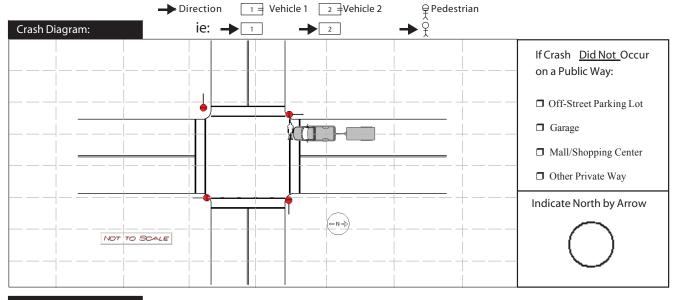
	Poli	ice Use Only		Commonwea	lth o	of Massa	achı	usetts	\$		RMV	<sup>7</sup> Docun	ıent Number	
	Date of Crash 10/12/2021	Time of Crash 12:52	City/Tow NEWTON	<sup>n</sup> Motor	Veh	icle Cra	sh	Number Vehicles			d Limit ude	25	State Police Local Police MBTA Police	NA NA
	10/12/2021	12.52 24HR	NEWTON			Report		1	1		gitude_		Other:	
		AT INTER	RSECTION:	< ]	LOCA	ΓΙΟΝ	>		NO	Γ <b>Α</b> Τ :	INTE	ERSEC	CTION:	2
	SOU	TH ROWE	ST											
$1 \\ 1$	Route# Direc	tion		oadway/Street		Route# Direction	on Ac	ddress #		Nar	ne of R	oadway/	Street	_ 2 10
	WES	T WOLCO	A: OTT ST		Feet NSEW of or								_   _	
	Route# Direc	etion N	Vame of Intersecting	Roadway/Street	Mile Marker Exit Number								_	
			Also at Interse	ction with	Feet NSEW of Route# Intersecting Roadway/Street									-   1
2 <b>1</b>	Route# Direc	tion	Nama of Intercept	ng Roadway/Street	Feet NSEW of									6
3	Route# Direc	tion	Name of intersect	ing Koadway/Street							Lan	ıdmark		$\dashv$
	XVehicle1	_1_#Occupants	Hit/Run	Moped Case	Number		2	100000814						
	License#		St MA	DOB/Age	Reg#	M88531			Reg Ty	pe_MV	N	Reg S	State MA	
	Sex_M Lic.	$_{\text{Class}}\left[\mathbf{A} \right] \mathbf{D}^{1}$	Lic. Restrictions	K 19 CDL	Veh Ye	ear 2014	Ve	h Make_F	ORD			Veh Cor	nfig. 20	
4	Operator SIR	ATOS	JOHN First	Endorsment	Owner	PARKS AND	RECR	E.F	First			Middle		- <b>1</b>
1	Address 133 W		rırst	Midale		SS 110 CRAFTS	sŧ		rirst			wiiddie		_
	City_NEWTO	N	State	2MA Zip 02459	City_N	IEWTON					_State_	MA Z	zip_02458	_
	Insurance Com	pany_SELF			Vehicle	e Action Prior to	o Crash	1	21 I	Damageo	d Area (	Code: (C	Circle Up to Thre	ee)
5 <b>2</b>	Vehicle Travel	Direction: N	X E W Respon	nding to Emergency? N	Event	Sequence 3	22 22	2 22	22 2		3		4	
	Citation # (If I	ssued)			Most I	Harmful Event	3 23	3		_	9	/	10 Undercarr 5 11 Totaled	riage
	Violation	1: ChSec	Violation 2	: ChSec	Driver	Contributing Co	ode	13 24	24		ŹΪ	V J	3 11 Totaled	
<sup>6</sup> <b>1</b>	Violation	3: ChSec	Violation 4	: ChSec	Underr	ride/Override	25	Towe	ed_N8		7		6	
		fill out for opera	26 27 28 29 30 31 32 33   Seat Safety Airbag Airbag Eject Trap Injury Transp.   Age/DOB   Sex   Pos. System Status Switch Code Code Status Code   Medical Facility							13 ity 3				
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex	Pos. \$ystem	Status Swi	ch Code 0	Code S	\$tatus   Co 10   1	de Medical Facili	ty 5
7														
2	Please Select C of the Followi	Vehicle	Cocupants	Non-Motorist A Typ	pe 1	Action 1	Loc	ation 1	16 Cond	lition 1	17	Hit	/Run Mop	ed
		g.	C4	DOD/A ========	Page #								┥	
	License# St DOB/Age 19 CDI					Reg #								-
8	Sex_M_ Lic. Class Lic. Restrictions CDLEndorsment  Operator ANDERSON JUSTIN					Veh Year Veh Make Veh Config.								
<sup>8</sup> <b>1</b>	Address 392 C	Last	First	Middle	Owner Last First Middle								-	
	City NEWTO	Address State Zip State Zip Damaged Area Code: (Circle Up to Three)								-				
										ee)				
	Insurance Com		venicle Action Prior to Crash											
	Vehicle Travel		Most Harmful Event 23 10 Undercarriage 5 11 Totaled								iage			
	Citation # (If I	·												
		n 1: ChSe	Driver Contributing Code 25 8 7 6											
		n 3: ChSe ease fill out for	26   27   28   29   30   31   32   33						33	$\dashv$				
	Name (Last Fi	rst Middle)	- Permor und un o	Address		Age/DOB	Sex	Pos. Syste:	Airbag Airt n Status Sw	ag Eject itch Code	Trap I	njury Tra Status Co	nsp. ode Medical Faci	lity
	Operator/	Non-Motorist		See Above								8 2	NWH	



## Crash Narrative:

On Tuesday October 12th at approximately 1252 hours I responded to the intersection of Rowe Street and Wolcott Street for a city vehicle accident involving a pedestrian. At the time of the accident the weather was sunny and the road conditions were dry. Rowe Street and Wolcott Street are both owned and maintained by the City of Newton.

Upon arrival I spoke with the operator of the vehicle involved, identified as Parks and Recreation worker

John Siratos (S50488498). John stated he was traveling southbound on Rowe Street and was stopped at the

stop sign at the intersection of Wolcott Street. John stated he was looking straight ahead towards the

direction he was attempting to travel and proceeded into the intersection to cross over Wolcott Street when

he struck the pedestrian with his front bumper causing him to fall on the ground. John stated he was only

(Continued on next page)

Witnesses:									
Name (Last, First, Middle)	Address		Phone #	ŧ	Statement				
Property Damage:									
Owner (Last, First, Middle)		Phone # 34-Type Description of Damaged Property							
Truck and Bus Information: Registration #(From Vehicle Section)									
Carrier Name Carrier Issuing Authority Code									
Address	(	City		St	Zip				
US DOT #:		Issuing State	ICC #:_		Interstate	36			
Cargo Body Type Code Gross Vehicle Weight 38									
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length   39									
Hazmat Information:									
Placard 40 Material 1 digit #	me	Material 4 digit # Release code 42							

-	Direction 1	Vehicle 1	vehicle 2	Pedestria	ın	
Crash Diagram:	ie: → 🛚	<b>→</b>	2	<b>₽</b>		
					l l	ash <u>Did Not</u> Occur Public Way:
					<b>_</b> o	off-Street Parking Lot
						Garage
	İ		į	j		Mall/Shopping Center
						Other Private Way
	 	-	+-		Indic	ate North by Arrow
Crash Narrative:						
traveling a couple miles p	er hour as he	just accelera	ated from a sto	pp. John s	tated he did n	ot see the
pedestrian because of the	suns glare.					
I was able to speak to the	pedestrian in	side the ambu	lance receivin	ng medical	treatment. He	was identified as
Justin Anderson (S27026247	). Justin stat	ed he was jog	gging westbound	d on Webst	er Street and	was crossing
the intersection of Wolcot	t Street and R	lowe Street, a	attempting to h	nead westb	ound on Wolcot	t Street. Justin
stated he was jogging on t	the sidewalk an	d entered the	crosswalk to	cross the	street and wa	s struck by the
city vehicle in the right	leg causing hi	m to fall to	the ground. Ju	stin repo	rted a minor t	humb injury and a
small scrape on his head.	Justin stated	his temperatu	re was high an	nd he was l	being transpor	ted to NWH by
Medics as a precaution.						
(Continued o	on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ged Property
Truck and Bus Information:	Registration #		(From Vehi	icle Section)		35
Carrier Name					Carrier Issu	ing Authority Code
Address			City		St	
US DOT #:	State Number		Issuing State	ICC #:		Interstate 36
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Vear	Trail	ler Length	
Hazmat Information:		105 511110	105 1001	11411	200801	
Placard 40 Material 1 digit	41					42
	# Material N	Name		_ Material 4 dig	git #	Release code

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)

	Direction 1	ı ≡ Vehicle 1	₂ =Vehicle 2	Pedestri	an	
Crash Diagram:	ie: → 🛚	<b>→</b>	2	<b>&gt;</b> ĝ		
					If Crash <u>Did Not</u> On a Public Way:	Occur
					Off-Street Parking	. Lot
						, Loi
					Garage	
					Mall/Shopping Ce	
					☐ Other Private Way	
					Indicate North by A	rrow
		+	+-	+		
	 	 		+		
Crash Narrative:						
Pictures of the city veh	icle and the sce	ne were taker	and submitted	d to the I	T Bureau. No damage to the	city
vehicle was observed or	reported.					
VA/24						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
D						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
	1100000		1	211)		
Truck and Bus Information:	Registration #			nicle Section)		35
Carrier Name					Carrier Issuing Authority Cod	е
Address			City		St Zip	36
US DOT#:	State Number	38	Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37	Fross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	iler Length 39	
Hazmat Information:						101
Placard 40 Material 1 dig	it # 41 Material N	Name		_ Material 4 d	igit # Release code	42
ANDREA M FERGUSON			NEWI	ON POLICE DEPARTM	10/12/2(	)21

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)