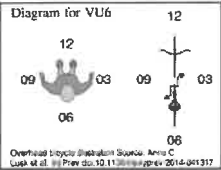
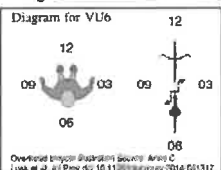
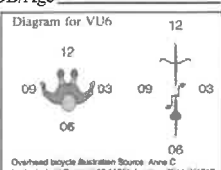


| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | | |
|---|-------------------------------|--------------------|---|--|--------------------------------------|-------------------------|--------------------------------|------------------------|---|---------------------|--------------------|------------------------|-----------------------|-----------------------------|
| Date of Crash 11/16/2024 | Time of Crash 0929 24HR | City/Town ADAMS | Motor Vehicle Crash Police Report | | | Number Vehicles 1 | Number Injured 0 | Speed Limit 25 | State Police Local Police MBTA Police Campus Police Other: | | | | | |
| AT INTERSECTION: | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | | | | | |
| Route# Direction Name of Roadway/Street At | | | Route# Direction Address # Name of Roadway/Street 63 CENTER ST | | | | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | Feet N S E W of Mile Marker Exit Number | | | | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Feet N S E W of Route# Intersecting Roadway/Street | | | | | | | | | | | |
| | | | Landmark | | | | | | | | | | | |
| Please Select One of the Following: | | | <input checked="" type="checkbox"/> Vehicle 1 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Crash Report ID# 24ADA-148-AC | | | | | |
| License #. St MA DOB/Age | | | Reg # | | Reg Type PC | | Reg State MA | | | | | | | |
| Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement | | | Veh Year 2018 | | Veh Make CHEVROLET | | Veh Config. 1 | | | | | | | |
| Operator ROBERTS, WILLIAM E JR Last First Middle | | | Owner ROBERTS, WILLIAM E JR Last First Middle | | | | | | | | | | | |
| Address | | | Address | | | | | | | | | | | |
| City State MA Zip | | | City State MA Zip | | | | | | | | | | | |
| Insurance Company | | | Vehicle Action Prior to Crash 1 22 | | Damaged Area Code: 27 27 27 | | | | | | | | | |
| Vehicle Travel Direction: N S E W Responding to Emergency? 2 | | | Event Sequence 3 23 23 23 23 | | Test Status: 28 | | | | | | | | | |
| Citation # (If Issued) | | | Most Harmful Event 3 24 | | Type of Test: 29 | | | | | | | | | |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | Driver Contributing Code 13 25 25 | | BAC Test Result: 30 | | | | | | | | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | Driver Distracted by 0 26 26 | | Susp. Alcohol: 2 31 Susp. Drug: 2 32 | | | | | | | | | |
| | | | | | Towed from scene? 2 33 | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | | | | | |
| Name (Last First Middle) | | | Address | | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
| Operator | | | See Above | | | | 1 | 99 | 4 | 0 | 0 | 10 | 0 | BERKSHIRE MEDICAL CENTER |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Please Select One of the Following: | | | <input type="checkbox"/> Vehicle 2 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | <input checked="" type="checkbox"/> Vulnerable User Complete the Vulnerable User section. | | | | | |
| License #. St DOB/Age | | | Reg # | | Reg Type | | Reg State | | | | | | | |
| Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement | | | Veh Year | | Veh Make | | Veh Config. 21 | | | | | | | |
| Operator Last First Middle | | | Owner Last First Middle | | | | | | | | | | | |
| Address | | | Address | | | | | | | | | | | |
| City State Zip | | | City State Zip | | | | | | | | | | | |
| Insurance Company | | | Vehicle Action Prior to Crash 22 | | Damaged Area Code: 27 27 27 | | | | | | | | | |
| Vehicle Travel Direction: N S E W Responding to Emergency? | | | Event Sequence 23 23 23 23 | | Test Status: 28 | | | | | | | | | |
| Citation # (If Issued) | | | Most Harmful Event 24 | | Type of Test: 29 | | | | | | | | | |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | Driver Contributing Code 25 25 | | BAC Test Result: 30 | | | | | | | | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | Driver Distracted by 26 26 | | Susp. Alcohol: 31 Susp. Drug: 32 | | | | | | | | | |
| | | | | | Towed from scene? 33 | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | | | | | |
| Name (Last First Middle) | | | Address | | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
| Operator/Occupants | | | See Above | | | | 1 | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Please complete a section for each vulnerable user involved in the crash.

| Vulnerable User | | Type 1 VU1 | Action 1 VU2 | Location 3 VU3 | | | | | | | | | | | | | | | | | | |
|---|-----|--|--|--|-------------------|-----------------------|----------------------|--------------------------|--------------------|-------------------|-----------------------|----------------------|--|-----------------|---|----|----|---|---|---|---|--------------------------|
| VU: MOSER, MADISON LOVELY <small>Last First Middle</small> | | | | | | | | | | | | | | | | | | | | | | |
| Address _____ | | | | | | | | | | | | | | | | | | | | | | |
| City _____ State MA Zip _____ | | | | | | | | | | | | | | | | | | | | | | |
| License # _____ St MA DOB/Age _____ | | | | | | | | | | | | | | | | | | | | | | |
| Traffic Control Device 3 VU4 | | Primary Injury Area: 2 VU7 | | | | | | | | | | | | | | | | | | | | |
| Origin/Destination 97 VU5 | | Event Sequence 2 VU8 VU8 VU8 VU8 | | | | | | | | | | | | | | | | | | | | |
| Contact Point: 09 VU6 | | Contributing Code 16 VU9 VU9 | | | | | | | | | | | | | | | | | | | | |
|  | | Distracted by 1 VU10 VU10 | | | | | | | | | | | | | | | | | | | | |
| | | Test Status: VU11 | | | | | | | | | | | | | | | | | | | | |
| | | Type of Test: VU12 | | | | | | | | | | | | | | | | | | | | |
| | | BAC Test Result: VU13 | | | | | | | | | | | | | | | | | | | | |
| | | Susp. Alcohol: 2 VU14 | | | | | | | | | | | | | | | | | | | | |
| | | Susp. Drug: 2 VU15 | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 15%;"></th> <th style="width: 5%;">Sex</th> <th style="width: 10%;">VU16 Seat Pos.</th> <th style="width: 10%;">VU17 Safety Equipment</th> <th style="width: 10%;">VU18 Eject Code</th> <th style="width: 10%;">VU19 Trap Code</th> <th style="width: 10%;">VU20 Injury Status</th> <th style="width: 10%;">VU21 Transp. Code</th> <th style="width: 30%;"></th> </tr> <tr> <td>Vulnerable User</td> <td>F</td> <td>99</td> <td>99</td> <td>0</td> <td>0</td> <td>7</td> <td>2</td> <td>Berkshire Medical Center</td> </tr> </table> | | | | | | Sex | VU16 Seat Pos. | VU17 Safety Equipment | VU18 Eject Code | VU19 Trap Code | VU20 Injury Status | VU21 Transp. Code | | Vulnerable User | F | 99 | 99 | 0 | 0 | 7 | 2 | Berkshire Medical Center |
| | Sex | VU16 Seat Pos. | VU17 Safety Equipment | VU18 Eject Code | VU19 Trap Code | VU20 Injury Status | VU21 Transp. Code | | | | | | | | | | | | | | | |
| Vulnerable User | F | 99 | 99 | 0 | 0 | 7 | 2 | Berkshire Medical Center | | | | | | | | | | | | | | |

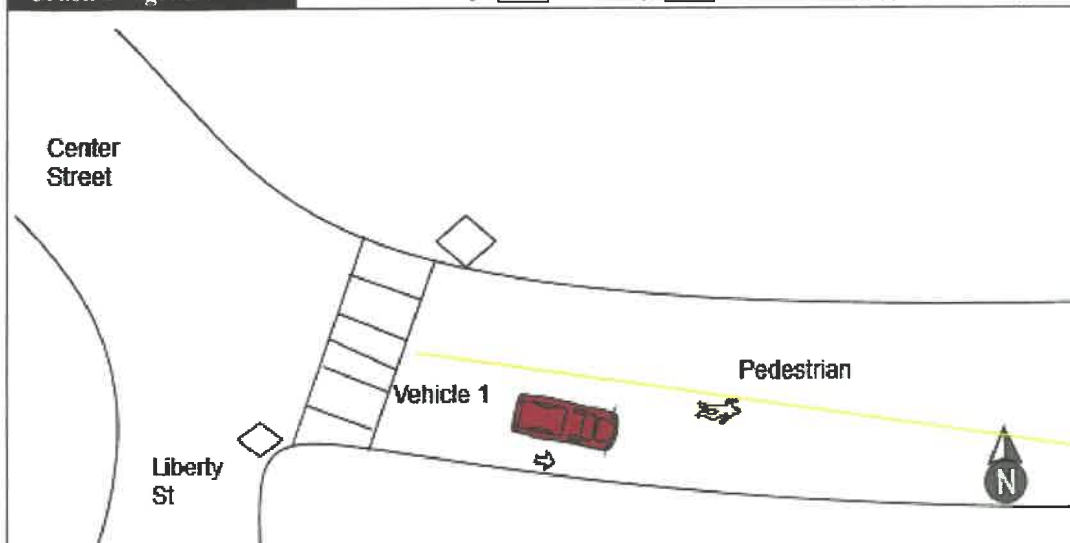
| Vulnerable User | | Type VU1 | Action VU2 | Location VU3 | | | | | | | | | | | | | | | | | | |
|--|-----|--|--|--|-------------------|-----------------------|----------------------|--------------------------|--------------------|-------------------|-----------------------|----------------------|--|-----------------|--|--|--|--|--|--|--|--|
| VU: _____ <small>Last First Middle</small> | | | | | | | | | | | | | | | | | | | | | | |
| Address _____ | | | | | | | | | | | | | | | | | | | | | | |
| City _____ State _____ Zip _____ | | | | | | | | | | | | | | | | | | | | | | |
| License # _____ St _____ DOB/Age _____ | | | | | | | | | | | | | | | | | | | | | | |
| Traffic Control Device VU4 | | Primary Injury Area: VU7 | | | | | | | | | | | | | | | | | | | | |
| Origin/Destination VU5 | | Event Sequence VU8 VU8 VU8 VU8 | | | | | | | | | | | | | | | | | | | | |
| Contact Point: VU6 | | Contributing Code VU9 VU9 | | | | | | | | | | | | | | | | | | | | |
|  | | Distracted by VU10 VU10 | | | | | | | | | | | | | | | | | | | | |
| | | Test Status: VU11 | | | | | | | | | | | | | | | | | | | | |
| | | Type of Test: VU12 | | | | | | | | | | | | | | | | | | | | |
| | | BAC Test Result: VU13 | | | | | | | | | | | | | | | | | | | | |
| | | Susp. Alcohol: VU14 | | | | | | | | | | | | | | | | | | | | |
| | | Susp. Drug: VU15 | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 15%;"></th> <th style="width: 5%;">Sex</th> <th style="width: 10%;">VU16 Seat Pos.</th> <th style="width: 10%;">VU17 Safety Equipment</th> <th style="width: 10%;">VU18 Eject Code</th> <th style="width: 10%;">VU19 Trap Code</th> <th style="width: 10%;">VU20 Injury Status</th> <th style="width: 10%;">VU21 Transp. Code</th> <th style="width: 30%;"></th> </tr> <tr> <td>Vulnerable User</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | Sex | VU16 Seat Pos. | VU17 Safety Equipment | VU18 Eject Code | VU19 Trap Code | VU20 Injury Status | VU21 Transp. Code | | Vulnerable User | | | | | | | | |
| | Sex | VU16 Seat Pos. | VU17 Safety Equipment | VU18 Eject Code | VU19 Trap Code | VU20 Injury Status | VU21 Transp. Code | | | | | | | | | | | | | | | |
| Vulnerable User | | | | | | | | | | | | | | | | | | | | | | |

| Vulnerable User | | Type VU1 | Action VU2 | Location VU3 | | | | | | | | | | | | | | | | | | |
|--|-----|--|--|--|-------------------|-----------------------|----------------------|--------------------------|--------------------|-------------------|-----------------------|----------------------|--|-----------------|--|--|--|--|--|--|--|--|
| VU: _____ <small>Last First Middle</small> | | | | | | | | | | | | | | | | | | | | | | |
| Address _____ | | | | | | | | | | | | | | | | | | | | | | |
| City _____ State _____ Zip _____ | | | | | | | | | | | | | | | | | | | | | | |
| License # _____ St _____ DOB/Age _____ | | | | | | | | | | | | | | | | | | | | | | |
| Traffic Control Device VU4 | | Primary Injury Area: VU7 | | | | | | | | | | | | | | | | | | | | |
| Origin/Destination VU5 | | Event Sequence VU8 VU8 VU8 VU8 | | | | | | | | | | | | | | | | | | | | |
| Contact Point: VU6 | | Contributing Code VU9 VU9 | | | | | | | | | | | | | | | | | | | | |
|  | | Distracted by VU10 VU10 | | | | | | | | | | | | | | | | | | | | |
| | | Test Status: VU11 | | | | | | | | | | | | | | | | | | | | |
| | | Type of Test: VU12 | | | | | | | | | | | | | | | | | | | | |
| | | BAC Test Result: VU13 | | | | | | | | | | | | | | | | | | | | |
| | | Susp. Alcohol: VU14 | | | | | | | | | | | | | | | | | | | | |
| | | Susp. Drug: VU15 | | | | | | | | | | | | | | | | | | | | |
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| | Sex | VU16 Seat Pos. | VU17 Safety Equipment | VU18 Eject Code | VU19 Trap Code | VU20 Injury Status | VU21 Transp. Code | | | | | | | | | | | | | | | |
| Vulnerable User | | | | | | | | | | | | | | | | | | | | | | |

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○



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:

Pedestrian was crossing the roadway and was struck by Vehicle 1.

Witnesses:

| Name (Last,First,Middle) | Address | Phone # | Statement |
|--------------------------|---------|---------|-----------|
| | | | |
| | | | |

Property Damage:

| Owner (Last,First,Middle) | Address | Phone # | 41-Type | Description of Damaged Property |
|---------------------------|---------|---------|---------|---------------------------------|
| | | | | |
| | | | | |

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate ☐ 43 Cargo Body Type Code ☐ 44 GVWR/GCWR ☐ 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

Placard ☐ 47 Material 1 digit # ☐ 48 Material Name _____ Material 4 digit # _____ Release code ☐ 49

OFFICER TRAVIS CUNNINGHAM

Police Officer Name (Please Print)

Signature

TC1ADA

ID/Badge #

Adams Police Department

Department

Precinct/Barracks

11/16/2024

Date

NARRATIVE FOR OFFICER TRAVIS CUNNINGHAM

Ref: 24ADA-148-AC

Entered: 11/25/2024 @ 0914 Entry ID: TC1ADA
Modified: 11/25/2024 @ 0927 Modified ID: TC1ADA

11/16/2024 0929 Hours

1. On Saturday, November 16, 2024 I, Officer Travis G. Cunningham was assigned to fully marked patrol cruiser #44 detailed to the south end patrol area in the town of Adams between the hours of 0330 and 1530. At approximately 0929 hours Berkshire County Sheriff's Control (BCSC) reported a pedestrian vs. motor vehicle accident with injuries in the area of 63 Center Street.
2. I immediately responded from the Adams Police Station activating my cruiser's emergency blue lights and siren and arrived within approximately one (1) minute of the initial dispatch. Upon my arrival I observed that while responding to the scene that the glare from the sun was significantly impacting my visibility of the roadway on Center Street, so much so that as I drew closer to the scene, I was not able to observe the crosswalk as it was directly at the terminus of the shadow cast by the building located on the south side of the roadway. The shadow cast by the sun ran parallel to the crosswalk and created a blind spot for drivers.
3. This area of Center Street is posted 25 miles per hour and is located at a "T" intersection with Liberty Street. The pedestrian crosswalk is posted in both directions and crosses just southeast of the intersection. Center Street is a main thoroughfare and is also designated as Route 116. This crosswalk is heavily used by pedestrians going to and from the Hoosac Valley Elementary School as well as McDonald's restaurant.
4. Approaching the scene, I positioned my cruiser to block traffic from continuing behind me travelling southeast to secure the scene. I saw several people standing around a young female party laying on the ground with a pool of blood around her head. The female was later identified as Ms. Madison Moser. I was able to get this ID from a wallet found at the scene. Just northwest of Ms. Moser was a red Chevy Silverado pickup truck bearing Massachusetts Passenger Registration. I was later able to query this vehicle's registration which showed that it was registered and insured to a Mr. William Roberts. I did not see anyone in the vehicle as I ran by to check on Ms. Moser.
5. I requested the people standing around to exit the roadway as I began an initial assessment of Ms. Moser's injuries. I observed a deformed left arm as it was under her body. Ms. Moser also had facial and head trauma that was actively bleeding. I requested Adams Fire Department respond to the scene as well as expediting Northern Berkshire EMS response. Ms. Moser was alert but not oriented. She could not recall what happened, only that she was hit by a car. Ms. Moser kept screaming for her cell phone and could not focus on the current event.
6. Officer Michael Banks (APD) arrived on scene to assist. I requested that he stop traffic going southeast as well as collect information from bystanders. One of these parties was identified as Mr. William Roberts. As I was kneeling with Ms. Moser, I could see shards of plastic around the area and observed a broken front driver's side headlight on the red Chevy pickup truck that was stopped parked in the travel lane. Mr. Roberts was sitting on the side of the road crying. I could hear him say over and over again, "I didn't see her".
7. As EMS arrived on scene Paramedic Anthony Brait assisted with the medical evaluation with his

NARRATIVE FOR OFFICER TRAVIS CUNNINGHAM

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partner Conner Connolly – EMT Basic. We were able to move Ms. Moser onto a stretcher and secure her in the ambulance for transport. I noted that the majority of her injuries appeared on her left side including her deformed arm that was impinged under her body.

8. Once Ms. Moser was in the ambulance, I was able to evaluate the scene further and speak with Mr. Roberts. Mr. Roberts explained that he was driving home in his red Chevy pickup from Walmart in North Adams and was driving southeast on Center Street up Rt. 116. He stated that he couldn't see due to the sun's glare and didn't see Ms. Moser as she was crossing the street in the crosswalk. Mr. Roberts stated that he was not injured. I did not observe any signs of drug or alcohol use, and Mr. Roberts did not appear to be impaired in any way.
9. I observed that Ms. Moser had been knocked out of her shoes by the truck. I also saw that there was a brownish frothy liquid on the front driver's side headlight of the red Chevy. There was also a clear plastic McDonald's coffee cup in the roadway in the area of the crosswalk that appeared to have the same brown liquid leaking out. Based on the location of these items it gave the impression as though Ms. Moser was walking from McDonald's across the crosswalk, north bound and was struck by the red Chevy operated by Mr. Roberts while she was in the crosswalk.
10. Additionally, Paramedic Samantha Clark and EMT – Basic, Bonnie Lamore arrived at the scene to assist. They checked on Mr. Roberts as well as he was still hysterically upset over the incident. Mr. Roberts was not transported by EMS and Ms. Moser was transported to Berkshire Medical Center in Pittsfield. I asked Paramedic Clark to verify with Paramedic Brait who was in transport if they believed Ms. Moser's injuries were life threatening. I was apprised that they were serious but may not be life threatening. I requested Berkshire County Sheriff's Control contact the Massachusetts State Police Collision Analysis & Reconstruction Section (CARS) regarding the incident. While on scene I spoke with Trooper Kyle Cahoon and apprised him of the incident. He stated that based upon the circumstances that they would not be responding.
11. While on scene Mr. Roberts son Nolan Roberts arrived. He stated that he wanted me to know that his father was not on his phone during the accident. I asked him how he was notified to come to the scene. Nolan stated that his father used a phone from one of the people on scene that had stopped during the accident. Nolan requested that when his father was able to leave the scene that he was to drive his vehicle. I stated that would be fine. I had documented the damage on the vehicle, and it was still drivable.
12. Based upon the aforementioned circumstances, it was indeterminate if Ms. Moser had observed Mr. Robert's vehicle in the roadway as she crossed. Based upon Mr. Roberts' statement regarding the solar glare as well as my on-scene observations I believe it was plausible that Mr. Roberts would not have been able to see anyone in the crosswalk. I began to clear the scene from emergency vehicles. Adams Fire Department Chief John Pansecchi assisted with decontamination of the blood in the roadway and all units cleared the scene.
13. After leaving the scene I attempted to locate Ms. Moser's family. I first responded to her known address at Pleasant Street however no one was home. I was able to determine through our IMC database that Ms. Moser's parents, Mr. Timothy Tanguay and Ms. Christina Charron resided at
I responded to the address and advised them that their daughter had been hurt during

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a motor vehicle crash and was transported to Berkshire Medical Center.

11/16/2024 1114 Hours

14. I contacted the charge nurse at the Berkshire Medical Center Emergency Department regarding the current condition of Ms. Moser. I was informed that she was a Level 1 Trauma and in Critical condition with a significant femur injury however they would know more after additional test were conducted.

11/16/2024 1222 Hours

15. I again made contact with the Emergency Department's Charge Nurse who stated that while still critical that Ms. Moser's prognosis was more positive.

11/18/2024 1053 Hours

16. I contacted Berkshire Medical Center in Pittsfield, MA to get an update on Ms. Moser's injuries. I spoke with a nurse in the Critical Care Unit who provided me with the medical overview that Ms. Moser was still being monitored and that her injuries were significant requiring surgery. I learned that Ms. Moser had suffered a fractured left femur, a fractured pelvis, a broken humerus on her left arm, a concussion, a renal laceration, a splenic laceration and facial lacerations among other injuries. She was set to receive surgery on her femur.

11/24/2024 0949 Hours

17. I responded to McDonald's restaurant regarding possible surveillance video capturing the scene. I reviewed their internal security system and found that none of the outside cameras captured the sidewalk area of Center Street.
18. As a result of this investigation no charges are being filed due to the environmental conditions reasonably preventing the operator from observing the pedestrian in the crosswalk. The pedestrian while having the right of way in the crosswalk also has an obligation to preserve their own personal safety to get confirmation with the vehicles in the roadway.

Respectfully Submitted,

Officer Travis G. Cunningham Badge #144
Adams Police Department