukian stated she was	
crossing Boylston Street	(W) at Parker R	Road (N) when	she was hit by	the from	nt driver side of MV1.	
Ms. Manukian stated she	was on her pho	one at the tir	me of the crash	and does	s not recall if she had t	the
pedestrian signal to cross	s. Ms. Manukia	n reported in	njuries to her	right ha	nd, elbow, and both knees	. Ms.
Manukian signed a patient	refusal with F	Fallon Medics	and was provid	ed a ride	e away from the area by t	the
operator of MV1.						
Witnesses:						
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:	Designation #		(From Vehi	ala Castion)		
Carrier Name	Registration #		(FIOIII VEIII	,	Carrier Issuing Authority C	ode 35
Address			City		St Zip	
US DOT #:	_ State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38			L	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	
Hazmat Information:		Neg Duite	105 1011	110		
Placard 40 Material 1 digit	# 41 Material N	Name		Material 4 d	ligit # Release code	42
MICHAEL R GAUDET			NEWTO	N POLICE DEPARTA	09/28	/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)