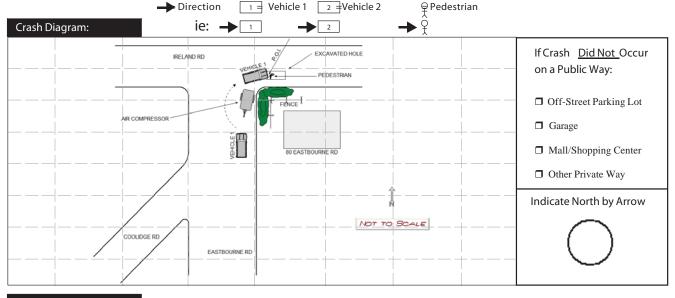
	Poli	ce Use Only		Commonwea	alth o	of Mass	ach	usett	S		RM	V Docu	ıment N	lumber	
	Date of Crash 02/26/2020	Time of Crash 10:35	City/Town	¹ Motor	Veh	icle Cra	ish	Numb			ed Limi		State	Police Il Police TA Police	<u></u>
	02/26/2020	10:35 24HR	NEWTON	Po	lice I	Report		1	1		ngitude_		Othe	l'A Police er:	
		AT INTER	SECTION:	<]	LOCA	ΓΙΟΝ	>		NO	OT AT	INT	ERSE	CTIO	N:	2
	NOR	TH EASTBO	OURNE RD												2
1 1	Route# Direc	tion		oadway/Street		Route# Directi	on A	ddress #	-	Na	ame of F	Roadwa	y/Street		_ 1 10
	EAST	IRELAN	At ND RD			Feet	N S E	W of			•	or			<u> </u>
	Route# Direc		lame of Intersecting	Roadway/Street	-				Mil	e Marker			Exit	Number	_
			Also at Interse	ction with		Feet	N S E	W of	Rou	te#	Intersec	ting Ro	adway/S	treet	
² 2			N 01	D 1 (2)	-	Feet	N S E	W of					-		1 11
	Route# Direct	tion	Name of Intersecti	ng Roadway/Street							La	ndmark			_
3	XVehicle1	1_#Occupants	Hit/Run	Moped Case	Number		2	20000001	39						
	License#		St MA		Reg#	3RB127			Reg	Type_PA	N	Reg	g State_N	MА	
	Sex_F_ Lic. 0	Class D 18 1	8 Lic. Restrictions	B 19 CDL	Veh Ye	ear_2016	Ve	eh Make_	ACUR			_ Veh C	onfig.	2 20	
4	Operator BAI	L Last	BARBARA	Endorsment	Owner	(Same as ope	rator)								· 12
1	Address 80 EA	Last ASTBOURNE RI	First D	Middle		La						Midd	ie		
	City NEWTO	N	State	MA Zip 02459	City_						State		Zip		
	Insurance Com	pany SAFTEY IN	NSURANCE		Vehicle	e Action Prior t	o Crash	3	21	Damage	ed Area	Code:	(Circle U	Up to Three	e)
5 1	Vehicle Travel	Direction: N	S X W Respon	nding to Emergency?N	Event	Sequence 3	22 2	22 22	22	2	3	\rightarrow	4		
	Citation # (If Is	ssued)			Most I	Harmful Event	3 2.	3			9	$\langle $	- 1	Undercarria Totaled	age
	Violation	1: ChSec	Violation 2	: ChSec	Driver	Contributing C	ode	18 24	24		VÍ	$\sqrt{}$		Totaled	
⁶ 1	Violation	3: ChSec	Violation 4	: ChSec	Underr	ide/Override	2:	5 Tov	ved N	8	7		6		
	Please 1		ator and all occupa	nts involved Address		Age/DOB	Sex	26 2 Seat Safe Pos. \$yste	7 28 ty Airbag 2 em Status 5	29 3 Lirbag Ejec witch Cod	0 31 Trap e Code	32 Injury T Status C	33 ransp.	edical Facility	y 3
	Operator	st Wildle)		See Above				1	4	4 0	0	Julius (1	edicai Facilit	
											+				_
7							7.7		15					ī	_
3	Please Select C of the Followin	Vehicle	# Occupants	Non-Motorist A Typ	pe $\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Action 3	Loc	cation 4	16 Co	ndition	17	□⊦	lit/Run	Море	ed l
	License#_		St	DOB/Age	Reg#				Reg	Type		Res	2 State		7
	Sex_M Lic. 0	18 1		19 CDL		ear						Veh C		20	
8 1	Operator TER	RRIO	BRUCE	Endorsment	Owner	La									
1		Last RICKET LANE	First	Middle	Addres	La SS	st		First			Midd	le		
	City CONCO	RD	State	NH Zip 03301	City_						State	:	Zip		
	Insurance Com	pany			Vehicle	e Action Prior to	o Crash		21	Damage	ed Area	Code:	(Circle U	Up to Three	e)
	Vehicle Travel	Direction: N	S E W Resp	onding to Emergency?	Event	Sequence	22 2	22 22	22	2	3	$\overline{}$	4		
	Citation # (If Is	ssued)			Most F	Harmful Event	2.	3			9	$\langle $		Undercarria Totaled	age
	Violation	n 1: ChSe	ec Violation	2: ChSec	Driver	Contributing C	ode	24	24			\bigvee		- 004	
	Violation	n 3: ChSe	ec Violation	4: ChSec	Underr	ride/Override	2:	5 Tow	ed	8	7		6		
	Plo Name (Last Fi		operator and all o	ccupants involved		4/POP	0-	26 2 Seat Safe Pos. Sys	7 28 ty Airbag A tem Status	29 Switch Co	0 31 Trap		33 ransp.	Medical Facili	
		Non-Motorist		See Above		Age/DOB	Sex		ciii Status	Switch Co	de Code			Aedical Facili ELIZABETHS	<u>.y</u>
															_



Crash Narrative:

On 02/26/2020 I responded to the area of Eastbourne Rd and Ireland Rd for a motor vehicle crash involving a pedestrian.

Eastbourne RD is a public way which runs from Ward St north bound intersecting with Ireland Rd on the far north end. Ireland RD is a public way which runs west to east. Both the east end and the west end of Ireland Rd are dead ends. The crash occured on Ireland Rd's east end near the intersection of Eastbourne Rd. The crash involved Vehicle 1 described as a 2016 Acura SUV color grey bearing MA passenger registration 3RB127. Vehicle 1 had a valid inspection sticker which expires on 08/30/2020. Vehicle 1 was operated by its owner identified as Barbara Ball. Ball has an active MA Operators License (S18727836). The involved pedestrian was identified as Bruce Terrio. Terrio is an employee of Feeney Brothers Utility Services. Feeney

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descrip	ption of Damag	ed Property	
Truck and Bus Information: Carrier Name	Registration #			,		Carrier Issui	ng Authority Coo	35 le
Address			City			St	_ Zip	
US DOT #:	State Number		Issuing State	ICC #:_			_ Interstate	36
Cargo Body Type Code Gros	ss Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Len	ngth		
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#_		Release code	42

⊣	▶ Direction 1	der de	_ _ Vehicle 2	♀ Pedestrian	
Crash Diagram:	ie: → 1	2		→ Ŷ	
					If Crash <u>Did Not</u> Occur on a Public Way:
					,
					☐ Off-Street Parking Lot
				<u> </u>	☐ Garage
					☐ Mall/Shopping Center
				+ + 	☐ Other Private Way
	-				Indicate North by Arrow
					
Crash Narrative:					
Brothers Utility Services	is a contractor	of National	Grid Gas	Company.	
Upon arrival I observed the	e following:				
The crash occurred in the	daylight hours	around 10:30	am on Irel	and Rd near the int	tersection of Eastbourne Rd.
At the time of the crash the	he weather cond	litions were	clear, 48	degrees Fahrenheit	and overcast skies
(weather.gov). The area who	ere the crash o	occurred was	an active	construction site i	For Feeney Brothers
Utility Services. The area	of the crash i	s a dead end	. The area	is accessed from W	Ward St from either
Eastbourne Rd or Coolidge 1	Rd. The entranc	es of both E	astbourne	Rd and Coolidge Rd	had construction signs
indicating utility work in	the area. At	the time of	the crash,	all roadways were	open to vehicle traffic.
On the eastbound side of Ea	astbourne Rd ju	st prior to	the inters	ection of Ireland H	Rd, I observed a large air
(Continued or	n next page)				
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:					
Owner (Last, First, Middle)	Address		Phone #	34-Type Descripti	on of Damaged Property
Truck and Bus Information:	Registration #		(Froi	m Vehicle Section)	35
Carrier Name					Carrier Issuing Authority Code
Address			City		St Zip
US DOT #:	State Number		_ Issuing State	ICC #:	Interstate 36
Cargo Body Type Code Gros	s Vehicle Weight	38			
Trailer Reg #:	Reg Type	Reg State	Reg Y	ear Trailer Lengt	h 39
Hazmat Information:					
Placard 40 Material 1 digit #	41 Material Na	ame		Material 4 digit #	Release code 42
Police Officer Name (Please Print)	Signature			NEWTON POLICE DEPARTM Department P	02/26/2020

	→ Direction	1 =	Vehicle 1	2 =V	ehicle 2	Pedestr	ian		
Crash Diagram:	ie: →	1] _ _	2		→ ĝ			
								If Crash <u>Did No</u> on a Public Way	
				_				☐ Off-Street Park	ting Lot
					1			☐ Garage	
								☐ Mall/Shopping	Center
	· — — — — —	-		_	+			☐ Other Private V	
				_	+			Indicate North b	v Arrow
									,,,,,,,,,,
)
Crash Narrative:									
compressor which was par	cked in the roa	adwa	y facing	south	bound. No	traffic c	ones were	e located near t	he air
compressor. To the right	of the air co	ompr	essor wer	e thic	k green l	oushes. A w	ooden fer	nce was located	to the
right side of the green	bushes. On the	ea:	st side o	f Irel	and Rd I	observed	a large o	excavated hole of	n the
right side of the roadwa	ay. The hole wa	as :	near the	inters	ection of	f Eastbourn	e Rd and	was located app	roximately
three feet from the curb	o. I observed f	Eour	traffic	cones,	two on	the front s	ide and	two on the left	side of
the hole. Located on the	ne front edge o	of t	he hole w	as a t	ire prin	t. Vehicle	1 was lo	cated on the wes	t end of
Ireland Rd. The front pa	assenger tire o	of V	ehicle 1	had fr	esh dirt	located on	the side	ewalls and the t	ire tread.
Vehicle 1 appeared to ha	ave no visible	dam	age. The	pedest	rian (Te	rrio) was b	eing trea	ated by EMS and	Fire
for injuries. Terrio was	wearing brown	ı par	nts and a	greer	reflect	ive safety	vest.		
(Continued	d on next page)	<u>, </u>							
Witnesses:			+				-		1
Name (Last, First, Middle)			Address					Phone #	Statement
Property Damage:									
Owner (Last, First, Middle)	Address			Р	hone #	34-Type	Description	of Damaged Property	
Truck and Bus Information:	Registration #	#			(From '	Vehicle Section)			
Carrier Name	_						C	arrier Issuing Authority	Code 35
Address				City	у			St Zip	
US DOT #:	State Number			Is	ssuing State _	ICC #:_		Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight		38				ı	- 22	
Trailer Reg #:	Reg Type		Reg State	·	Reg Year	r Tr	ailer Length	39	
Hazmat Information:							ı		
Placard 40 Material 1 dig	git # 41 Materi	ial Na	me			Material 4	digit #	Release code	42

	→ Direction 1 = Ve	ehicle 1 2 =Vehicle 2	₽ Pedestrian	
Crash Diagram:	ie: → 1	2	→ ĝ	
	_		. — — — — — — — —	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:	,		<u> </u>	

I spoke with the operator of Vehicle 1 Barbara Ball. Ball stated that she was operating Vehicle 1 northbound on Eastbourne Rd near the intersection of Ireland Rd. Ball stated that she made a right turn onto Ireland Rd and drove on to the edge of the excavated hole. Ball stated that her vehicle then made impact with Terrio who was in the hole. Ball stated that she immediately stopped, backed out of the hole and called 911. Ball stated that prior to making a right turn onto Ireland Rd, there were no traffic cones in the roadway or next to the hole. Ball stated that as she made the right turn onto Ireland Rd she did not observe Terrio or the hole until it was too late. Ball states that she resides at 80 Eastbourne Rd which is the residence located to the immediate right of the crash location. Ball states that she had been recently parking on Ireland Rd due to ongoing construction at her residence. Ball states that she was traveling at a slow speed prior to

(Continued o	n next page)						
Witnesses:							
Name (Last, First, Middle)	/	Address			Phone	# Stateme	ent
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			35
Truck and Bus Information: Carrier Name				ŕ	Carrier Iss	suing Authority Code	35
						suing Authority Code	35
Carrier Name			City		St	zuing Authority Code Zip	35
Carrier NameAddressUS DOT #:	State Number		City		St	zuing Authority Code Zip	35
Carrier NameAddressUS DOT #:	State Number		City		St	zuing Authority Code Zip	35
Carrier NameAddressUS DOT #:	State Number	8	City Issuing State	ICC#:_	St	zuing Authority Code Zip	35
Carrier Name Address US DOT #: Cargo Body Type Code37 Gros	State Number	8	City Issuing State	ICC#:_	St	zuing Authority Code Zip	35
Carrier Name	State Number	Reg State	City Issuing State	ICC#:_	Stailer Length 39	zuing Authority Code Zip Interstate 36	35

JASON M. SCHLEGEL NEWTON POLICE DEPARTM 02/26/2020 Police Officer Name (Please Print) Signature ID/Badge# Department Precinct/Barracks Date

-	▶ Direction	1 ■ Vehicle 1	2 ≢Vehicle 2	Pedestrian		
Crash Diagram:	ie: →□	1 +	2	₽		
			<u> </u> 	<u> </u> 	If Crash <u>Did Not</u> on a Public Way:	Occur
		<u> </u>			☐ Off-Street Parking	g Lot
					Garage	
	į	į į	į		☐ Mall/Shopping Co	enter
		-			☐ Other Private Way	
		-			Indicate North by A	rrow
				 -		
Crash Narrative:						
impact.						
At the time of the crash t	there were thre	ee other Feene	ey Brothers emp	ployees work	ing at the site. These	workers
were identified as Steven	Gamble, Mike	Cabrinma and G	Gerard McComas	key. At the	time of the crash all t	hree
workers were located furt	ther up Eastbo	urne Rd near t	the intersection	on of Coolid	ge Rd and did not obser	ve the
crash. At the time of the	crash, Newton	Police Sergea	ant Glenn Chish	nolm was wor	king a paid detail for	Feeney
Brothers. Sergeant Chishol	Lm stated that	he did not ob	serve the cras	sh.Terrio wa:	s transported by Catald	o EMS
for minor injuries. Severa	al photos were	taken of the	scene. Photos	were taken	of the hole with traffi	c cones
and without traffic cones.	. All photo's	were submitted	d to the IT Bu	reau.		
After clearing the scene,	I responded to	St Elizabeth	n's Hospital in	n Brighton, 1	MA to interview Terrio.	Terrio
(Continued o	on next page)					
Witnesses:		1			1	1-
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	cription of Damaged Property	
Truck and Bus Information:						
Carrier Name	_		(From Veh		Carrier Issuing Authority Coc	35 le
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 Year	Trailer l	Length 39	
Hazmat Information:						42
Placard 40 Material 1 digit	# 41 Material	Name		_ Material 4 digit	# Release code	42

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

02/26/2020

Date

Precinct/Barracks

JASON M. SCHLEGEL

Police Officer Name (Please Print)

	→ Direction 1 = V	'ehicle 1 2 ≢Vehicle 2	₽ Pedestrian	
Crash Diagram:	ie: → 1	2	→ ĝ	
				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:				

stated that at the time of the crash he was standing in the hole on Ireland Rd performing gas utility work. Terrio stated that the front passenger side bumper of Vehicle 1 struck him in the right shoulder. Terrio stated that the impact caused him to lose his balance and fall down in the hole. Terrio states that after falling down he was able to climb out of the hole without assistance. Terrio stated that at the time of impact he was wearing a white hard hat which he thinks struck the pavement on the edge of the hole. Terrio states that at the time of the crash he was working alone in the hole. Terrio states that at the time of the crash traffic cones were located near the hole. Terrio stated that as a result of the impact he sustained minor injuries to his right shoulder and back. I then observed Terrio's hard hat which appeared to have a fresh scrape mark on the top. The hard hat also had broken interior straps. Terrio stated that the straps

(Continued or	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	ŧ	Statement
					-			
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descr	iption of Dama	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)				25
Truck and Bus Information: Carrier Name			(From Vehic	le Section)		Carrier Issu	ning Authority Co	de 35
								de
Carrier Name		(City			St	Zip	de
Carrier Name Address US DOT #: 37	State Number	(City			St	Zip	de
Carrier Name Address US DOT #: 37	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 Weight Reg Type	38 Reg State	City Issuing State	ICC #: Tra	ailer Le	St	Zip _ Interstate	de

-	Direction	1 = Vehicle 1	≥ =Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →□	1 -	2 →	Ŷ			
				 		If Crash <u>Did Not</u> Oon a Public Way:	Occur
						☐ Off-Street Parking	, Lot
		 				☐ Garage	
	į	į į				☐ Mall/Shopping Ce	enter
	 	- + 				☐ Other Private Way	,
						Indicate North by A	rrow
	_	 -					
						()	
						$\overline{}$	
Crash Narrative:							
broke when he was struck h	y Vehicle 1. F	Photos were ta	ken of the har	d hat an	d were sub	mitted to the IT	Bureau.
After reviewing all facts	of this incide	ent, Vehicle 1	appeared to h	ave been	traveling	at a slow speed	prior
to the crash. This was even	dent due to th	ne lack of tir	e skid marks p	rior to	the tire p	rint on the edge	of the
hole. It also appears that							
compressor on Eastbourne I		-					
also added to the obstruct		hole was also	located in cl	ose prox	imity to t	he air compresson	which
reduced Vehicle 1's reacti							
Jeff Oliver of OSHA was al		f this incider	t. Photographs	of the	scene were	provided to Oliv	/er.
(Continued o	on next page)						
Witnesses:		Addus				No see a H	Chahamana
Name (Last, First, Middle)		Address			ŀ	Phone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	icle Section)			35
Carrier Name					Carr	rier Issuing Authority Cod	e
Address			City		St	Zip	36
US DOT #:	_ State Number	38	Issuing State	ICC #:_		Interstate	30
Cargo Body Type Code Gro	oss Vehicle Weight	36				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	39	
Hazmat Information: 40	41						42
Placard Material 1 digit	# Material N	Name		_ Material 4	digit #	Release code	
JASON M. SCHLEGEL				ON POLICE DEPART		02/26/20	

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

	Direction 1	∃ Vehicle 1 2	±Vehicle 2	₽Pedestria	n	
Crash Diagram:	ie: → 1	2	□ →	₽		
					If Crash Did Non a Public Wall on a Public Wall on a Public Wall on a Public Wall of the Private	ny: urking Lot ng Center wway
				+		/
Crash Narrative:						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	/
Truck and Bus Information:	Registration #		(From Veh	icle Section)		35
Carrier Name					Carrier Issuing Authority	y Code
Address			City		St Zin	
			•		•	26
US DOT #:	State Number		Issuing State	fCC #:	Interstate	
Cargo Body Type Code 37 G	Pross Vehicle Weight	38				
Trailer Pag #:	Pag Tyma	Pag Stata	Dag Vaar	T _e -:1	or Longth 39	
Trailer Reg #:	keg Type	Keg State	Keg Year	I rail	er Length	
Hazmat Information:	41					42
Placard 40 Material 1 dig	it # 41 Material Na	ame		_ Material 4 dig	git # Release coo	de 42
				_		
JASON M. SCHLEGEL				ON POLICE DEPARTA		2/26/2020
Police Officer Name (Please Print)	Signature		ID/Badge # Dej	partment	Precinct/Barracks	Date

CDP1 11 ·24·00