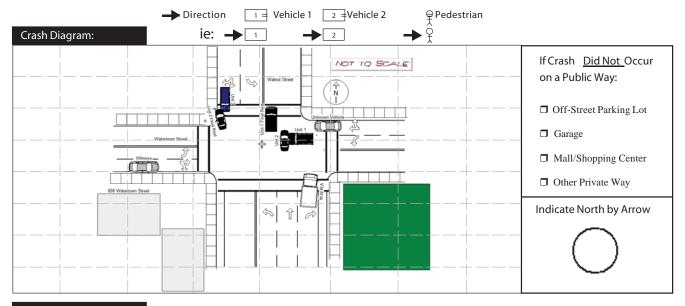
	Poli	ice Use Only		Commonwea	alth o	of Massa	achu	setts	\$		RMV	V Docur	nent Number	
	Date of Crash 01/30/2020	Time of Crash 11:15	City/Tov NEWTON	MIOTOI		icle Cra	sh	Number Vehicles	Injure	d Lati	ed Limi		State Police Local Police MBTA Police	N N
		24HR	SECTION:		LOCA	Report	>	3	2 NO		gitude_		Other:	_
		ALINIER	SECTION:		LOCA	HON			NU	1 A1	11/11	LKSE	CHON:	2
1	NOR													
1	Route# Direc	tion		Roadway/Street		Route# Direction	on Ad	dress #		Na	ime of F	Roadway	/Street	_ 2 ¹
	WES	T WATER	RTOWN ST			Feet [N S E	W of		• Marker	' —	or	Exit Number	-
	Route# Direc	etion N	Jame of Intersecting Also at Inters	· · · · · · · · · · · · · · · · · · ·		Feet 1	N S E	W of						
2			7 HSO at Inters	ection with		Feet [N S E	w of	Route	#	Intersec	ting Roa	dway/Street	- 1
² 1	Route# Direct	tion	Name of Intersec	ting Roadway/Street	l			61			La	ndmark		_ 3
3	X Vehicle 1	#Occupants	☐ Hit/Run	☐ Moped Case			••							7
	ZZ Veinere i	roccupants		- 1 Case	Number		20	00000115	1					_
	License#	18 1	St St	DOB/Age	_	MP503B			_	ype_M\			State MA 20	-
	Sex_M_ Lic. 0		Lic. Restrictions	CDL Endorsment		ear_2017						Veh Co	onfig. 2	
3	Operator HAC		MARK First	Middle		Las	it.	CITY	First			Middle	:	- 1
		WASHINGTON		MA		SS 1000 COMM	ONWEA	ALIH AV				MA	02450	-
	City NEWTO			te MA Zip 02465		NEWTON							Zip <u>02459</u> Circle Up to Thr	-
5	1	pany CITY OF N				e Action Prior to		1	22 6		a Area	Code: (C	4	ee)
1		Direction: N		onding to Emergency? Y		sequence 1	23				\bigcap	$\overline{\mathcal{A}}$	10 Undercari	riage
	,	ssued)		2 6		Harmful Event	1	24		—	9		5 11 Totaled	
⁶ 1	1			2: ChSec		Contributing Co	ode 1				7		<i>)</i> 6	
1			ator and all occur	4: ChSec	Under	ride/Override		Towe		29 30 bag Ejec	31 t Trap	32 Injury Tra	33 ansp.	1
	Name (Last Fire			Address		Age/DOB		os. System	Status Sw	itch Code	Code	status CC	ode Medical Facili	ity 1
	Operator			See Above				1	1 4	0	0	8 2	NEWTON WELLE	SLEY H
												1		
⁷ 2	Please Select C of the Followi		2 1_#Occupants	Non-Motorist A Ty	pe 1	Action 1	Loca	tion	16 Con	dition	17	Hi	t/Run Mop	oed
	License#		St_MA		Reg#	460JIV			Reg T	ype_PA	N	Reg	State_MA	_
	Sex_F_ Lic. 0	Class D 18 1	Lic. Restrictions		Veh Y	ear_2007	Veh	Make_B	MW			Veh Co	onfig. 20	
⁸ 2	Operator GLA	ASER	GAIL	Endorsment PRAGER Middle	Owner	(Same as ope	rator)		First			Middle		_
_	Address 806 H	IEATH STREET			Addre	ss								_
	City BROOKI	LINE	Sta	te_MA Zip_02467	City_						State	2	Zip	_
	Insurance Com	pany COMMER	CE		Vehicl	e Action Prior to	Crash	1 2	21	Damage	_	•	Circle Up to Thr	ee)
	Vehicle Travel	Direction:	S E W Res	ponding to Emergency?N	Event	Sequence 1	22 1 22		22 2		\bigcirc)	4	
	Citation # (If Is	ssued)			Most I	Harmful Event	1 23		G	•	9	$\langle \cdot \cdot \rangle$	10 Undercari 5 11 Totaled	riage
	Violation	n 1: Ch <u>89/7A</u> Se	ec Violation	2: ChSec	Driver	Contributing Co			24)	
	Violation	n 3: ChSe	ec Violation	4: ChSec	Under	ride/Override	25	Tower			7		6	
	Plo Name (Last Fi		operator and all	occupants involved Address		Age/DOB		26 27 Seat Safety Pos. System	28 Airbag Air n Status S	29 30 bag Ejec vitch Coo) 31 t Trap de Code		33 ansp. Code Medical Faci	lity
		Non-Motorist		See Above				1	2 4		0	8 2		

	Poli Date of Crash	ce Use Only Time of Crash	City/Town	Commonwea Motor		n Massa icle Cra	_	Number			RMV ed Limi		State Police	_
	01/30/2020	11:15	NEWTON	MIOTOI		icie Cra Report	211	Vehicles 3		Latit	tude gitude_		Local Police MBTA Police Other:	
Γ		AT INTE	RSECTION:		LOCAT		>	3					CTION:	
r		111 11 11 11 11							1,01			311021	21011	
ŀ	Route# Direct	tion	Name of R	oadway/Street		Route# Direction	n Ado	lress #		Na	me of R	loadway/	Street	
ŀ			At		[·									
-	Route# Direc	tion	Name of Intersecting	Roadway/Street	<u> </u>	Feet [SE	of -	Mile M	Iarker		or	Exit Number	
ŀ	Routen Direc	tion	Also at Intersec			Feet N	SE	W of	Route#		ntarcac	ting Dogg	lway/Street	_
						Feet [SE	W of	Route		intersee	tilig Koac	iway/Sirect	
Ļ	Route# Direct	tion	Name of Intersecti	ng Roadway/Street							Lar	ndmark		
	XVehicle 3	#Occupants	Hit/Run	Moped Case	Number		20	00000115						
Ī	License#		St MA	DOB/Age	Reg#	D417			_ Reg Ty	_{pe_} PAI	R	Reg	State_MA	
	Sex_M Lic. (Class D 18	Lic. Restrictions	1 CDL	Veh Ye	ear_2013	Veh	Make_A	CURA			Veh Co	nfig. 20	
		Γ Z Last	JEFFREY	Endorsment E Middle		(Same as oper	ator)		Firet			Middle		_
-	Address 49 FA	IRHAVEN RO	AD	winddle		Las						iviidale		_
ŀ	City NEWTO	N	State	MA Zip 02459	City _						_State	2	Zip	_
	Insurance Com	pany_USAA CA	ASUALTY		Vehicle	e Action Prior to	Crash	2 2	1 D	amage	d Area	Code: (C	Circle Up to Thr	ree)
	Vehicle Travel	Direction: N	X E W Respon	nding to Emergency?_N	Event	Sequence 1 2	2 22	22	22 2		3		4	
1	Citation # (If Is	ssued)			Most I	Harmful Event	1 23			←	9	$ \cdot $	10 Undercard 5 11 Totaled	riage
	Violation	1: ChSe	ec Violation 2	: ChSec	Driver	Contributing Co		24	24 8		$\sqrt{1}$	$\sum_{i} f_i$	6	
L				: ChSec	Under	ide/Override	25	Towe	d_N	1 20	, 21	T 22 T		
L	Please f		rator and all occupa	nts involved Address		Age/DOB	Sex Sex	26 27 eat Safety os. System	28 29 Airbag Airba Status \$wite	g Eject Code	31 Trap Code	32 Injury Tra Status Co		lity
L	Operator			See Above				1	4 4	0	0	10 1	N/A	
L														
Ш	Please Select O	I Vehicl	e#Occupants	Non-Motorist A Ty	pe 1	4 Action 1	5 Loca		16 Cond	tion	17	Hit	:/Run Mor	ped
F	of the Followir	ng: —												
ı	License #	18		DOB/Age									20	_
1	Sex Lic. (Operator	LIASS	Lic. Restrictions	CDL Endorsment		Las		ічаке				Veh Co	mg.	
	Address	Last	First	Middle		Las			First			Middle		_
L			State	Zip							State		 Zip	
ı	Insurance Com				-	e Action Prior to		2					Circle Up to Thr	ree)
ı	•	Direction: N		onding to Emergency?			2 22	22	22 2		3		4	
	Citation # (If Is	ssued)		· ·	Most I	Harmful Event	23			_	9	$\langle \ \ $	10 Undercare 5 11 Totaled	riage
	Violation	n 1: ChS	ec Violation	2: ChSec	Driver	Contributing Co	ode	24	24	_	ĽŤ	<u> </u>		
	Violation	n 3: ChS	Sec Violation	4: ChSec	Under	ide/Override	25	Towed	8		7		6	
Ĺ	Plo Name (Last Fi		r operator and all o	ccupants involved		Age/DOB		26 27 eat Safety Pos. System	28 29 Airbag Airba Status Swi	9 30 Eject	Trap Code	Injury Tra	33 nsp. ode Medical Fac	iliter
r		Non-Motorist		See Above		Age/DOB			Siatus SWI	on Cod	Code	Status C	ode Wiedicai Fac	anty
r														
1										\perp				



Crash Narrative:

W itnesses: Name (Last, First, Middle)

Vehicle one, Newton police marked 503 cruiser operated by Officer Hagopian, was stopped behind a stopped unknown vehicle on Watertown Street facing West waiting on a red light. Officer Hagopian stated both vehicles were in the right travel lane. Vehicle one was the second car in line at the red light. Officer Hagopian of vehicle one heard a police broadcast of a victim in cardiac arrest and activated its police emergency lights and siren to respond to the emergency call. The unknown vehicle in front of vehicle one pulled to the right and allowed vehicle one to navigate around it. Officer Hagopian stated he had his emergency lights and siren activated and went around the stopped vehicle that had pulled to the right in front of him. Vehicle one proceeded West toward the intersection at a slow rate of speed and observed the intersection to be clear and then accelerated. Officer Hagopian stated that vehicle two came from Walnut Street, traveling North, and

Address

(Continued on next page)

DILL , PETER,		VATERTOWN ST VTON,MA 02460			Y
DAVIS-SANON , JAMES,	2 GR	IFFIN WAY LSEA,MA 02156			Y
Property Damage:					
Owner (Last, First, Middle)	Address	Phone #	34-Type Des	cription of Damaged Property	
Truck and Bus Information:	Registration #	(From Veh	icle Section)		
Carrier Name				Carrier Issuing Authority Co	de 35
Address		City		St Zip	
US DOT #:	State Number	Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Re	eg State Reg Year	Trailer l		
Hazmat Information:					
Placard 40 Material 1	digit # 41 Material Name		_ Material 4 digit	# Release code	42

Phone #

Statement

-	→ Direction	ı ≢ Vehicle 1	2 = Vehicle 2	₽ Pedestria	n	
Crash Diagram:	ie: →	□	2	→ Ŷ		
Crash Diagram:	ie: ->			**************************************	If Crash Did Noon a Public Way On a Public Way Off-Street Par Garage Mall/Shoppin Other Private	king Lot g Center Way
			 		Indicate North b	y Arrow
	_)
Crash Narrative:		•				
came across the intersect.	ion where webic	le one and	two collided	Officer Harr	onian estimated his som	iser to be
traveling at 15-20 mph up				-		
passenger side of vehicle						
Vehicle two, BMW operated		. was trave	ling North or	Walnut Stree	et and was approaching	the
intersection of Walnut St						
about 20 mph as her vehic						
vehicle two was in the mid						
did not see an emergency						
from Walnut Street (going						
	on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
GIANGREGORIO, JOSEPH,		2 GRIFFIN CHELSEA,N				Y
, ,		CHELSEA,N	V171 UZ13U			
Property Damage:	A d d		Dhana "	24 Town	Description of Democrat Description	
Owner (Last, First, Middle)	Address		Phone #	34-Type D	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From	Vehicle Section)		35
Carrier Name					Carrier Issuing Authority	
Address			City		St Zip_	
US DOT #:	_ State Number		Issuing State _	ICC #:	Interstate	36
Cargo Body Type Code 37 Gro		38				
	oss Vehicle Weight				30	
Trailer Reg #:		Reg State _	Reg Ye	ar Trail	er Length 39	
		Reg State _	Reg Ye	ar Trail	er Length 39	42

25222

Signature

ID/Badge #

NEWTON POLICE DEPARTM

Department

01/31/2020

Date

Precinct/Barracks

Police Officer Name (Please Print)

BOB LEE

-	Direction 1	Vehicle 1 2	=Vehicle 2	Pedestri	ian	
Crash Diagram:	ie: 🕕 🛚		→	Ŷ.		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					☐ Off-Street Parkin	ng Lot
					Garage	
			į		☐ Mall/Shopping (Center
				+	Other Private W	ay
		+		+	Indicate North by	Arrow
		<u> </u>				
Crash Narrative:						
came in contact with vehic						
Vehicle two made head on						
Vehicle three, Acura opera					ht travel lane on Walnut	Street
facing South. Mr. Katz sta						
light. Mr. Katz stated he						
saw a marked cruiser enter	ring the interse	ection from W	atertown Stree	t (West)	. Mr. Katz remained stoppe	∍d
where he was and then saw	vehicles one a	and two colli	de in the inte	rsection	. Vehicle two then veered	into the
front of his vehicle head	d on and contact	t was made. M	r. Katz stated	when he	initially saw the cruise	r it was
(Continued	on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
T 1 10 16 3						
Truck and Bus Information: Carrier Name	Registration #		(From Vehic	,	Carrier Issuing Authority Co	35
			C'.			July 1
			•		St Zip	36
US DOT #:		38	Issuing State	ICC #:_	Interstate	
	oss Vehicle Weight				39	
Trailer Reg #: Hazmat Information:	Reg Type	Reg State	Reg Year	Tra	iler Length	
Placard 40 Material 1 digit	# 41 Material N	lame		Material 4 d	ligit # Release code	42
					L	
BOB LEE		25222	NEWTO	N POLICE DEPARTN	01/31/	2020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

	→ Direction 1	Vehicle 1	2 =Vehicle 2	Pedestrian	
Crash Diagram:	ie: →	→ [2	> ♀ ♀	
		 	 		If Crash <u>Did Not</u> Occur on a Public Way:
		<u> </u>	<u> </u>		☐ Off-Street Parking Lot
		 			☐ Garage
l į	į		į į		☐ Mall/Shopping Center
					☐ Other Private Way
	_ — — — — — —		 		Indicate North by Arrow
Crash Narrative:					
already in the intersec	tion with emergen	cy lights ar	nd siren activa	ted and estimate	d the cruiser to be going
about 20 mph upon impac	t. Mr. Katz also	indicated t	that vehicle tw	o was traveling	into the intersection from
Walnut Street (North) a	t an estimated 20	mph.			
Witness Peter Dill was	sitting in his pa	rked car on	Watertown Stre	et facing East.	Mr. Dill was parked in
front of his house at 6	06 Watertown Stre	et. It is th	ne second home	in from the inte	rsection on the Eastbound
travel side of Watertow	n Street. Mr. Dil	1 Stated tha	at he was looki	ng at his cell p	hone when he heard the
siren. When he looked u	p towards the sou	nd of the si	ren, he saw ve	hicle one travel	ing about 5 mph in the
intersection with emerg	ency lights and	siren activa	ted. He did no	t know where veh	icle one had originated
from and just that it w	as traveling West	on Watertow	n Street. Mr.	Dill also saw ve	hicle two approaching from
(Continue	d on next page)				
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:		•			
Owner (Last, First, Middle)	Address		Phone #	34-Type Description	on of Damaged Property
T 1 15 16 1					
Truck and Bus Information:	Registration #		(From Ve	,	35
Carrier Name					Carrier Issuing Authority Code
Address			_ City		·
US DOT #:	State Number		Issuing State	ICC #:	Interstate 36
	Gross Vehicle Weight	38 D. St. t	D. V	T 7 1 4	39
Trailer Reg #: Hazmat Information:	Keg Type	Keg State _	Keg Year_	Trailer Lengtl	1
Placard 40 Material 1 d	igit # 41 Material N	Jame		Material 4 digit #	Release code 42

BOB LEE

25222

ID/Badge #

	→ Direction 1	_	2 = Vehicle 2			
Crash Diagram:	ie: →□	→[2	→Ŷ		
					If Crash <u>Did No</u>	
					on a Public Way	/:
		<u> </u>			Off-Street Par	king Lot
					☐ Mall/Shopping	g Center
					Other Private	Way
	- — — — — —				Indicate North b	y Arrow
	· — — — — — — — — — — — — — — — — —)
Crash Narrative:						
Walnut Street heading No	orth and was not	speeding. Mr	. Dill estim	ated that 3-!	5 seconds had gone by	when he
first heard the siren to	when the initia	l impact of	vehicles one	and two occur	rred.	
Witness James Davis-Sand	on was driving a	large MWRA u	tility work t	ruck. He was	the first car in the	right turn
only lane on Walnut Stre	eet. He stated th	at Walnut St	reet had the	green light a	and he stopped before	the
intersection to allow ve	chicle one to con	tinue going	West on Water	town Street.	Mr. Davis-Sanon state	d he
saw/heard vehicle one ac	ctivate its emerg	ency lights	and siren whe	n vehicle one	e was stopped behind a	car
waiting on a red light of	on Watertown Stre	et. After ve	hicle one act	ivated the er	mergency lights and si	rens, it
went around the car stop	oped in front of	it and proce	eded into the	intersection	n at a slow rate of sp	eed that
Mr. Davis-Sanon describe	ed as a "rolling	stop" but co	uld not reme	mber if the	cruiser stopped or nea	rly
(Continued	d on next page)					
W itnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						<u>'</u>
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From V	ehicle Section)		35
Carrier Name					Carrier Issuing Authority	
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38			39	
Trailer Reg #:	Reg Type	Reg State _	Reg Year	Trailer	Length	
Hazmat Information:	41					42
Placard Material 1 di	git # Material N	Vame		Material 4 digi	t # Release code	42

25222

Signature

ID/Badge #

NEWTON POLICE DEPARTM

Department

01/31/2020

Date

Precinct/Barracks

Police Officer Name (Please Print)

BOB LEE

_	→ Direction 1	■ Vehicle 1	vehicle 2	Pedestr	ian		
Crash Diagram:	ie: → 1	→	2 →	Ŷ			
	_		<u> </u> 	<u> </u> 		rash <u>Did Not</u> O a Public Way:	ccur
						Off-Street Parking	Lot
						Garage	
	į		į	į		Mall/Shopping Cer	nter
						Other Private Way	
				+	Indic	cate North by Ar	row
					. — — —	\bigcirc	
Crash Narrative:							
stopped. Mr. Davis-Sanon	stated vehicle	one then acce	elerated to abo	out 15 mp	h into the inte	ersection. Mr	·
Davis-Sanon also looked a	t his driver's	door rear vie	w mirror and s	aw vehic	le two travelir	ng North on W	alnut
Street in the designated	straight only 1	ane and then	proceed into t	the inter	section. He est	imated that	vehicle
two was traveling at 25 m	mph upon impact	with vehicle	e one.				
Witness Joseph Giangregor:	io was in the f	ront passenge	er seat of the	same MWR	A utility work	truck. Mr.	
Giangregorio concurred wi	th Mr. Davis-So	non witness a	accounts regard	ling the	location of the	eir truck and	
vehicle one prior to emerg	gency lights an	d sirens. Mr.	Giangregorio	did not	witness the rea	ar view mirro	r
account since Mr. Giangre	gorio did not o	bserve vehicl	le two in the r	ear view	mirror. Mr. Gi	angregorio a	dded
that vehicle one activated	d its emergency	lights and s	siren, maneuve	ed aroun	d the stopped o	ar in front	of it,
(Continued	on next page)						
Witnesses:		1					
Name (Last, First, Middle)		Address			Phone #	:	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)			
Carrier Name					Carrier Issu	ing Authority Code	35
Address			City		St	Zip	
US DOT #:	_ State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Vear	Tre	iler Length		
Hazmat Information:		105 5000	105 100	116			
Placard 40 Material 1 digit	# 41 Material N	Name		_ Material 4 c	ligit #	Release code	42
BOB LEE		25222	2 NEWTO	ON POLICE DEPARTM		01/31/202	20

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

→	Direction	1 = Vehicle 1	2 =Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: →□	1 -	2	₽ Ĝ			
					l l	Crash <u>Did Not</u> C n a Public Way:	Occur
						Off-Street Parking	g Lot
						Garage	
						Mall/Shopping Ce	enter
				+			
						Other Private Way	
					Inc	dicate North by A	rrow
	_	-i	<u></u>	-			
	_						
Crash Narrative:		-	•		<u> </u>		
slowed to 1-2 mph before th	e intersection	on but could i	not remember if	it was	stopped and t	hen accelerate	ed to
about 15 mph before impact							
with vehicle one.							
I canvassed the area of whe	re this incid	dent ocurred :	for cameras. Th	ne only c	ameras I was	able to locate	was at
575 Watertown Street which							
cameras at this address did							
front door to the home and							
Operator of vehicle two was							
T2012104. Citation was writ		_			CIE, IM UNIII	OIM CICACION	
Western							
W itnesses: Name (Last, First, Middle)		Address			Phon	e #	Statement
Property Damage:				0.17	5 1 1 65		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dan	naged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)			
Carrier Name			,		Carrier I	ssuing Authority Cod	e 35
Address			City		St	Zip	
US DOT #: S	tate Number		Issuing State	ICC#:		Interstate	36
37	Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	9	
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material 1	Name		_ Material 4 o	ligit #	Release code	42

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)