

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 10/15/2021	Time of Crash 19:31 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 1	Number Injured 1	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>				9	
<b>WEST</b> Route# _____ Direction _____ Name of Roadway/Street _____ At _____			<b>BEACON ST</b>				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker _____ Exit Number _____				10	
<b>NORTH</b> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			<b>WALNUT ST</b>				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark _____				11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____											6	
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000834			
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>335EM2</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Veh Year <u>2011</u> Veh Make <u>LEXUS</u> Veh Config. <u>1</u> <u>20</u>					12	
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Operator <u>TYE</u> <u>DONALD</u> <u>G</u>			Owner <u>(Same as operator)</u>					1	
Address <u>52 ANNAWAN RD</u>			City <u>WABAN</u> State <u>MA</u> Zip <u>02468</u>			Address _____						
Insurance Company <u>BANKERS STANDARD INSURANCE</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>N</u>			Event Sequence <u>3</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>3</u> <u>23</u>			Driver Contributing Code <u>18</u> <u>24</u> <u>24</u>			
Citation # (If Issued) _____			Underride/Override <u>25</u> Towed <u>N</u>			Towed <u>N</u>						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____									
Please fill out for operator and all occupants involved											13	
Name (Last First Middle)			Address			Age/DOB			Sex			26
Operator			See Above			-----			---			27
												28
												29
												30
												31
												32
												33
												Medical Facility
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants											14	
<input checked="" type="checkbox"/> Non-Motorist A Type <u>1</u> <u>15</u> Action <u>1</u> <u>16</u> Location <u>2</u> <u>17</u> Condition <u>1</u> <u>18</u>											15	
<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped											16	
License # _____ St _____ DOB/Age _____											17	
Sex <u>F</u> Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____											18	
Operator <u>KENNEDY</u> <u>ELIZABETH</u>											19	
Address <u>11 MORSE ST (apt. 3)</u>											20	
City <u>NATICK</u> State <u>MA</u> Zip <u>01760</u>											21	
Insurance Company _____											22	
Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? _____											23	
Citation # (If Issued) _____											24	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____											25	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											26	
Underride/Override _____ Towed _____											27	
Please fill out for operator and all occupants involved											28	
Name (Last First Middle)			Address			Age/DOB			Sex			29
Operator/Non-Motorist			See Above			-----			---			30
												31
												32
												33
												Medical Facility

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Beacon Street

Walnut Street

P.O.

NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

**Crash Narrative:**

Operator of MV1 states he was traveling northbound on Walnut Street and entered the left turn only lane at the intersection of Walnut Street and Beacon Street. Operator of MV1 states while entering the left turn only lane, a pedestrian appeared from behind a car that was in the straight only lane and he struck her at a very low rate of speed with the front end of MV1. Operator of MV1 states the pedestrian said she was fine and kept walking across the street. Operator of MV1 states he pulled into the parking lot of the Walgreen's, got out of his vehicle and attempted to speak with the pedestrian again, which she waved him off stating she was fine and walked away from him. Operator of MV1 at this time left the scene believing the pedestrian was not injured. No damage to MV1.

The pedestrian, Elizabeth Kennedy, states she was walking across Walnut Street (not in the crosswalk)

(Continued on next page)

**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:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate

Cargo Body Type Code  Gross Vehicle Weight

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length

**Hazmat Information:**

Placard  Material 1 digit #  Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code

TIMOTHY F KEEFE

NEWTON POLICE DEPT.

10/15/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

#### Crash Diagram:



If Crash Did Not Occur  
on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



#### Crash Narrative:

when she entered the left turn only lane on Walnut Street and was struck by MV1. Ms. Kennedy states she hit the ground, but got back up and told the operator of MV1 she was fine and he left the scene. Ms. Kennedy complained of knee and elbow pain. Fallon Medics evaluated Ms. Kennedy and she signed a patient refusal, but stated she will have someone transport her to Tuft's medical center.

#### 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:

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code 35

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 Length 39

#### Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42

TIMOTHY F KEEFE

NEWTON POLICE DEPT

10/15/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date