

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/26/2022	Time of Crash 09:46 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 1	Number Injured 1	Speed Limit <u>25</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>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 459 AUBURN ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000571			
License # _____ St _____ DOB/Age <u>18</u> <u>18</u> Sex _____ Lic. Class <u>99</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____ Operator UNKNOWN UNKNOWN UNKNOWN Address UNK City _____ State _____ Zip _____ Insurance Company UNK			Reg # UNK Reg Type PAN Reg State MA Veh Year UNK Veh Make UNK Veh Config. <u>1</u> <u>20</u> Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>3</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>3</u> <u>23</u> <u>1</u> <u>9</u> <u>5</u> <u>11</u> <u>Totaled</u> Driver Contributing Code <u>97</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed Y							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u> Citation # (If Issued) _____ 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										
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator See Above										
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type <u>1</u> <u>14</u> Action <u>1</u> <u>15</u> Location <u>4</u> <u>16</u> Condition <u>1</u> <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # _____ St _____ DOB/Age <u>18</u> <u>18</u> Sex <u>F</u> Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Operator DE JESUS BETTYANNETTE PYRIEL DANYAEI Address 459 AUBURN STREET City AUBURNDALE State MA Zip 02459 Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>20</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>23</u> <u>1</u> <u>9</u> <u>5</u> <u>11</u> <u>Totaled</u> Driver Contributing Code <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed _____							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator/Non-Motorist See Above										

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

Crash Diagram:    ie: → 1    → 2    → Pedestrian

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑ N

NOT TO SCALE

Crash Narrative:

-Ped#1 was crossing Auburn Street southbound when she was struck by MV#1. MV#1 left the scene of the collision and did not leave any contact information.

-Ped#1 stated she was crossing Auburn Street, after signaling the crosswalk. She stated she was in the crosswalk when MV#1 kept driving. Ped#1 stated she jumped back wards to avoid being struck,however, she clipped on the left ankle. She identified the driver as an old man.

-I next spoke to Wit#1 and her statements regarding the collision coincided with Ped#1 Wit one went on to describe MV#1 as a dark gray Prius; that it pulled into the MBTA parking lot after PED#1 went to get her residency manager; and lastly she observed MV#1 leave the scene of the collision. Wit#1 stated she did not get the registration for MV#1.

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
WASTCOAT, VALERIE, J	30 W PINE ST AUBURNDALE,MA 02466	-----	N

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

DAVID A. CALDERON    NEWTON POLICE DEPT    06/26/2022

Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

CDP1 11 -24-00

♀ Pedestrian

♀

[illegible]

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

## CDP1 11 ·24·00