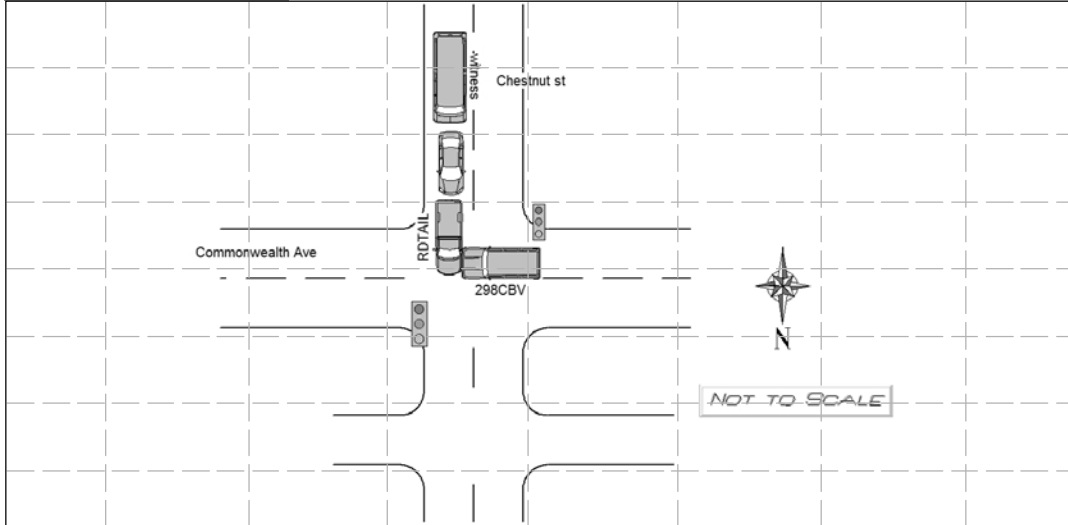


Police Use Only			Commonwealth of Massachusetts										RMV Document Number								
Date of Crash 02/25/2019		Time of Crash 11:30 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report						Number Vehicles 2		Number Injured 2		Speed Limit 30 Latitude Longitude		State Police Local Police MBTA Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:													
NORTH CHESTNUT ST																					
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street															
At																					
EAST COMMONWEALTH AVE																					
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Mile Marker Exit Number															
Also at Intersection with																					
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street															
						Landmark															
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000214													
License # --- St MA DOB/Age ---										Reg # RDTAIL Reg Type PAN Reg State MA											
Sex M Lic. Class D 18 18 Lic. Restrictions 99 19 CDL										Veh Year 2012 Veh Make FORD GRAY Veh Config. 2 20											
Operator MCCULLOUGH STEVE										Owner (Same as operator)											
Address 55 NORTH ST										Address											
City ANDOVER State MA Zip 01810										City State Zip											
Insurance Company LM GENERAL										Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)											
Vehicle Travel Direction: X S E W Responding to Emergency?										Event Sequence 1 22 22 22 22 2 3 4											
Citation # (If Issued)										Most Harmful Event 1 23 10 Undercarriage											
Violation 1: Ch Sec Violation 2: Ch Sec										Driver Contributing Code 1 24 24 5 11 Totalled											
Violation 3: Ch Sec Violation 4: Ch Sec										Underride/Override 25 Towed N 6											
Please fill out for operator and all occupants involved										13											
Name (Last First Middle) Address										Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility											
Operator See Above										1											
MCELLEN, DELORES 31 CHARLEMONT ST NEWTON, MA 02465										F 3 1 4 4 0 0 3 1											
Please Select One of the Following:										<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped											
License # --- St MA DOB/Age ---										Reg # 298CBV Reg Type PAN Reg State MA											
Sex M Lic. Class D 18 18 Lic. Restrictions 99 19 CDL										Veh Year 2018 Veh Make LEX GRAY Veh Config. 2 20											
Operator DIARBAKERLY GEORGE										Owner (Same as operator)											
Address 96 WOODFALL RD										Address											
City BELMONT State MA Zip 02478										City State Zip											
Insurance Company COMMERCE										Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)											
Vehicle Travel Direction: N S X W Responding to Emergency?										Event Sequence 1 22 22 22 22 2 3 4											
Citation # (If Issued) T1441861										Most Harmful Event 1 23 10 Undercarriage											
Violation 1: Ch 89/9 Sec Violation 2: Ch Sec										Driver Contributing Code 3 24 24 5 11 Totalled											
Violation 3: Ch Sec Violation 4: Ch Sec										Underride/Override 25 Towed N 6											
Please fill out for operator and all occupants involved										13											
Name (Last First Middle) Address										Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility											
Operator/Non-Motorist See Above										1 3 4 0 0 5 1											

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian  
ie: → 1 → 2 →

### Crash Diagram:



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:

On 2/25/2019 at approx 1130hrs while assigned to 497 I responded to the intersection of Commonwealth Ave and Chestnut St for a two car crash. Upon arrival I met with the operator of Ma reg RDTAIL ,Steve MCCULLOUGH who stated he was traveling NB on Chestnut St through the green light when he was suddenly struck by the operator of Ma Reg 298CBV George DIARBAKERLY who was travelling EB on Commonwealth Ave. I spoke with DIARBAKERLY who initially stated he thought he had the green light but perhaps it changed, than stated maybe he was too far back when he saw the green light. MCCULLOUGH gave me the names of two people who had stopped , Matt DOLITKA 617-719-7621 and Dr J LAUFFLER 617-968-6343. I was able to speak with DOLITKA who stated he was travelling NB on Chestnut ST one car back from MCCULLOUGH, they were traveling through the green light which was solid green, had not just changed, when he saw MCCULLOUGH get hit by DIARBAKERLY at a high rate of

(Continued on next page)

### Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
DOLITKA , MATT,	,	-----	N

### Property Damage:

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

### Truck and Bus Information:

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

#### Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42

Crash Narrative:

speed, DIARBAKERLY struck MCCULLOUGH than bounced off and went up onto the island. DIARBAKERLY issued Mass Uniform Citation T1441861 for violation MGL 89/9 Failure to Stop, Red Light. All parties signed patient refusals with Cataldo. both vehicles towed by Todys.

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

<b>Truck and Bus Information:</b>		Registration # _____ (From Vehicle Section)	
Carrier Name _____	Carrier Issuing Authority Code _____		35
Address _____	City _____	St _____	Zip _____
US DOT #: _____	State Number _____	Issuing State _____	ICC #: _____ Interstate _____
Cargo Body Type Code _____	Gross Vehicle Weight _____		
Trailer Reg #: _____	Reg Type _____	Reg State _____	Reg Year _____ Trailer Length _____
<b>Hazmat Information:</b>			
Placard _____	Material 1 digit # _____	Material Name _____	Material 4 digit # _____ Release code _____