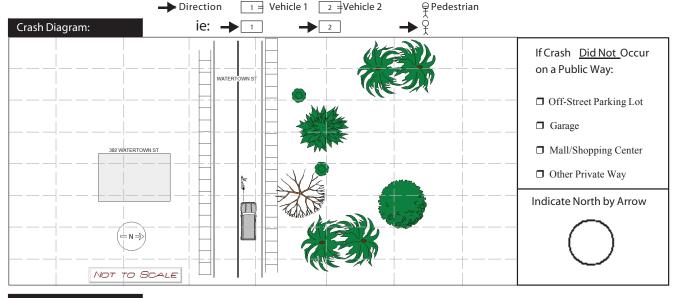
	Poli	ice Use Only		Commonwea	lth o	f Massa	achu	isetts	}		RMV	/ Docun	ient Number	
	Date of Crash 12/05/2021	Time of Crash 17:23 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		ed Latit	d Limitude gitude_		State Police Local Police MBTA Police Other:	XI D
			RSECTION:		LOCAT		>		NC	T AT	INTE	ERSEC	CTION:	2
					WEST 392 WATERTOWN ST								2	
1 4	Route# Direct	tion		oadway/Street	I	Route# Direction	n Ad	dress #		Naı	me of R	loadway/	Street	
	At					Feet NSEW of or								_ _
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	Vehicle1	_1_#Occupants		Moped Case	Number		21	.00001019						4
	License#	License # St MA DOB/Age				72GL56							State MA 20	-
	Sex_F Lic. Class D Lic. Restrictions 1 CDL Findorment				Veh Year 2021 Veh Make SUBARU Veh Config. 2									
⁴ 1	Operator OPI	Last	ELIZABETH First	Middle	Owner	(Same as oper	ator)		First			Middle		- 1
		ATERTOWN S			s								-	
	City WATERTOWN State MA Zip 02472				State Zip									
- 1		pany STATE FA			Vehicle	Action Prior to		1	21			`	Circle Up to Thro	ree)
5	Vehicle Travel	Direction: N	S E X Respon	nding to Emergency? N	Event S	Sequence 3 2	22 22 23		22	2	3	$\overline{\mathcal{I}}$	4 10 Undercarr	mio.co
	`	ssued)			Most H	Iarmful Event	3 23	24	24	—	9	$(\mid \mid \mid$	5 11 Totaled	nage
⁶ 1				: ChSec	Driver	Contributing Co	ode 1			3		\mathbf{M}	6	
1	Violation 3: Ch Sec Violation 4: Ch Sec					Underride/Override Towed N								_
	Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB Sex Sex Sex System Status Switch Code Code Status Code Medical Facility							1 2		
	Operator			See Above				1	4 9	9 0	0	10 1		
7 1	Please Select C of the Followi	I Vehicl	e# Occupants	X Non-Motorist A Typ	pe 1	Action 1	5 Loca	ution 4	16 Cor	ndition 1	17	Hit	:/Run Mop	ped
	License#StDOB/Age					Reg # Reg Type Reg State								_]
	Sex_M Lic. Class 18 18 Lic. Restrictions 19 CDL					Veh YearVeh MakeVeh Config.								
8 1	Operator COLUCCI JR JOSEPH JOHN Last First Middle					Owner								
_	Address 18 GREEN CT					Address								_
	City NEWTON State MA Zip 02458				CityZip								_	
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ree)
	Vehicle Travel Direction: NSEW Responding to Emergency?				Event Sequence 22 22 22 2 3 4									
	Citation # (If Issued)				Most Harmful Event 23 10 Undercarriage 5 11 Totaled								riage	
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24 7 6								
	Violation 3: ChSecViolation 4: ChSec					ide/Override	25	Tower	l		7		6	
	Plo Name (Last Fi		r operator and all o	ccupants involved Address		Age/DOB		26 27 Seat Safety Pos. System	28 Airbag A n Status S	29 30 Eject witch Code	31 Trap e Code	Injury [Tra	33 nsp. ode Medical Faci	ility
		Non-Motorist		See Above								8 1		
														_



Crash Narrative:

Operator of vehicle one, Elizabeth Oppenheim stated that while driving her 2021 Subaru Crosstrek SUV (MA reg 72GL56) west bound on Watertown St in front of 392, a pedestrian stepped off the south side walk and into the roadway. Oppenheim stated that she did not see the pedestrian due to low light conditions.

Oppenheim estimated that her vehicle's speed at the time of the crash to be 10 to 15 MPH due to heavy traffic. Oppenheim stated that the pedestrian latter identified as Joseph Colucci stepped off the sidewalk and into her path of travel in the roadway. Oppenheim stated Colucci was not in a marked crosswalk.

Oppenheim stated that she stopped her vehicle to check on Colucci who told her that he was not injured and did not want medical aid. Colucci stated that he was struck on his right side and fell to the ground. Colucci signed a patient refusal form provided to him by medics. Colucci stated that he did step off the side walk

(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) 35 Carrier Name _ ___ Carrier Issuing Authority Code ____ City____ Address_ US DOT #: State Number ____ Issuing State ____ ICC #:___ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #: Hazmat Information:

MICHAEL A MCSWEENEY			NEWTON POLICE DEPARTM		12/05/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Material Name_____ Material 4 digit # _____ Release code

Placard

Material 1 digit #

-	Direction	1 ■ Vehicle	1 <u>2</u> #Vehi	icle 2	Pedestr	ian			
Crash Diagram:	ie: →□	1 -	2	→	· P				
	, <u> </u>		_				If Crash Did Not Con a Public Way: Off-Street Parking Garage Mall/Shopping Co Other Private Way Indicate North by A	g Lot enter	
Crash Narrative:									
in front of 392 Watertown at the time of the crash.							t in a marked cro	osswalk	
Witnesses:									
Name (Last, First, Middle)		Address				F	hone #	Statement	
Property Damage:									
Owner (Last, First, Middle)	Address		Phor	ne #	34-Type	Description of	Damaged Property		
Truck and Bus Information:	Registration # _			(From Vehi	_	35			
Carrier Name							rier Issuing Authority Cod	le	
Address			City			St	Zip		
US DOT#:	_State Number		Issui	ng State	ICC #:_		Interstate	36	
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38							
Trailer Reg #:	Reg Tyne	Reg St	rate	Reg Year	Tr	niler Length	39		
Hazmat Information:	105 1740	105 51		wg 10m	110				
Placard 40 Material 1 digit	# 41 Material	Name			Material 4 o	ligit #	Release code	42	
MICHAEL A MCSWEENEY					N POLICE DEPARTM		12/05/20	021	

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)