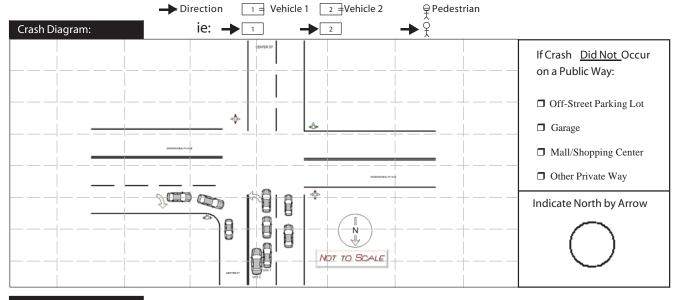
	Poli	ice Use Only		Comn	nonweal	lth o	of Massa	ach	use	tts			RMV	Docu	ment Numl	oer	1
	Date of Crash 03/21/2019	Time of Crash 08:56	City/I NEWTON	'own	Motor	Veh	icle Cra	sh			Number Injured		d Limit		State Poli Local Pol MBTA Po	ice 🔲	1
	03/21/2019	24HR					Report		2		0		itude_		Other:	olice 🔲	
		AT INTER	RSECTION:		< L	OCA	ΓΙΟΝ	>			NOT	AT]	INTE	ERSE	CTION:		2
	SOU	TH CENTR	E ST														2
1 1	Route# Direc	etion	Name	of Roadway/Street			Route# Direction	on A	ddress	; #		Nan	ne of R	oadway	/Street		2 10
	At COMMONWEALTH AVE					Feet NSEW of or							2				
	Route# Direc			ing Roadway/Stre	et	— [·					Mile M				Exit Num	ber	
			Also at Int	ersection with		.	Feet 1	N S E	W 0	_	Route#	—— <u>I</u> ı	ntersect	ing Roa	dway/Street		
2 1						.	Feet []	N S E	W o						,		4
	Route# Direc	etion	Name of Inters	ecting Roadway/S	Street								Lan	dmark			
3	XVehicle 1	_1_#Occupants	Hit/Ru	п Море	ed Case N	Number		1	190000	0306							
	License#		St N	IA DOB/Age		Reg#	3986BV				Reg Tyr	e PAN	1	Reg	State MA		1
	Sex_M Lic.	18 1		19	DL	_	ear_2012							-		20	
4	Operator KR		ULADIMIR	En	dorsment		(Same as ope	rator)									112
3	Address 80 PA	Last ARK ST	First	1	Middle		Las	st			First			Middle	è		
	City BROOK			tate MA Zip	02446										Zip		
	Insurance Com	npany ARBELLA		r _		-	e Action Prior to			21					Circle Up to		
5	Vehicle Travel	Direction: N	X E W Re	sponding to Emer	rgency?	Event	Sequence 1	22 2			22 2		3		4		
1		ssued)					Harmful Event	1 2.	3				Ţ	Λ	1	ercarriage	:
	,			on 2: ChSe	ec		Contributing Co	Г	1 2	4	24	←	9		5 11 Total	led	
⁶ 1	Violation	3: ChSec	c Violatio	on 4: ChSe	ec		ride/Override	2.5	_	 Γowed _			7		6		
	Please	fill out for opera	ator and all occ	upants involved	l						28 29 rbag Airba	30 Eject	31 Trap Code	32 Injury Tr	33 ansp.		13
	Name (Last Fir				Above Above		Age/DOB	Sex	Pos. S	System St	tatus Switch	Code	Code	status C	ode Medical	Facility	1
	Орегию				110070					1 4	99		0	3 1	•		-
⁷ 3	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupa	nts Non-M	otorist A Type	e 1	4 Action 1	Loc	cation	16	Condit	ion	17	Πн	it/Run	Moped	
	License#		St N			Reg#	MF461				Reg Typ	e_MVI	N	Reg	State_MA	•	
	Sex_M_ Lic.	Class D 18 1	Lic. Restriction		DL	Veh Ye	ear_2004	Ve	eh Mak	ke_FOR	RD			Veh Co		20	
8 1	Operator MC	CULLY	PHILLIP		dorsment	Owner	CITY OF NEV	WTON	FI	RE	First			Middle	a		
_	Address 1164	CENTRE ST				Addres	ss 1164 CENTR	E ST									
	City NEWTO	N		tate MA Zip (02459	City N	IEWTON						_State_	MA	Zip <u>02459</u>		
	Insurance Com	npany SELF				Vehicle	e Action Prior to	Crash		1 21	Da	amaged	_	Code: (Circle Up to	Three)	
	Vehicle Travel	Direction: N	X E W	esponding to Eme	ergency?Y	Event	Sequence 1	22 2	22	22	22 2		<u> </u>	$\overline{}$	4		
	Citation # (If Issued)				Most I	Harmful Event	1 2.	3		_	_	9		10 Unde 5 11 Total	ercarriage led		
	Violatio	n 1: ChSe	ec Violat	ion 2: ChS	Sec	Driver	Contributing Co	ode	1 2	4	24		ZŤ	<u> </u>		-	
	Violatio	on 3: ChSe	ec Violat	ion 4: ChS	Sec	Under	ride/Override	2:	5 To	owed_	N 8		7		6		
			operator and a	ll occupants inv			4 7505		26 Seat	27 Safety Air	28 29 rbag Airbag	g Eject	31 Trap		33 ansp.	1 E- 77	1
	Name (Last Fi	Non-Motorist			Above Above		Age/DOB	Sex		System S 1 4	Status Swite	ch Code 0	0 Code	Status C		l Facility	1
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										\dashv		+					1
										_		-	-				-
												1	1		1		



Crash Narrative:

Operator of vehicle one (MA reg 3986BV 2012 MERZ) , Vladimir Krapchev stated that on 03/21/2018 at 08:56 hours he was stopped at a red light on Center St at Commonwealth Ave. Krapchev stated that his vehicle was heading south on Center St and was the third vehicle in line to turn west bound on Commonwealth Ave.

Center St and Commonwealth Ave are both public ways in the city of Newton. Krapchev stated that " a red/maroon full size sedan fire department car " struck the front driver's side fender of his vehicle.

Krapchev stated that the fire department car was travailing south bound on Center St in the north bound lane, passing stopped south bound Center St traffic. Krapchev stated that there was also north bound traffic on Center St that was turning from the west bound lane of Commonwealth Ave. Krapchev stated that the fire department car turned onto the east bound lane of Commonwealth Ave and did not stop.

(Continued or	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	ŧ	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descript	tion of Damag	ged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)				25
Truck and Bus Information:						_ Carrier Issu	ning Authority Co	35 de
						_		de
Carrier Name			_ City			St	Zip	de
Carrier NameS AddressS US DOT #:S	State Number		_ City			St	Zip	de
Carrier NameS AddressS US DOT #:S			_ City			St	Zip	de
Carrier NameS AddressS US DOT #:S	State Numbers Vehicle Weight	38	_ City Issuing State	ICC#:_		St	Zip	de
Carrier Name	State Numbers Vehicle Weight	38	_ City Issuing State	ICC#:_		St	Zip	de
Carrier Name	State Numbers Vehicle WeightReg Type	38 Reg State	_ City Issuing State	ICC #:_ Tr	ailer Leng	St	Zip Interstate	de

MICHAEL A MCSWEENEY NewTon POLICE DEPARTN 03/21/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

	→ Direction 1 =	Vehicle 1	⊖Pedestrian	
Crash Diagram:	ie: → 1	→ 2	→ Ŷ	
				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:		,		
Operator of vehicle two	Newton Fire Depar	rtment LT Phillip McC	ully stated that he w	as driving Newton Fire
Department Car 14 (MA r	reg MVN MF461 2004	Ford Crown Victoria) south bound on Cen	ater St with his
vehicle's emergency ligh	its and siren activ	vated. Lt McCully sta	ted that he was response	onding to a motor vehicle
crash with possible ent	rapment on Hammond	d Pond Parkway. Lt M	Cully stated that he	was passing stopped
Center St south bound tr	affic in the north	bound lane of Cente	er St. Lt McCully also	stated that there was

north bound traffic on Center St and " it was tight between the cars ". Lt McCully stated that he was unaware that a crash had occurred. Lt. McCully stated that he did not fell and contact between his vehicle and Krapchev's vehicle. Lt McCully also stated that he did not hear the crash because of his vehicle's siren was activated. Krapchev's vehicle had minor damage and red paint marks on it's front driver's side fender.

(Continued	d on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		•				·
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damage	ed Property
L						
Truck and Bus Information:			(From Veh	,	Carrier Issuir	ng Authority Code
						ng Authority Code
Carrier Name			_ City		St	ng Authority Code Zip
Carrier NameAddressUS DOT #:			_ City		St	Zip
Carrier NameAddressUS DOT #:	State Number	38	_ City Issuing State	ICC#:_	St	Zip
Carrier Name Address US DOT #: Cargo Body Type Code37	State Number	38	_ City Issuing State	ICC#:_	St	Zip
Carrier Name Address US DOT #: Cargo Body Type Code37 Trailer Reg #:	State Number Gross Vehicle Weight Reg Type	Reg State _	_ City Issuing State Reg Year	ICC #:_ Tr	St	Zip

MICHAEL A MCSWEENEY			NEWTON POLICE DEPARTM		03/21/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction 1	☐ Vehicle 1	2 = Vehicle 2	₹Pedestr	ian		
Crash Diagram:	ie: → 1	→	2	₽			
Crash Diagram:				→ Ŷ		If Crash Did Not Coon a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way ndicate North by A	g Lot enter
Crash Narrative:							
	d£			an daan N	oithen mehi	.1	
The Fire Department car ha							
operators stated that they	were not inju	red in the cr	rash. I took	photos of	both vehicle	es and forwarded	the
disk to the NPD It bureau	for down load	ing.					
		-					
Witnesses:							
Name (Last, First, Middle)		Address			Pho	one #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of D	amaged Property	
Truck and Bus Information:	Registration #		(From V	ehicle Section)			
Carrier Name	-		,		Carrier	Issuing Authority Cod	e 35
Address_			City		C+	7in	
							36
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	50
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	39	
Hazmat Information:		105 5440	1.05 1.011_	116			
40							
	41						42
Placard Material 1 digit #	# 41 Material N	Name		Material 4 o	ligit #	Release code	42
Placard Material 1 digit #	# 41 Material N	Name		Material 4 o	ligit #	Release code	42

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)