| MBTA TRANSIT POLICE DEPARTMENT INCIDENT REPORT          |   |                |                                     |          |               |                           |                     |            |  |                           |  | Case No. 2018-0005683A<br>Supp No. 000 |          |                            |                                     |                   |                      |          |         |
|---|---|----------------|-------------------------------------|----------|---------------|---------------------------|---------------------|------------|--|---------------------------|--|--|----------|----------------------------|-------------------------------------|-------------------|----------------------|----------|---------|
| rs. Addition<br>Reports                                 | nal   | ☐ Ar           | rest Repor                          | t        | Accident      |                           |                     |            |  |                           | Alchohol Involved Prints Gang Involved Video |  |          |                            |                                     | Ad                | Adults 8 Juveniles 0 |          |         |
| r7. Incident  |   |                |                                     |          |               |                           |                     |            |  |                           |  |  | Date     | r11                        | Time                                |                   | 2. Day               |          |         |
|   |   |                |                                     |          |               |                           |                     |            |  | 01 03                     |  | 1                                      | - 1      | 06/29/2                    |                                     |                   | 7:37                 |          | FRI     |
|   |   |                |                                     |          |               |                           |                     |            | <del></del>                                |                           | <u>.</u>                                     | - 1                                    | Occrd Fr |                            | - 1                                 | . Time            |                      | 5. Day   |         |
|   |   |                |                                     |          |               |                           |                     |            |  |                           |  |  | 06/29/2  |                            |                                     | 7:37              |                      | FRI      |         |
|   |   |                |                                     |          |               |                           |                     |            | - 1  | 1                         |  | 1                                      | - 1      | Occrd To<br>06/29/2        |                                     |                   | . Time<br>7:37       |          | 8. Day  |
| r20. Report   |   |                | r 1, I.D.                           |          |               |                           |                     |            |  | -                         | _  | Officer 2, I.D.                        |          |                            |                                     |                   |                      |          |         |
| TRYON   |   |                |                                     |          |               |                           |                     |            | 729  |                           | _  | CHRISTOPHEI                            |          |                            |                                     |                   |                      |          | 735     |
| 20. Location of Occurence r21. Area r21. Line 94 ORANGE |   |                |                                     |          |               |                           |                     |            | r22. Count                                 | _                         |  | r23. Cit                               | -        |                            |                                     |                   | r24. E               | Bus Line |         |
| r25. Reporti  |   |                |                                     | AVE      |               |                           | 94                  | ORAN       | Phone                                      | SUFFO                     | LK   | r27. How Receive                       | BOS      | ION                        | r28. S                              | tatue             |                      | L        |         |
| iza. Neporu   | ny r  | 61301          | '                                   |          |               |                           |                     | 120.       | FIIOHE                                     |                           |  | BPD                                    | u        |                            | 1                                   | DSED              |                      |          |         |
| r29. Report   | ing   | Perso          | n Address                           |          |               |                           |                     |            |  |                           | _  | r30. Weather                           |          |                            |                                     | 1. Weapon / Tools |                      |          |         |
| r32. Unit   | Of  | ficer '        | 1                                   |          |               |                           | Officer             | r 2        |  |                           |  | Received                               |          | d Dispatched               |                                     | Arrived           |                      | Cle      | ared    |
| A126-   | Т   | RYC            | N, KEV                              | /IN      |               |                           | HUN                 | ITER,      | CHRI                                       | STOP                      | IEF  | R MICF 17                              | 37       | 174                        | 0                                   | 174               | 9                    | 1        | 808     |
|   |   |                |                                     |          |               |                           | ı                   | INVOL      | VED  | PERS                      | ONS  | S                                      |          |                            |                                     |                   |                      |          |         |
| n0. Name<br>ADULT                                       | ame Type n1. PCF No. n2. Last Name / Business / State of  Exemption (c) |                |                                     |          |               |                           |                     |            | <sub>n3.</sub> First Name<br>Exemption (c) |                           |  | n4. Middle Name<br>Exemption (c)       |          |                            |                                     |                   |                      |          |         |
| <sub>n5.</sub> Race                                     | n6.   | Sex            | <sub>n7.</sub> Age                  |          |               | n9. Pla                   | ce of Birt          | h - City,  | State                                      | -                         |  | n10. Soc Sec No                        |          | Operato                    |                                     | ense N            | 0.                   | n1       | 2 State |
| W   | F   | <del>, ,</del> | 045                                 |          | mption (c)    |                           |                     |            |  |                           |  |  |          | kemption                   |                                     |                   |                      |          | /IA     |
| n13 Height  |   | n14 \          | Veight                              | n15 E    | Build         | n16 CO                    | mplexion            | 1          | n17 Eye                                    | S                         |  | n18 Hair                               | n19      | Facial I                   | Hair                                | n20.              | Marita               | al Sta   | itus    |
| Involveme   |   |                |                                     | <u> </u> |               |                           | <del>-</del>        |            | _  |                           |  |  |          |                            |                                     |                   |                      |          | _       |
| INJ PA<br>n27. Reside                                   |   |                | ess 1                               |          | INJURED A     | ASSIS                     | 1                   |            |  |                           |  |  |          |                            |                                     | n28               | Phon                 | e        | _       |
| Exempt  |   |                |                                     |          |               |                           |                     |            |  |                           |  |  |          |                            |                                     |                   | xem                  |          | n (c)   |
| n0. Name  | Тур   | е              | n1. PCF N                           | 0.       | n2. Last Name |                           |                     |            |  |                           |  | n3. First Name<br>BADGE #109           | 91       |                            | n4                                  | Middl             | e Nam                | ie       |         |
| <sub>n5.</sub> Race                                     | n6. S   | Sex            | <sub>n7.</sub> Age                  | n8. D    | ate of Birth  | n9. Pla                   | ce of Birt          | th - City, | State                                      |                           |  | n10. Soc Sec No                        | ). n11   | Operato                    | or's Lic                            | ense N            | 0.                   | n1       | 2 State |
| n13 Height  | _   | n14 \          | Weight                              | n15 E    | Build         | n16 Co                    | mplexion            | 1          | n17 Eye                                    | s                         | n18 Hair n19 Facial Ha                       |  |          | Hair                       | ir n <sub>20</sub> . Marital Status |                   |                      |          |         |
| Involvement   |   |                | _                                   | _        | INTUDED       |                           | _                   |            |  |                           |  |  |          |                            |                                     | _                 |                      |          | _       |
| n27. Reside   |   |                | ess 1                               |          | INJURED A     | 43313                     | 01                  |            |  |                           |  |  |          |                            |                                     | n28.              | Phon                 | е        | _       |
| 785 ALE   | BAN   | IY S           | TREET                               | BOS      | TON EMS       | HQ B                      | OSTON               | I, MA 0    | 2118                                       |                           |  |  |          |                            |                                     | (                 | 317) (               | 343-     | 2367    |
| n0. Name<br>ADULT                                       | Тур   | е              | n1. PCF N                           | 0.       |               |                           | Business / State of |            |  | n3. First Name BADGE #984 |  |  | n4       | <sub>n4.</sub> Middle Name |                                     |                   |                      |          |         |
| <sub>n5.</sub> Race                                     | n6. S   | Sex            | <sub>n7.</sub> Age                  | n8. D    | ate of Birth  | n9. Pla                   | ce of Birt          | th - City, | State                                      |                           |  | n10. Soc Sec No                        | ). n11   | Operato                    | or's Lic                            | ense N            | 0.                   | n1       | 2 State |
| n13 Height  | _   | n14 \          | Weight n15 Build n16 Complexion n17 |          | n17 Eye       | es n <sub>18</sub> Hair n |                     | n19        | n19 Facial Hair n20.                       |                           | . Marital Status                             |  |          |                            |                                     |                   |                      |          |         |
| Involveme   |   |                | _                                   | <u> </u> |               |                           | _                   |            | _  |                           |  |  | _        |                            |                                     |                   |                      |          | _       |
| EMS O   |   |                | pss 1                               |          | INJURED A     | ASSIS                     | T                   |            |  |                           |  |  |          |                            |                                     | n20               | Phon                 | <u> </u> |         |
|   |   |                |                                     | BOS      | TON EMS I     | HQ B                      | OSTON               | I, MA 0    | 2118                                       |                           |  |  |          |                            |                                     |                   |                      |          | 2367    |
| f1. Submitte  |   | -              | cer, I.D.                           |          |               |                           |                     |            | 700  |                           |  | Officer's Name, I                      |          |                            |                                     |                   |                      | age      |         |
| TRYON   | , KE  | :VIN           |                                     |          |               |                           |                     | _          | 729  | GALO                      | NZK  | (A, ANDREW J                           | l        |                            |                                     | _                 | 577                  |          | 1       |

| MBTA TRANSIT POLICE DEPARTMENT CONTINUATION PAGE |   |       |   |                         |                          |   |                        |                        |  |                                 |                                 |                                 |                       |  |
|--|---|-------|---|-------------------------|--------------------------|---|------------------------|------------------------|--|---------------------------------|---------------------------------|---------------------------------|-----------------------|--|
| c1. Case No. c2. Supp No.                        |   |       |   |                         |                          |   |                        |                        |  |                                 | c10. Reported Date c11 T        |                                 |                       |  |
| 2018-00  | 0056  | взА   | 000   |                         |                          |   |                        |                        |  |                                 | 06/29                           | /2018                           | 17:37                 |  |
| INVOLVED PERSONS                                 |   |       |   |                         |                          |   |                        |                        |  |                                 |                                 |                                 |                       |  |
|  | ADULT JENKINS                                 |       |   | e / Business / State of |                          |   | n3. First Name  HASSAN |                        |  | <sub>n4.</sub> Middle Name<br>H |                                 |                                 |                       |  |
| <sub>n5.</sub> Race                              | n6. S   | ex _  | n <sub>7</sub> . Age n <sub>8</sub> . Date of Birth Exemption (c) |                         |                          | <sub>n9.</sub> Place of Birth - City, State |                        |                        | n <sub>10</sub> . Soc Sec No. n <sub>11</sub> Opera<br>Exemption (c) Exemption |                                 |                                 | License No.                     | n12 State             |  |
| n13 Height n14 Wei                               |   |       | Weight  | n15 Build               |                          | n <sub>16</sub> Complexion                  | n17 Eyes               | S                      | n18 Hair n19 Facial H  |                                 | ial Hair                        | n20. Ma                         | rital Status          |  |
| 1  | Involvement :  MBTA AMBASSADOR INJURED ASSIST |       |   |                         |                          |   |                        |                        |  |                                 |                                 |                                 |                       |  |
| n27. Resid                                       | lence   | Addr  |   |                         |                          |   |                        |                        |  |                                 |                                 | n28. Ph                         |                       |  |
| Exemp  |   |       |   |                         |                          |   |                        |                        |  |                                 |                                 |                                 | mption (c)            |  |
|  | no. Name Type ADULT                           |       |   |                         | 2. Last Name<br>COKTSIDI | ne / Business / State of                    |                        |                        | n3. First Name  DIMITRIOS  |                                 | r                               |                                 | ame                   |  |
| <sub>n5.</sub> Race                              | n6. S   | ex    | <sub>n7.</sub> Age<br><b>056</b>                                  |                         | te of Birth ption (c)    | <sub>n9.</sub> Place of Birth - City        | y, State               |                        | n10. Soc Sec No.   | n11 Ope                         | rator's                         | icense No.                      | n12 State             |  |
| n13 Heigh  | t   | n14 \ | Weight  | n15 Bu                  | ild                      | <sub>n16</sub> Complexion                   | n17 Eyes               | 5                      | n18 Hair n19 Facial Hair   |                                 |                                 | <sub>n20</sub> . Marital Status |                       |  |
| Involven<br>MBTA                                 | INS   |       |   |                         | NJURED /                 | ASSIST                                      | <del>-</del>           |                        |  | <del>-</del>                    |                                 |                                 |                       |  |
| n27. Resid                                       |   |       |   | IGE L                   | INE INSP                 | #1859 BOSTON, N                             | //A 0211               | 18                     |  |                                 |                                 | <sub>n28.</sub> Ph              | one                   |  |
|  | 7.  |       |   | 2. Last Name            | e / Business / State of  |   |                        | n3. First Name MELISSA |  |                                 | <sub>n4.</sub> Middle Name      |                                 |                       |  |
| <sub>n5.</sub> Race                              | n6. S   | ex    | <sub>n7.</sub> Age  |                         | te of Birth              | <sub>n9.</sub> Place of Birth - City        | , State                |                        | n10. Soc Sec No.   | n11 Ope                         |                                 | License No.                     | n12 State             |  |
| n13 Heigh  |   |       |   |                         | n16 Complexion n17 Eyes  |   | <u> </u>               | <sub>n18</sub> Hair    | <sub>n18</sub> Hair n19 Facial Hair  |                                 | <sub>n20</sub> . Marital Status |                                 |                       |  |
| Involvement :                                    |   |       |   |                         |                          |   |                        | _                      |  |                                 |                                 |                                 |                       |  |
| m27. Resid                                       |   | Addr  | ess 1   |                         | NJURED /                 | ASSIST                                      |                        |                        |  |                                 |                                 | n28. Ph                         | one                   |  |
| Exemp  |   |       |   |                         |                          |   |                        |                        |  |                                 |                                 |                                 | mption (c)            |  |
| n0. Name   |   | е     | n1. PCF N   |                         | 2. Last Namo             | e / Business / State of                     |                        |                        | n3. First Name BEN   |                                 |                                 | <sub>n4.</sub> Middle Name      |                       |  |
| <sub>n5.</sub> Race                              | n6. S   | ex    | <sub>n7.</sub> Age  | n8. Dat                 | te of Birth              | <sub>n9.</sub> Place of Birth - City, State |                        |                        | n10. Soc Sec No. n11 Operator's  |                                 | rator's l                       | icense No.                      | n12 State             |  |
| n13 Heigh  | t   | n14 \ | Veight  | n15 Bu                  | ild                      | <sub>n16</sub> Complexion                   | n17 Eyes               | 5                      | <sub>n18</sub> Hair  | n19 Fac                         | ial Hair                        | n20. Ma                         | rital Status          |  |
| Involven   |   | FR)   |   |                         | NJURED /                 | L<br>Assist                                 | <u> </u>               | _                      |  | +                               |                                 |                                 | -                     |  |
| n27. Resid                                       | lence   | Addr  |   |                         |                          | I, MA 02116                                 |                        |                        |  |                                 |                                 | n28. Ph                         | one                   |  |
| n0. Name   |   |       | n1. PCF N   |                         |                          | e / Business / State of                     |                        |                        | n3. First Name   |                                 |                                 | <sub>n4.</sub> Middle N         | ame                   |  |
| ADULT  |   |       | <u></u>   | F                       | POLANC                   |   |                        |                        | MARLENY  |                                 |                                 | <u> </u>                        |                       |  |
| <sub>n5.</sub> Race                              | n6. S   | ex    | <sub>n7.</sub> Age<br>031   |                         | te of Birth<br>ption (c) | <sub>n9.</sub> Place of Birth - City        | , State                | _                      | n10. Soc Sec No.   | n11 Ope<br>Exemp                |                                 | License No.                     | n <sub>12</sub> State |  |
| n13 Heigh  | t   | n14 \ | Weight  | n15 Bu                  | ild                      | n <sub>16</sub> Complexion                  | n17 Eyes               | 5                      | n18 Hair   | n19 Fac                         | ial Hair                        | n20. Ma                         | rital Status          |  |
| Involven   | SS  |       |   |                         | NJURED /                 | ASSIST                                      |                        |                        |  |                                 |                                 |                                 |                       |  |
| n27. Resid                                       |   |       | ess 1   |                         |                          |   |                        |                        |  |                                 |                                 | n28. Ph                         |                       |  |
| Exemption (c)  NARRATIVE  Exemption (c)          |   |       |   |                         |                          |   |                        |                        |  |                                 |                                 |                                 |                       |  |
| 1.   | 0   | n F   | riday   | Jun                     | e 29. 2                  | 018, at approx                              |                        |                        | M. Officer F   | Hunter                          | and                             | mvself                          |                       |  |
|  |   |       |   |                         |                          | ded to MBTA Ma                              |                        |                        |  |                                 |                                 |                                 |                       |  |
| ff. Submit                                       |   |       |   |                         |                          |   | 700                    |                        | Officer's Name, I.D.   |                                 |                                 | E 7-                            | Page                  |  |
| TRYON  | ı, KE   | VIN   |   |                         |                          | _   | 729                    | GALUNZKA               | A, ANDREW J  |                                 |                                 | 577                             | 2                     |  |

| MBIA IRANS    | CONTINUATI   | ON PAGE |                    |          |
|---------------|--------------|---------|--------------------|----------|
| c1. Case No.  | c2. Supp No. |         | c10. Reported Date | c11 Time |
| 2018-0005683A | 000          |         | 06/29/2018         | 17:37    |

CONTINUESTION DACE

## **NARRATIVE**

struck by a train. Officer Faillace, Officer Keller (Wagon), and Sergeant Galonzka (AS577) responded to this incident as well.

- 2. Upon arrival, we located Boston EMS A-16 (Badge #984/1091) off with the injured female, later identified as Exemption (C), on the Southbound side of the Orange Line platform. Exemption (C) informed me when she was deboarding the train (Car #1252), her left leg fell in between the train and the platform. Other patrons pushing to exit the train caused it to become further lodged in this area. Several passengers were able to assist her in removing her leg by rocking the train back and forth until it was freed. Numerous witnesses confirmed this series of events. Her left thigh sustained a serious laceration, exposing the bone, that had been bandaged up by EMS prior to our arrival. EMS could not identify any broken bones at this time, but advised that Exemption (C) would need surgery.

  Exemption (C) was transported to Boston Medical Center via A-16. Sergeant Galonzka photographed the scene of injury and responded to the hospital to obtain pictures of the leg injury.
- 3. The gap where Exemption (c) leg became stuck is approximately 5 inches, and is like this on a large portion of the platform. The incident was captured via camera MAS-OL-SB Platform South End Facing South-17.76 at 5:30:45 PM. A video request was sent to Crime Scene Services to log the footage.

Tryon 729

MOTA TRANSIT DOLICE DEDARTMENT

f1. Submitted By Officer, I.D. f2. Approving Officer's Name, I.D. Page TRYON, KEVIN 729 GALONZKA, ANDREW J 577 3 END

| MBTA TRANSIT POLICE DEPARTMENT   |                                 |           |                         |                          |              |                                 |                         |            | Case No. 2018-0005683A |                  |  |  |  |
|----------------------------------|---------------------------------|-----------|-------------------------|--------------------------|--------------|---------------------------------|-------------------------|------------|------------------------|------------------|--|--|--|
| (UNOFFICIAL) SUPPLEMENTAL REPORT |                                 |           |                         |                          |              |                                 |                         |            |                        |                  |  |  |  |
| rs. Additional<br>Reports        | ☐ Arrest Report ☐ Complaint App |           | ☐ Domestic☐ Stolen Bike | ☐ Juvenile li☐ Drugs Inv |              | Alchohol Involved Gang Involved | ☐ Prints☐ Video         |            |                        | ts 0<br>eniles 0 |  |  |  |
| s7. Incident                     |                                 |           |                         | Cr                       | nts Offens   | se Code                         | s10. Reporte            |            | 11 Time<br>20:06       | s12. Day         |  |  |  |
|                                  |                                 |           |                         | <u> </u>                 | <del> </del> |                                 | s13. Occrd F            | rom Date s | 14. Time               | s15. Day         |  |  |  |
|                                  |                                 |           |                         |                          |              |                                 | 06/29/3<br>s16. Occrd T | o Date s   | 17:37<br>17. Time      | FRI<br>s18. Day  |  |  |  |
| r20. Reporting                   | g Officer 1, I.D.               |           |                         |                          | r21 Report   | ing Officer 2, I.D.             | 06/29/                  | 2018       | 17:37                  | FRI              |  |  |  |
|                                  | , JR, KENNETH                   | P         |                         | 644                      |              | ,                               |                         |            |                        |                  |  |  |  |
| 1.)                              | On June 29.                     | 2018. Sc  | rt. Galonzka            | NARRA                    |              | Central Distr                   | ict Sup                 | ervisors   | Came                   | ra               |  |  |  |
| SD Card                          | d to CSS for                    | processir | ng. I, Det.             | Phillips                 | , did p      | process said S                  | D Card,                 |            |                        | La               |  |  |  |
| photos                           | for this ind                    | ident, pl | lacing them             | in their                 | respec       | ctive case fol                  | der.                    |            |                        |                  |  |  |  |
| 2.)                              | _                               | _         |                         |                          | several      | l blocks of vi                  | deo for                 | this in    | nciden                 | t,               |  |  |  |
| placing                          | g them in the                   | ir respec | ctive case f            | older.                   |              |                                 |                         |            |                        |                  |  |  |  |
|                                  |                                 |           |                         |                          |              |                                 |                         |            |                        |                  |  |  |  |
|                                  |                                 |           |                         |                          |              |                                 |                         |            |                        |                  |  |  |  |
|                                  |                                 |           |                         |                          |              |                                 |                         |            |                        |                  |  |  |  |
| Phillip                          | os / 644                        |           |                         |                          |              |                                 |                         |            |                        |                  |  |  |  |
|                                  |                                 |           |                         |                          |              |                                 |                         |            |                        |                  |  |  |  |
|                                  |                                 |           |                         |                          |              |                                 |                         |            |                        |                  |  |  |  |
|                                  |                                 |           |                         |                          |              |                                 |                         |            |                        |                  |  |  |  |
|                                  |                                 |           |                         |                          |              |                                 |                         |            |                        |                  |  |  |  |
|                                  |                                 |           |                         |                          |              |                                 |                         |            |                        |                  |  |  |  |
|                                  |                                 |           |                         |                          |              |                                 |                         |            |                        |                  |  |  |  |
|                                  |                                 |           |                         |                          |              |                                 |                         |            |                        |                  |  |  |  |
|                                  |                                 |           |                         |                          |              |                                 |                         |            |                        |                  |  |  |  |
|                                  |                                 |           |                         |                          |              |                                 |                         |            |                        |                  |  |  |  |
|                                  |                                 |           |                         |                          |              |                                 |                         |            |                        |                  |  |  |  |
|                                  |                                 |           |                         |                          |              |                                 |                         |            |                        |                  |  |  |  |
|                                  |                                 |           |                         |                          |              |                                 |                         |            |                        |                  |  |  |  |
|                                  |                                 |           |                         |                          |              |                                 |                         |            |                        |                  |  |  |  |
|                                  |                                 |           |                         |                          |              |                                 |                         |            |                        |                  |  |  |  |
|                                  |                                 |           |                         |                          |              |                                 |                         |            |                        |                  |  |  |  |
|                                  |                                 |           |                         |                          |              |                                 |                         |            |                        |                  |  |  |  |
|                                  |                                 |           |                         |                          |              |                                 |                         |            |                        |                  |  |  |  |
|                                  |                                 |           |                         |                          |              |                                 |                         |            |                        |                  |  |  |  |
| f1. Submitted                    | By Officer, I.D.                |           |                         | 1                        | f2. Approvi  | ng Officer's Name, I.D.         |                         |            | Pa                     | ge               |  |  |  |
|                                  | , JR, KENNETH                   | Р         |                         |                          |              | ROVED REPORT                    |                         |            |                        | 1 END            |  |  |  |