


Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 02/26/2020	Time of Crash 10:35 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 1	Speed Limit 25 Latitude Longitude	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
NORTH EASTBOURNE RD Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker Exit Number								
EAST IRELAND RD Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000189		
License # --- St MA DOB/Age ---			Reg # 3RB127 Reg Type PAN Reg State MA			Veh Year 2016 Veh Make ACUR Veh Config. 2			20		
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2016 Veh Make ACUR Veh Config. 2			Operator BALL BARBARA			Owner (Same as operator)		
Address 80 EASTBOURNE RD			City NEWTON State MA Zip 02459			Insurance Company SAFTEY INSURANCE			Vehicle Action Prior to Crash 3 21		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 3 22 22 22 22			Most Harmful Event 3 23			Driver Contributing Code 18 24 24		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N		
Please fill out for operator and all occupants involved			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			Operator/Non-Motorist See Above		
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 1 14 Action 3 15 Location 4 16 Condition 1 17			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped		
License # --- St --- DOB/Age ---			Reg # --- Reg Type --- Reg State ---			Veh Year --- Veh Make --- Veh Config. 20			Operator TERRIO BRUCE		
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year --- Veh Make --- Veh Config. 20			Operator TERRIO BRUCE			Owner ---		
Address 20 CRICKET LANE			City CONCORD State NH Zip 03301			Insurance Company ---			Vehicle Action Prior to Crash 21		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 22 22 22 22			Most Harmful Event 23			Driver Contributing Code 24 24		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____		
Please fill out for operator and all occupants involved			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			Operator/Non-Motorist See Above		

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 →

	If Crash <u>Did Not</u> Occur on a Public Way:	
	<input type="checkbox"/> Off-Street Parking Lot	
	<input type="checkbox"/> Garage	
	<input type="checkbox"/> Mall/Shopping Center	
	<input type="checkbox"/> 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 following:

The crash occurred in the daylight hours around 10:30am on Ireland Rd near the intersection of Eastbourne Rd.

At the time of the crash the weather conditions were clear, 48 degrees Fahrenheit and overcast skies (weather.gov). The area where the crash occurred was an active construction site for Feeney Brothers Utility Services. The area of the crash is a dead end. The area is accessed from Ward St from either Eastbourne Rd or Coolidge Rd. The entrances of both Eastbourne 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 Eastbourne Rd just prior to the intersection of Ireland Rd, I observed a large air

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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 Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

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

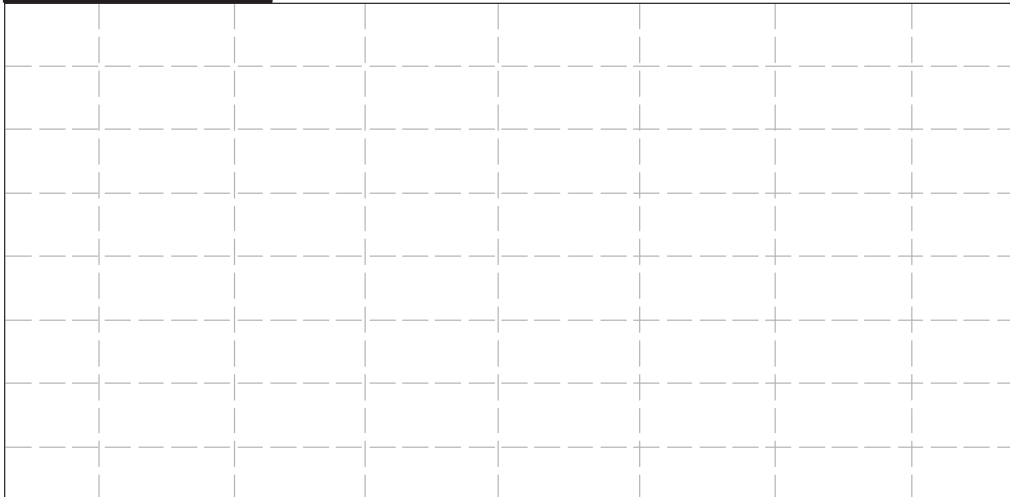
Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

impact.

At the time of the crash there were three other Feeney Brothers employees working at the site. These workers were identified as Steven Gamble, Mike Cabrinma and Gerard McComaskey. At the time of the crash all three workers were located further up Eastbourne Rd near the intersection of Coolidge Rd and did not observe the crash. At the time of the crash, Newton Police Sergeant Glenn Chisholm was working a paid detail for Feeney Brothers. Sergeant Chisholm stated that he did not observe the crash. Terrio was transported by Cataldo EMS for minor injuries. Several photos were taken of the scene. Photos were taken of the hole with traffic cones and without traffic cones. All photo's were submitted to the IT Bureau.

After clearing the scene, I responded to St Elizabeth's Hospital in Brighton, MA to interview Terrio. Terrio

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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

JASON M. SCHLEGEL

NEWTON POLICE DEPT.

02/26/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

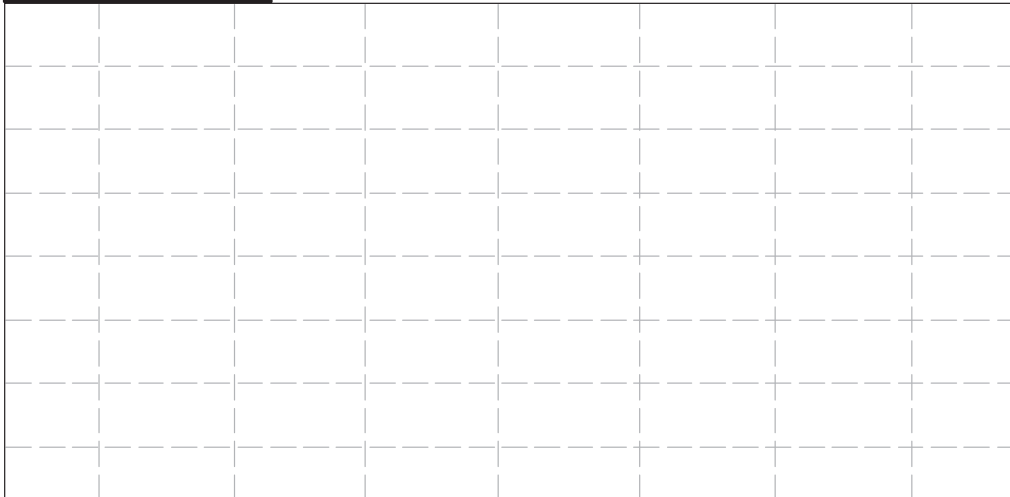
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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Indicate North by Arrow



Crash Narrative:

broke when he was struck by Vehicle 1. Photos were taken of the hard hat and were submitted to the IT Bureau.

After reviewing all facts of this incident, Vehicle 1 appeared to have been traveling at a slow speed prior to the crash. This was evident due to the lack of tire skid marks prior to the tire print on the edge of the hole. It also appears that Ball's view of the hole and Terrio may have been obstructed by the parked air compressor on Eastbourne Rd. The thick green bushes and a wooden fence to the right of the air compressor also added to the obstructed view. The hole was also located in close proximity to the air compressor which reduced Vehicle 1's reaction time.

Jeff Oliver of OSHA was also notified of this incident. Photographs of the scene were provided to Oliver.

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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

JASON M. SCHLEGEL

NEWTON POLICE DEPT.

02/26/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

