

At approximately 11:22am, I, along with the Reading Fire Department, were dispatched to [REDACTED] for the report of a male who was struck by a motor vehicle. Upon arrival, I spoke with John Koval, who stated he was tending to a spare tire of a motor vehicle that was parked on the side of King St. Mr. Koval parked his tow truck diagonal on the opposite side of the street. This made the opening of the street a small area for other vehicles to get by. Mr. Koval stated a white Honda CRV was headed towards Summer Ave attempting to squeeze through. Mr. Koval along with [REDACTED] and [REDACTED], saw the vehicle who beeped twice at them but didn't wait for Mr. Koval to move; the vehicle went to drive through and the right passenger's side mirror struck Mr. Koval in the back pushing him into the vehicle he was working on. All three parties stated the white Honda CRV continued up the street taking a left onto Summer Ave. The only description given was an older white female. Mr. Koval was treated by Reading Fire Department [REDACTED]

Upon a check of the area I found a vehicle matching the description of a white Honda CRV, with MA registration [REDACTED] parked in the driveway of [REDACTED]. I spoke with [REDACTED] the owner of the vehicle. She stated she drove through that small passing approximately in the same time frame. She states that she did not hear, feel or see anyone get hit with her car. She states she doesn't remember going through there but it could've happened. [REDACTED]

Officers signature: _____ Date: _____

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chief [] capt/oic [] cid [] traffic [] fire [] other []
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I recommend this case be declared:

Unfounded() Not Cleared() Court Action() Cleared by Arrest()

Case Declared:

Active() Complete() Unfounded() Domestic Violence()

OIC Signature Date/Time

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Reading Police Department
 Chief David J. Clark
 15 Union Street
 Reading, MA 01867
 (ph) 781-944-1212 (fax) 781-944-2893



OFFICERS FORMAL REPORT

Case#: 772475
 Rpt Date: 06/13/23 12:58 Reported: TUESDAY 06/13/23 11:22
 Ucr: 041 AMBULANCE (EMS) CALLS
 ibr: 1:114 2:11A 3:076 4:IMM 5:109
 Location: 25 KING ST
 Follow Up By: (N)ONE NEEDED Case Status: CLEARED NORMAL
 Officer: Rpt Status: COMPLETED
 Review Officer: 80 LT. SILVA
 Sup Review Officer:
 Comp/Vict Notify: No
 Cir/Involve Type:

Complaint: PEDESTRIAN STRUCK BY MVs MIRROR AS IT DROVE BY

Primary Officer: 99 OFF. COSTA Assignment: B Car: 99
 Second Officer: Sup/Back-Up:

Type	Mast#	Name/Add	Phone	Dob	SS#
SUSPECT		[REDACTED]		[REDACTED]	
No Image Available					
VICTIM		[REDACTED]		[REDACTED]	
WITNESS		[REDACTED]	21	[REDACTED]	
WITNESS 13		[REDACTED]	7	[REDACTED]	018
INVOLVED 0		[REDACTED]	0	[REDACTED]	

***** NARRATIVE *****

The following narrative is submitted by: OFF. CODY Z. COSTA ID#: 99

On Tuesday, June 13, 2023, I, Cody Costa of the Reading Police Department worked my assigned 7:00am to 5:00pm shift. I was assigned to patrol sector #2 with marked cruiser #12 for the shift. This is a summary of the facts of an incident that occurred on the above date.

Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian Reading = Bicycle

Crash Diagram:



Crash Narrative:

CASE #772475
06/13/2023 @ 1125 HRS
REPORT BY OFC COSTA #99

PEDESTRIAN 1 WAS HELPING TO CHANGE A TIRE IN FRONT OF 25 KING ST. PED1 HAD HIS TOW TRUCK PARKED DIAGONALLY ACROSS FROM THE WHITE VAN HE WAS WORKING ON. THE REAR OF THE TOW TRUCK WAS CLOSE TO THE FRONT OF THE WHITE VAN. THIS CREATED A SMALL AREA FOR VEHICLES TO PASS ON THROUGH. VEHICLE 1 WAS DRIVE WEST UP KING ST. VEHI SLOWED DOWN AND BEEPED TWICE TO NOTIFY PED1 SHE WOULD BE CROSSING THROUGH. AS VEHI PASSED THROUGH THE TIGHT SPOT THE RIGHT PASSENGER'S SIDE MIRROR CLIPPED PED1 IN THE BACK PUSHING HIM INTO THE WHITE VAN. VEHI DROVE OFF. WITNESS 1 AND 2 CONFIRMED THESE EVENTS. I SPOKE WITH THE OPERATOR OF VEHI AND SHE STATED SHE DROVE THROUGH THAT AREA BUT DID NOT HEAR, SEE OR FEEL ANYTHING THAT WOULD HAVE RESULTED IN HER BELIEVING SHE HIT THE OTHER VEHICLE OR PEDESTRIAN WORKING ON THE VEHICLE. NO VEHICLE WAS TOWED FROM THE SCENE. IT WAS A CLEAR SUNNY DAY AND THE GROUND WAS DRY.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
[Redacted], J	[Redacted]	[Redacted]	Y
[Redacted], R	[Redacted]	[Redacted]	Y

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/AE/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

Commonwealth of Massachusetts

Date of Crash 06/13/2023 Time of Crash 11:22 City/Town READING 24HR

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 1

Speed Limit 25 Latitude Longitude

State Police Local Police MBTA Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address Name of Roadway/Street

0 Feet N S E W of 0.0 or Mile Number Exit Number

0 Feet N S E W of Route# Intersecting Roadway/Street

0 Feet N S E W of Landmark

Please Select one of the Following: [X] Vehicle 001 # Occupants 1 [] Hit/Run [] Moped

Crash Report ID# 772475

License # St MA DOB/Age Reg # Reg Type Reg State MA

Sex Lic. Class D 19 19 Lic. Restrictions CDL Endorsement L

Operator Last First Middle Address City State MA Zip

Insurance Company

Vehicle Travel Direction: N S E W Responding to Emergency? NO

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Veh Year 2017 Veh Make HONDA Veh Config. 2

Owner Last First Middle Address City State MA Zip

Insurance Company

Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

Event Sequence 23 23 23 23 Test Status: 28 1 29

Most Harmful Event 24 Type of Test: 30

Driver Contributing Code 1 25 25 BAC Test Result: 31

Driver Distracted by: 7 26 Towed from Scene? NO

Susp. Alcohol: 2 Susp. Drug: 32 2

Please fill out for operator and all occupants involved

Name Last First Middle Address A DOB Sex 34 Seat Belt 35 Safety 36 37 38 39 40 Medical Facility

Operator See Above 1 1 4 0 0 10 1

Please Select one of the Following: [] Vehicle 002 # Occupants 0 [X] Non-Motorist A Type 15 Action 16 Location 17 Condition 18 [] Hit/Run [] Moped

License # St MA DOB/Age Reg # Reg Type Reg State

Sex Lic. Class D 19 19 Lic. Restrictions CDL Endorsement R

Operator Last First Middle Address City State MA Zip

Insurance Company

Vehicle Travel Direction: N S E W Responding to Emergency? NO

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Veh Year Veh Make Veh Config. 21

Owner Last First Middle Address City State MA Zip

Insurance Company

Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

Event Sequence 23 23 23 23 Test Status: 28 1 29

Most Harmful Event 24 Type of Test: 30

Driver Contributing Code 1 25 25 BAC Test Result: 31

Driver Distracted by: 99 28 Towed from Scene? NO

Susp. Alcohol: 2 Susp. Drug: 32 2

Please fill out for operator/non-motorist and all occupants involved

Name Last First Middle Address A DOB Sex 34 Seat Belt 35 Safety 36 37 38 39 40 Medical Facility

Operator/Non-Motorist See Above 1