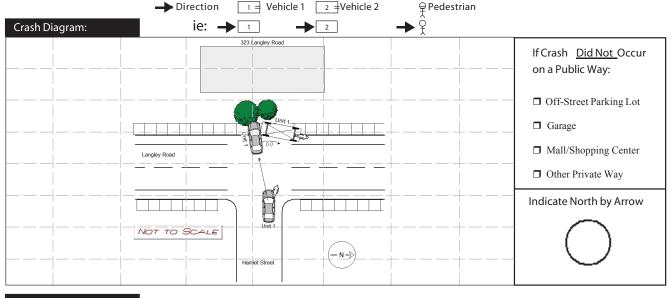
| | Poli | ice Use Only | | Commonwea | lth o | f Massa | achu | setts | | | RMV | / Docur | ment Number | |
|-----------------------|-----------------------------------|--------------------------------|---------------------------------------|-------------------------|----------|--------------------|---------|------------------------------------|-------------------------------|---------------------------------|---|-------------------------------|---|-----------|
| | Date of Crash 06/28/2022 | Time of Crash 12:35 24HR | NEWTON | 1410101 | | icle Cra Report | sh | Number Vehicles 1 | | d Latit | d Limit ude gitude_ | | State Police Local Police MBTA Police Other: | Xi D |
| | | | RSECTION: | | LOCAT | _ | > | _ | | | | | CTION: | |
| | | | | | | WEST | 323 | | LANG | LEY RD | | | | |
| ${f 1}^1$ | Route# Direc | tion | Name of Ro | padway/Street | R | Route# Direction | on Ado | lress # | | Nar | ne of R | oadway | Street | |
| | | | | | | Feet [| SE | W of | Mile | Marker | (| or | Exit Number | - |
| | Route# Direc | ction | Name of Intersecting Also at Intersec | · | - | Feet [| N S E | W of | | | | | | |
| 2 1 | | | | | - | Feet [| N S E | W of | Route | # I1 | ntersect | ting Roa | dway/Street | 1 |
| | Route# Direc | tion | Name of Intersecti | ng Roadway/Street | | | | | | | Lan | ıdmark | | _ |
| 3 | XVehicle1 | #Occupants | Hit/Run | Moped Case I | Number | | 22 | 000581 | | | | | | |
| | License# | | St MA | DOB/Age | Reg#2 | 93TAB | | | _Reg T | ype_PAN | J. | Reg | State MA | _ |
| | Sex_F Lic. | | Lic. Restrictions | 19 CDLEndorsment | Veh Ye | ar_2005 | Veh | Make_LI | EXUS | | | Veh Co | nfig. 20 | |
| 4 1 | | | NATALYA | Middle | | (Same as oper | | | First | | | Middle | | _ 1 |
| | | AMLET STREE | | MA 02450 | | 3 | | | | | | | | - |
| | City NEWTO: | npany GOVT EN | | MA Zip 02459 | | Action Prior to | | | | | | | Zip Circle Up to Thi | _ |
| 5 | 1 | Direction: N | | ding to Emergency? N | | | 2 21 22 | 7 22 | 22 @ | | 3 | | 4 | |
| | | ssued) 494688A | | 3 3 7 | | armful Event | 3 23 | | | | 9 | <u> </u> | 10 Undercar 5 11 Totaled | riage |
| - | Violation | 1: Ch90/10/se | c Violation 2 | Ch_19/75Sec | Driver | Contributing Co | ode 4 | 24 1 | | | Ź | | | |
| ⁶ 1 | | | | ChSec | Underri | de/Override | 25 | Towe | | | 7 | | 6 | |
| | Please | | rator and all occupa | nts involved Address | | Age/DOB | Sex Sex | 26 27 eat Safety os. System | 28 Airbag Air Status Sw | 29 30 bag Eject itch Code | 31 Trap Code | 32 Injury Tra Status Co | 33 ansp. ode Medical Facil | lity 3 |
| | Operator | | | See Above | | | | 0 | 4 9 | 0 | 0 | 8 2 | BRIGHAM AND | WOMEN |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | |
| 3 | Please Select C of the Followi | Vehicle | e# Occupants | Non-Motorist A Typ | e 14 | Action 1 | 5 Loca | tion 2 | Con | dition 1 | 17 L | Hi | t/Run Mo | ped |
| | License# | | St | DOB/Age | Reg#_ | | | | Reg T | ype | | Reg | State | |
| | Sex_F_ Lic. | Class 18 | Lic. Restrictions | 19 CDL | Veh Ye | ar | Veh | Make | | | | Veh Co | nfig. | |
| ⁸ 2 | Operator CO | Last | MELINDA First | J Endorsment Middle | Owner | Las | t | | First | | | Middle | | - |
| | | ANGLEY ROA | | | Address | S | | | | | | | | - |
| | City NEWTO | | State | MA Zip 02459 | | | | 2 | 1 | Damagag | _State_ | | Zip Circle Up to Thi | - ree) |
| | Insurance Com Vehicle Travel | | S E W Respo | onding to Emergency? | | Action Prior to | Crash | 22 | 22 2 | | 3 | | 4 | |
| | Citation # (If I | | S E W Respo | inding to Emergency? | | armful Event | 23 | | | | $\backslash \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$ | | 10 Undercar | riage |
| | | - | ec Violation 2 | 2: ChSec | | Contributing Co | ode | 24 | 24 | | 9 | | 5 11 Totaled | |
| | Violatio | n 3: ChS | ecViolation | 1: ChSec | Underri | de/Override [| 25 | Towed | 8 | | 7 | | 6 | |
| | Pl Name (Last Fi | | r operator and all o | ccupants involved | | Age/DOB | | 26 27 eat Safety Pos. System | 28 Airbag Air Status Sv | 29 30 bag Eject | Trap Code | | 33 ansp. Code Medical Fac | ility |
| | | Non-Motorist | | See Above | | AgdDOB | | | Status Sv | viteri Code | Couc | 8 2 | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

| Route# Direction Route# Direction Route# Direction Vehicle License# Sex Lic. Cla Operator Address City Insurance Compar | Name of Intersection Name of Intersection Name of Intersection Name of Intersection Also at Intersection Name of Intersection | me of Roadway/Street At secting Roadway/Street Intersection with stersecting Roadway/Street Run | Reg ; Veh ent Own Addr | Report ATION > Route# Direction A Feet NSE Feet NSE Feet NSE Feet NSE Last Feer Last | Vehicles In Make | Name Name Name Name Inte | e I _ I _ I _ I _ I _ I _ I _ I _ | Exit Number ay/Street |
|---|--|---|-------------------------|--|--|--|---|-------------------------------------|
| Route# Direction Route# Direction Route# Direction Vehicle License# Sex Lic. Cla. Operator Address City Insurance Compar Vehicle Travel Di | n Name of Intersection Name of Intersection Name of Intersection Name of Intersection Also at Hit/I State First It is a section in the | ne of Roadway/Street At Secting Roadway/Street Intersection with Stersecting Roadway/Street Run Moped St DOB/Age ictions 19 CDL Endorsm Middle State Zip | Reg # Veh Own Addr City | Route# Direction A Feet NS E Feet NS E Feet NS E Last ress | ddress # W of W of Re ch Make | NOT AT IN Name Mile Marker Oute# Inte | of Roadway/Str or F resecting Roadwa Landmark Reg Sta Veh Config | TION: reet Exit Number ay/Street |
| Route# Direction Route# Direction Route# Direction Vehicle License# Sex Lic. Cla. Operator Address City Insurance Compar Vehicle Travel Di | n Name of Inters Also at Name of In #Occupants Hit/I Stass 18 18 Lic. Restriction: Name of In Name of In Name of In Hit/I Stass Is I | ne of Roadway/Street At Secting Roadway/Street Intersection with Stersecting Roadway/Street Run Moped St DOB/Age ictions 19 CDL Endorsm Middle State Zip | Reg ; Veh ent Own Addr | Route# Direction A Feet NS E Feet NS E Feet NS E Year Veer Last | ddress # W of W of Re ch Make | Name Mile Marker oute# Inte | of Roadway/Str or F resecting Roadwa Landmark Reg Sta Veh Config Middle | Exit Number ay/Street |
| Route# Direction Route# Direction Vehicle License # Sex Lic. Cla. Operator Address City Insurance Compar Vehicle Travel Di | Name of Inters Also at Name of In #Occupants Hit/I Stass 18 18 Lic. Restriction: Name of In Name of In Name of In Hit/I Stass Is I | At secting Roadway/Street Intersection with stersecting Roadway/Street Run | Reg # Veh Own Addr | Feet NSE Feet NSE Feet NSE Year Veer Last | W of | oute# Inte | or F resecting Roadwa Landmark Reg Sta Veh Config | Exit Number ay/Street |
| Route# Direction Route# Direction Vehicle License # Sex Lic. Cla. Operator Address City Insurance Compar Vehicle Travel Di | Name of Inters Also at Name of In #Occupants Hit/I Stass 18 18 Lic. Restriction: Name of In Name of In Name of In Hit/I Stass Is I | At secting Roadway/Street Intersection with stersecting Roadway/Street Run | Reg # Veh Own Addr | Feet NSE Feet NSE Feet NSE Year Veer Last | W of | oute# Inte | or F resecting Roadwa Landmark Reg Sta Veh Config | Exit Number ay/Street |
| Route# Direction Vehicle License # Sex Lic. Cla Operator Address City Insurance Compar Vehicle Travel Di | Also at Name of In #Occupants Hit/I State Is Is Lic. Restrement In Name of In Hit/I State Is | secting Roadway/Street Intersection with stersecting Roadway/Street Run | Reg # Veh Own Addr | Feet NSE Feet NSE Year Vo | W of Rech Make | oute# Inte | rsecting Roadwa Landmark Reg Sta Veh Config | ay/Street |
| Route# Direction Vehicle License # Sex Lic. Cla Operator Address City Insurance Compar Vehicle Travel Di | Also at Name of In #Occupants Hit/I State Is Is Lic. Restrement In Name of In Hit/I State Is | Intersection with Intersection | Reg # Veh Own Addr | # Year | w of Re | oute# Inte | Landmark Reg StaVeh Config | ay/Street |
| License # Lic. Cla Operator Address City Insurance Compar Vehicle Travel Di | Name of In #Occupants Hit/I Start First Lic. Restriction: N S E W | Run Moped St DOB/Age ictions CDL Endorsm Middle State Zip | Reg # Veh Own Addr | # Year | Ro R | eg Type | Landmark Reg Sta Veh Config | ate |
| License # Lic. Cla Operator Address City Insurance Compar Vehicle Travel Di | #Occupants Hit/I S Iss 18 18 Lic. Restr Last First my irection: N S E W | Run Moped St DOB/Age ictions 19 CDL Endorsm Middle State Zip | Reg # Veh Own Addr | #VearVearVear | Rech MakeFi | eg Type | Reg Sta Veh Config | 20 |
| License # Lic. Cla Operator Address City Insurance Compar Vehicle Travel Di | #Occupants Hit/I S Iss 18 18 Lic. Restr Last First my irection: N S E W | Run Moped St DOB/Age ictions 19 CDL Endorsm Middle State Zip | Reg # Veh Own Addr | YearVe | eh Make | eg Type | Reg Sta Veh Config | 20 |
| License # Lic. Cla. Operator Address City Insurance Compar Vehicle Travel Di | S Lic. Restriction: NSEW | St DOB/Age | Veh Own Addr | YearVe | eh Make | rst | Veh Confi | 20 |
| Sex Lic. Cla. Operator Address City Insurance Compar Vehicle Travel Di | Last First Lic. Restriction: NSEW | CDL Endorsm Middle State Zip | Veh Own Addr | YearVe | eh Make | rst | Veh Confi | 20 |
| Operator Address City Insurance Compar Vehicle Travel Di | Lic. Restriction: Lic. Restric | CDLEndorsm | Veh Own Addr | YearVe | eh Make | rst | Veh Confi | 20 |
| Address City Insurance Compar Vehicle Travel Di | nyirection: NSEW | StateZip | Own Addr City | er | Fi | rst | Middle | |
| Address City Insurance Compar Vehicle Travel Di | nyirection: NSEW | StateZip | Addr | ress | | | | |
| City Insurance Compar | nyirection: NSEW | State Zip | City | | | | | |
| Insurance Compar Vehicle Travel Di | irection: NSEW | | | | | S | tateZip |) |
| _ | | | | cle Action Prior to Crash | 21 | Damaged A | rea Code: (Circ | cle Up to Three) |
| Citation # (If Issue | | Responding to Emergency | y? Even | nt Sequence 22 2 | 2 22 22 | 2 | 3 4 | |
| | ied) | | Most | t Harmful Event | 3 | | 9 5 | 10 Undercarriage 11 Totaled |
| Violation 1: | ChSecViol | ation 2: ChSec | Drive | er Contributing Code | 24 24 | | ĤJ' | 11 Totaled |
| Violation 3: | ChSecViol | ation 4: ChSec | Unde | erride/Override | Towed | 8 | 7 6 | |
| | out for operator and all | * | | | 26 27 28 Seat Safety Airba | 3 29 30 g Airbag Eject Tr | 31 32 33 rap Injury Transp |).). |
| Name (Last First M Operator | Middle) | Address See Abov | | Age/DOB Sex | Pos. \$ystem Statu | s Switch Code Co | ode \$tatus Code | Medical Facility |
| | | | | | | | | |
| | | | | | | | | + |
| | | | | | | | | |
| | | | | | | | | |
| Please Select One of the Following: | Vehicle #()cc | upants Non-Motoris | t A Type 1 | Action 2 Loc | cation 9 16 | Condition 1 | Hit/R | dun Moped |
| License# | | St DOB/Age DOB | Reg | # | P.c | eg Type | Reg Sta | ate. |
| Sex F Lic. Cla | 18 18 | 19 | | Year Ve | | · · · · · · · · · · · · · · · · · · · | | 20 |
| Operator SOOPI | ER ANNET | ΓΕ K Endorsm | ent | er | | | | D- |
| L | First NGLEY ROAD (apt. 11) | Middle | | Last | Fi | rst | Middle | |
| City NEWTON | | State MA Zip 02459 | | 1035 | | S | tate Zip |) |
| Insurance Compar | nv | | | cle Action Prior to Crash | 21 | | ` | cle Up to Three) |
| Vehicle Travel Dir | | Responding to Emergence | | | 2 22 22 | 2 | 3 4 | , |
| Citation # (If Issue | | | | t Harmful Event | 3 | | $\perp \wedge$ | 10 Undercarriage |
| ` | : Ch Sec Vio | plation 2: Ch Sec | | er Contributing Code | 24 2 | 4 1 ← / | 5 | 11 Totaled |
| Violation 3 | | olation 4: Ch Sec | | erride/Override | Towed | 8 | 7 6 | |
| | se fill out for operator an | | | - Cirido | | B 29 30 g Airbag Eject Tr | 31 32 33 rap Injury Transp | |
| Name (Last First | Middle) | Addres | SS | Age/DOB Sex | Pos. System Stati | us Switch Code C | Code Status Code | Medical Facility |
| Operator/No | DII-IVIOTOFIST | See Abov | | | | | 8 2 | BI BOSTON |
| | | | | | | | + | |
| | | | | | | | | |



Crash Narrative:

On Tuesday, June 28, 2022, while assigned to unit N496, I responded to the area of Langley Road and Hamlet Street, Newton for a report of a roll over crash with 3 injured parties. The weather at the time of this crash was clear and sunny. The road surface in the area of the crash was dry. Langley Road and Hamlet Street are both public ways maintained by the City of Newton.

I approached the area of the crash coming from Boylston Street and when I arrived my attention was drawn to two locations on Langley Road. I observed a female party laying prone on the sidewalk area of Langley Road

(E) at the Hamlet Street intersection. This female party, later identified as Ms. Melinda Conroy, was being attended to by passerby's in the area. My attention was then drawn to an overturned vehicle resting half in the roadway/half on the sidewalk (W) in front of 323 Langley Road. As I began to run over to

(Continued on next page)

| withesses: | | | | | | | |
|--|-------------------------------------|----------|---------------|------------|---------------------|--------------------|-----------|
| Name (Last, First, Middle) | Addre | ess | | | Phone # | ‡ | Statement |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Property Damage: | , | | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Description of Dama | ged Property | |
| , CITY OF NEWTON, | 1000 COMMONWEALT NEWTON,MASSACHU | | 617-796-1000 | 3 | TREE IN FRONT OF | 323 LANGLEY RO | OAD |
| | | | | | | | |
| Truck and Bus Information: Carrier Name | Registration # | | • | , | Carrier Issu | ning Authority Cod | 35 le |
| Address | | (| City | | St | Zip | |
| US DOT #: | State Number38 | | Issuing State | ICC #:_ | | Interstate | 36 |
| Cargo Body Type Code Gros | ss Vehicle Weight | | | | 39 | | |
| Trailer Reg #: | Reg Type Re | eg State | Reg Year | Tr | railer Length | | |
| Hazmat Information: | | | | | | | |
| Placard 40 Material 1 digit # | Material Name | | | Material 4 | digit # | Release code | 42 |

| • | → Direction | 1 = | Vehicle 1 | 2 = | Vehicle 2 | ₽Pedestr | ian | | |
|--|---------------------|--------|-----------|-------|---------------|-------------------|--------------|---|-----------|
| Crash Diagram: | ie: → | 1 | → | 2 | → | ₽ Ŷ | | | |
| | | | | | | | | If Crash <u>Did Not</u> on a Public Way: | _Occur |
| | | _ | | _ | <u> </u> | | | ☐ Off-Street Parki | ng Lot |
| | | | | | | | | ☐ Garage | |
| į į | į | į | | į | į | į | | ☐ Mall/Shopping | Center |
| | | - | | - | | | | ☐ Other Private W | ay |
| | | - | | -+- | | + | | Indicate North by | Arrow |
| | | | | | | | | 0 | |
| Crash Narrative: | | | | | | | | | |
| the vehicle, I observed a | woman standi | ng 1 | next to t | he ve | ehicle scream | ning fran | tically. | This party iden | tified |
| herself as the driver of | the lone vehi | cle | involved | , Ms | . Natalya Kab | anovsky | (S6551205 | 51). | |
| There were parties at the | back of the | veh: | icle yell | ing t | to me that th | nere was | a woman t | crapped under the | vehicle |
| and that they were holding | | | | | | | | ear of the vehicl | |
| observed a female party, | later identif | ied | as Ms. A | nnett | te Sooper, ly | ying unde | rneath th | ne vehicle in the | roadway. |
| There was a large pool | of blood on t | he i | roadway a | s the | e result of a | lacera | tion to w | what appeared to | be her |
| head/face area. Due to t | the unknown st | abi | lity of t | he ve | hicle restir | ng on its | roof, ar | nd due to the pas | serby's |
| stating they were holding | ng the vehicle | up | so it di | d not | roll over o | onto Ms. | Sooper, 1 | reached under t | he |
| vehicle from the rear, gr | rabbed Ms. Soo | per | 's person | , and | d dragged her | away fr | om the ve | ehicle to a safe | location |
| (Continued | on next page) | | | | | | | | |
| W itnesses: Name (Last, First, Middle) | | | Address | | | | | Phone # | Statement |
| Name (Last, First, Middle) | | | Address | | | | | riione # | Statement |
| | | | | | | | | | |
| | | | | | | | | | |
| Property Damage: | | | | | | | | | |
| Owner (Last, First, Middle) | Address | | | | Phone # | 34-Type | Description | of Damaged Property | |
| | | | | | | | | | |
| | | | | | | | | | |
| Truck and Bus Information: | Pagistration # | | | | (From Veh | iala Saction) | | | |
| Carrier Name | | | | | | | C | arrier Issuing Authority Co | ode 35 |
| Address | | | | C | | | | | |
| US DOT #: | | | | | | | | | 36 |
| 37 | ross Vehicle Weight | | 38 | | υ | | | | |
| Trailer Reg #: | Reg Type | | Reg State | | Reg Year | Tra | ailer Length | 39 | |
| Hazmat Information: | | | | | | | ٽ ا | | |
| Placard 40 Material 1 digi | t # 41 Materia | al Naı | me | | | _ Material 4 | ligit # | Release code | 42 |
| MICHAEL R GAUDET | | | | | NUMERO | ON POLICE DEPART? | | 06/28, | /2022 |

ID/Badge #

Department

Precinct/Barracks

Date

Signature

| | → Direction | 1 = V | ehicle 1 | 2 =Vehicle 2 | Pedestri | ian | | |
|-----------------------------|---------------------|-------|-------------|---------------|------------------|--------------------|---|-----------|
| Crash Diagram: | ie: → | 1 | → [| 2 | → ♀ | | | |
| | | _ | | | | | Crash <u>Did Not</u> (a Public Way: | Occur |
| | | _ | | | | | Off-Street Parking | g Lot |
| | | | | | | | Garage | |
| į į | į | İ | | į į | į | | Mall/Shopping Co | enter |
| | | _ | | | | | Other Private Way | |
| | | - | | | | Ind | icate North by A | rrow |
| | | | | | | | \bigcirc | |
| Crash Narrative: | | | | | | | | |
| on the sidewalk. At this | s time, I obser | ved a | a large l | aceration to | Ms. Sooper | 's head and sh | ne stated she | had |
| suffered a leg injury. N | Newton Fire and | Medi | ics along | with addition | nal Police | units arrived | l on scene and | d took |
| over rendering aid to the | victims. I t | hen s | started t | o conduct my | investigat | ion into the o | erash. | |
| I spoke with the operator | of the vehicl | e, Ms | s. Kabanc | vsky. Ms. Ka | banovsky s | tated she was | operating he | r 2005 |
| Lexus ES330 (MA: 293TAB) | on Hamlet Stre | et (W | W) towar | ds Langley Ro | ad. Ms. Ka | abanovsky stat | ed as | |
| she approached the inters | section, a fema | le pa | arty (Ms. | Conroy) ahea | d of her wa | as running acı | oss Langley | |
| Road (S) at Hamlet Street | t. Ms. Kabanov | sky s | stated sh | e attempted t | o hit her l | orakes, but in | stead hit he | r |
| gas pedal. Ms. Kabanovsk | xy's vehicle cr | ashec | d into Ms | . Conroy and | then she pa | anicked. Ms. | Kabanovsky s | tated |
| her car then accelerated | across the str | eet a | and crash | ed. Ms. Kaba | novsky sta | ted she was no | ot wearing a | seatbelt |
| (Continued | on next page) | | | | | | | |
| Witnesses: | | | | | | | | |
| Name (Last, First, Middle) | | Ad | ddress | | | Phone | # | Statement |
| | | | | | | | | |
| | | | | | | | | |
| Property Damage: | | | | | | | | |
| Owner (Last, First, Middle) | Address | | | Phone # | 34-Type | Description of Dam | aged Property | |
| | | | | | | | | |
| | | | | | | | | |
| Truck and Bus Information: | D : | | | (F. I | 71:1 0 (:) | | | |
| Carrier Name | Registration #_ | | | | rehicle Section) | Carrier Is | suing Authority Cod | 35 le |
| Address | | | | _ City | | St | Zip | |
| US DOT #: | State Number | | | Issuing State | ICC#: | | Interstate | 36 |
| Cargo Body Type Code 37 G | ross Vehicle Weight | 38 | | | | 20 | 1 | |
| Trailer Reg #: | Reg Type | | Reg State _ | Reg Year | Tra | iler Length | | |
| Hazmat Information: | | | | | | | _ | |
| Placard 40 Material 1 digi | it # 41 Material | Name_ | | | Material 4 d | ligit# | Release code | 42 |

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

06/28/2022

Date

Precinct/Barracks

CDP1 11 ·24·00

MICHAEL R GAUDET

| _ | Direction 1 | Vehicle 1 2 | ≠Vehicle 2 | ₽Pedestrian | | |
|---|-------------------|---------------|----------------|---------------------|--|-----------|
| Crash Diagram: | ie: 🕕 🛚 1 | 2 | □ → | Ŷ | | |
| | | | | | If Crash <u>Did Not</u> On a Public Way: | Occur |
| | | | | | ☐ Off-Street Parking | g Lot |
| | | | | | ☐ Garage | |
| | i i | | İ | į | ☐ Mall/Shopping Ce | enter |
| | | | | | ☐ Other Private Way | 7 |
| | | | | + | Indicate North by A | rrow |
| | | <u> </u> | | | | |
| Crash Narrative: | | | | | | |
| at the time of the crash a | and extricated h | erself from | her vehicle af | ter it rolled o | ver onto its roof. | I |
| requested Ms. Kabonovsky's | license while | speaking to | her, but she w | as too upset to | located it. I que: | ried Ms. |
| Kabanovsky's license and | registration st | atus through | Newton Dispat | ch. Ms. Kaban | ovsky's license sta | ted is |
| expired as of 12/18/2016. | Ms. Kabanovsky | registratio | n is active. | I observed subs | tantial damage to the | he |
| entire front end, driver, | and passenger | side of Ms. | Kabanovsky ve | hicle. Ms. Kab | anovsky was evaluate | ed by |
| Newton Medics and complain | ed of right arm | pain. Ms. | Kabanovsky was | also visibly d | listraught and expres | ssed |
| concern over the two pedes | trians involved | l in the cras | h. Ms. Kabano | vsky was transp | orted to Brigham and | d |
| Women's Hospital for treat | ment. | | | | | |
| I briefly spoke with Ms. N | Melinda Conroy a | s she was be | ing attended t | o by Newton Med | lics and Fire. Ms. | Conroy |
| (Continued o | on next page) | | | | | |
| Witnesses: | | | | | | |
| Name (Last, First, Middle) | | Address | | | Phone # | Statement |
| | | | | | | |
| | | | | | | |
| Property Damage: | | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type Description | on of Damaged Property | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Truck and Bus Information: | Registration # | | (From Vehi | cle Section) | | 35 |
| Carrier Name | | | | | Carrier Issuing Authority Cod | e 33 |
| Address | | | | | | 36 |
| US DOT #: | | 38 | Issuing State | ICC#: | Interstate | 30 |
| Cargo Body Type Code Gro | ss Vehicle Weight | | | | . 39 | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Trailer Lengt | h | |
| Hazmat Information: Placard 40 Material 1 digit | # 41 Material Na | ame | | Material 4 digit # | Release code | 42 |
| | | | | | | |

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

06/28/2022

Date

Precinct/Barracks

MICHAEL R GAUDET

| • | Direction 1 | ■ Vehicle 1 2 | Vehicle 2 | ₽Pedestri | in | |
|-----------------------------|---|----------------|-----------------------------|---------------|--|------------|
| Crash Diagram: | ie: → 1 | → [2 | ■ → | ₽ Â | | |
| | | <u> </u> | <u> </u> | | If Crash <u>Did Not</u> Occur on a Public Way: | |
| | | | | | ☐ Off-Street Parking Lot | |
| | | | | | Garage | |
| | | | | | ☐ Mall/Shopping Center | |
| | | | | | ☐ Other Private Way | |
| | | + | | | Indicate North by Arrow | |
| | | | | | | |
| Crash Narrative: | | | | | | |
| stated she was running or | | | | | | |
| | | | | | nd coming to a stop. Ms. Conr | о <u>у</u> |
| | | | | | elerated and crashed into her | |
| | | | | | e roadway. Ms. Conroy was | |
| | | | | | th Israel Deaconess Hospital Ms. Conroy stated she suffered | |
| some bumps and bruises ha | | | .se IIOM the ho | ospicai. | Ms. Conroy stated she suffered | |
| | | | ansport to Bet | h Tersel | Deaconess Hospital in Boston b | |
| Newton Medics. Ms. Soope | | | | | - | <u> </u> |
| | on next page) | <u></u> | | | | |
| Witnesses: | | | | | | |
| Name (Last, First, Middle) | | Address | | | Phone # Stater | nent |
| | | | | | | |
| | | | | | | |
| Property Damage: | | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Description of Damaged Property | |
| | | | | ,. | | |
| | | | | | | |
| Truck and Bus Information: | | | | | | |
| | Registration # | | (From Vehi | icle Section) | | |
| Carrier Name | Registration # | | (From Veh | icle Section) | Carrier Issuing Authority Code | 35 |
| Carrier NameAddress | | | (From Vehi | | | 35 |
| | | | City | | | 35 |
| AddressUS DOT #: | _ State Number | | City | | St Zip | 35 |
| AddressUS DOT #: | State Number ross Vehicle Weight | 38 | City Issuing State | ICC#: | St Zip | 35 |
| AddressUS DOT #: | State Number ross Vehicle Weight | 38 | City Issuing State | ICC#: | St Zip | 35 |
| AddressUS DOT#: | State Number ross Vehicle Weight Reg Type | Reg State | City Issuing State Reg Year | ICC #: Tra | St Zip | |

ID/Badge #

Department

Precinct/Barracks

Date

Signature

| _ | Direction 1 | Vehicle 1 | Vehicle 2 | ₽Pedestria | an | | |
|---|-------------------|---------------|----------------|-----------------|--------------------|---|-----------|
| Crash Diagram: | ie: → 1 | → 2 | □ → | Ŷ | | | |
| | | | | | | Crash <u>Did Not</u> n a Public Way: | Occur |
| | | | | | | Off-Street Parkin | g Lot |
| | | | | | | 1 Garage | |
| | | | į | | | Mall/Shopping C | enter |
| | | | | | | Other Private Wa | у |
| | | + | +- | + | In | dicate North by A | Arrow |
| | | | - | | | \bigcirc | |
| Crash Narrative: | | | | | | | |
| returning from Newton Cent | re. Ms. Soope | r stated as s | he was walking | , she obs | erved MV1 hi | t Ms. Conroy | and then |
| travel across the street i | n front of her | into a tree. | Ms. Sooper s | stated she | does not re | emember what h | appened |
| after that. I spoke with | Ms. Sooper's | son at NPD HQ | and was advis | sed Ms. So | oper was adm | nitted to the | hospital |
| and suffered a fracture | of her left hi | p and require | d 6 staples to | close a | laceration c | on her head. | |
| Tody's Towing responded to | | | from the roady | ay. Traff | ic Officer W | ilson took pi | ctures |
| of the scene and submitted | | | | | | | |
| After speaking with all pa | | | | | | | ation |
| 494688AB in hand at her re | | | | _ | | | |
| Section 24 (Operate To End | | wton City Ord | inance Chaptei | : 19, Sect | ion 75 (Fail | . To Use | |
| | on next page) | | | | | | |
| W itnesses: Name (Last, First, Middle) | | Address | | | Phon | e # | Statement |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Property Damage: Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Description of Dar | maged Property | |
| Owner (Last, 111st, Middle) | Address | | THORE # | эттуре | Description of Dai | naged i Toperty | |
| | | | | | | | |
| | | | | | | | |
| Truck and Bus Information: | Registration # | | (From Veh | icle Section) | | | 35 |
| Carrier Name | | | | | Carrier I | ssuing Authority Coo | |
| Address | | | City | | St | Zip | |
| 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 Year | Trai | ler Length | 9 | |
| Hazmat Information: | ·0 - / F* | | | | - 10 | | |
| Placard 40 Material 1 digit | # 41 Material N | Jame | | _ Material 4 di | git # | Release code | 42 |
| | | | | | | | |

| - | → Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | Pedestri | an | |
|-----------------------------|---------------------|---------------|----------------|--------------------|--------------------------|-----------------------------------|
| Crash Diagram: | ie: →□ | 1 | 2 | ₽Ŝ | | |
| | | | | | If Crash on a Pub | <u>Did Not</u> Occur blic Way: |
| | | _ | <u> </u> | | Off-Se | reet Parking Lot |
| | | | | | Garag | e |
| | į | | | į | ☐ Mall/S | Shopping Center |
| | — — — — — — | - | | | □ Other | Private Way |
| | | _ | <u> </u> | | Indicate | North by Arrow |
| | _ | - | - | | | \frown |
| | | | | | (| |
| | | | | | | |
| Crash Narrative: | | | | | | |
| Care). Ms Kabanov | sky was also c | ited with Mas | sachusetts Uni | form Cita | tion 494800AB in h | and at her |
| residence for Chapter 90, | | | | | | |
| A Request for Immediate I | | | | | | |
| Motor Vehicles with suppo | rting documenta | ation via e-m | ail, DCUImmedi | .ateThreat | @massmail.state.ma | .us. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Witnesses: | | 1 | | | | 1- |
| Name (Last, First, Middle) | | Address | | | Phone # | Statement |
| | | | | | | |
| | | | | | | |
| Property Damage: | | · | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Description of Damaged P | roperty |
| | | | | | | |
| | | | | | | |
| Truck and Bus Information: | _ | | • | hicle Section) | | 35 |
| Carrier Name | | | | | Carrier Issuing A | |
| AddressUS DOT #: | | | | | | Zip terstate 36 |
| 37 | ross Vehicle Weight | 38 | issuing state | 1CC # | | terstate |
| Trailer Reg #: | | Reg State | Reg Year | Tra | iler Length | |
| Hazmat Information: | Nog 1 ypc | Reg State | Neg real_ | 110 | Longui | |
| Placard 40 Material 1 digi | t# 41 Material | Name | | Material 4 d | ligit#Rel | ease code 42 |
| MICHAEL R GAUDET | | | NEW | TON POLICE DEPARTN | | 06/28/2022 |

ID/Badge #

Department

Signature

Precinct/Barracks

Date