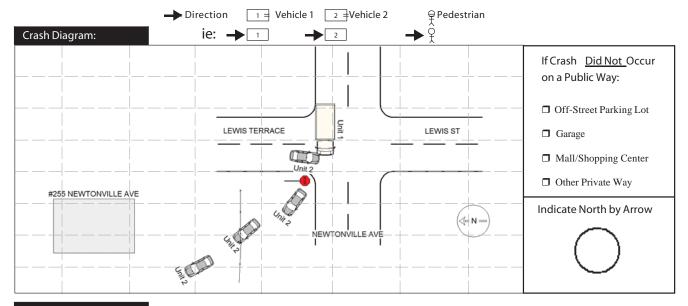
	Pol	ice Use Only		Comn	nonweal	lth o	of Mass	achu	isetts	5		RM	V Docu	ıment	Number	
	Date of Crash 03/16/2020	Time of Crash 09:38	City/T NEWTON	own			icle Cra	ısh	Number Vehicles	Injur	ed Lat	ed Limi		Stat Loc MP	te Police cal Police BTA Police	N Xi
		24HR				OCAT	Report	>	2	0		gitude_		Oth		_
		ALINIER	RSECTION:		` L	JUCAI	HUN	_		NC	T AT	INII	LKSE	CII	UN:	\dashv
	WES		ONVILLE AVE													_[
	Route# Direction Name of Roadway/Street At LEWIS TERR						Route# Direction Address # Name of Roadway/Street									
							Feet NSEW of or Exit Number							-		
	Route# Direc	ction N	Name of Intersecti Also at Inte	ng Roadway/Stre	eet	[Feet	N S E	W of							
\neg							Feet	N S E	W of	Rout	e#	Intersec	ting Ro	oadway/	Street	
	Route# Direction Name of Intersecting Roadway/Street						Landmark								Ⅎ	
	XVehicle1	_1_#Occupants	Hit/Run	Моро	ed Case N	Jumber		20	000000236	5						\Box
	License#	,	St R	I DOB/Age_		Reg#	3195 A			Reg	Гуре СС	N	Re	og State	MA	
	Sex_M Lic.	18 1		19	DL	_	ear_2020	Vel	Make F					_	7 20	-
	Operator BU		PATRICK	ISAA	dorsment H		PENSKE LEA	ASING A						Ü		-
2	Address 51 V	Last ALE ST	First		Middle		2675 MORG			First			Midd	lle		<u> </u>
	City PAWTU		S	tate_RI Zip_0	02880											
	Insurance Com	npany OLD REPU	UBLIC/ TRAVE	LERS INDENIT	Υ	Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								ee)		
	Vehicle Travel	Direction: N	S E X Res	ponding to Eme	ergency?_N	Event S	ent Sequence 1 22 22 22 22 23 4									
	Citation # (If I	[ssued)				Most E	Iarmful Event	1 23				9		- 1	0 Undercarr 1 Totaled	iage
	Violation	1: ChSec	c Violatio	n 2: ChS	ec	Driver	Contributing C	ode :	1 24	24			<u>\</u>		1 Totaled	
	Violation	3: ChSec	c Violatio	n 4: ChS	ec	Underr	ide/Override	25	Towe	ed_Y_	8	7		6		
	Please	fill out for opera	ator and all occ	*	d Address		Age/DOB		26 27 Seat Safety Pos. System	28 Airbag A Status Sv	29 3 irbag Ejec vitch Cod	0 31 Trap e Code	32 Injury T Status	33 Fransp. Code	Medical Facili	ity
	Operator				Above				1		99 0	0			NONE	
														+		
	Please Select (of the Followi		2 <u>1</u> #Occupar	nts Non-M	lotorist A Type	2	4 Action	15 Loca	ntion	16 Cor	ndition	17	□·	Hit/Run	Мор	ed
	License#		St_N		====	Reg # <u>7AC127</u> Reg 7				g Type_PAN Reg State_MA			_			
	Sex_M_ Lic.	Class D 18 1	Lic. Restriction		DL	Veh Year 2018 Veh Make TOYOTA Veh Config. 1					1 20					
	Operator GO	Last	STEPHEN First		Middle	Owner (Same as operator) Last First Middle							_			
	Address 33 BI	RCHHILL RD				Address							-			
	City NEWTON State MA Zip 02465 Insurance Company COMMERCE Vehicle Travel Direction: NSEX Responding to Emergency? N													-		
														ee)		
Citation # (If Issued) T1444075						Most Harmful Event 1 23 10 Undercarriage 5 ① Totaled						iage				
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 4									6							
ı		on 3: ChSe				Underr	ide/Override		Tower	<u> Y</u>) 21	22	33		_
	Name (Last Fi	lease fill out for	operator and a	II occupants inv	volved Address		Age/DOB		26 Seat Safety Pos. System	Airbag A m Status S	29 Ejec witch Co	Trap de Code		Γransp.	Medical Faci	lity
	Operator/	Non-Motorist		See	Above				1	3 9	99 0	0	10	1 N	NONE	\Box
														\perp		



Crash Narrative:

On March 16th, 2020 at approximately 09:38 hours while working N491 I responded to a report of two car MV crash at the intersection of Newtonville Ave at Lewis Terrace.

On my arrival I observed a large while box truck(vehicle1) with passenger side front end damage

parked on Newtonville Ave just west of Lewis Terr. The other involved vehicle(#2) was located inside
the construction site at #255 Newtonville Ave.

I spoke with the operator of the Truck(veh#1) who reported that he was driving W/B on Newtonville Ave when vehicle #2 pulled out into the intersection from north side of Lewis Terr striking the front passenger side of his truck. The impact from the crash caused vehicle #2 off the road, through a chain link fence and into the construction sit to #255 Newtonville Ave before coming to a stop.

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
	281 NEWTONVILLE AVE		
PIROG , ROKSANA,	NEWTON,MA 02460		N

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property 255 NEWTONVILLE AVE NEWTON,MASSACHUSETTS 02 800-352-5675 Phone # 34-Type Description of Damaged Property CHAINLINK FENCE

Truck and Bus Information:	Registration #	(From Vehic	cle Section)		25
Carrier Name				_ Carrier Issui	ing Authority Code
Address		City		St	Zip
US DOT #:S	State Number	Issuing State	ICC #:		_ Interstate 36
Cargo Body Type Code Gross	s Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

THOMAS J MCCARTHY

Police Officer Name (Please Print)

Signature

ID/Badge # Department Precinct/Barracks Date

-	Direction 1	yehicle 1 2	_ Vehicle 2	Pedestria	an	
Crash Diagram:	ie: → 🗆	2	□ →	₽		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	g Lot
		 			Garage	
					☐ Mall/Shopping C	Center Center
					Other Private Wa	y
					Indicate North by A	Arrow
	_ 	 				
Crash Narrative:			·	,		
There were numerous const	ruction worker	on the job si	te but miracu	lously non	e of them were struck by	vehicle
#2 as it crashed through	the fence onto	the site.				
I later spoke with the op	erator of vehic	le #2 who was	not injured.	he stated	he was driving S/B on I	ewis
Terr. and was entering on	to Newtonville	Ave when he w	as struck by	vehicle #1	. Operator couldn't reme	ember if
he looked for oncoming t	raffic prior to	entering the	intersection	. I spoke	with the son of Mr	
Goldfinger(operator #2) w	ho had arrived	on scene and	he assured me	his fathe	r would no longer be	
driving again.						
I cited Mr Goldfinger for	failing to yie	ld/stop(c89/c	9) at an inte	rsection.	Ticket # t1444075	
Todys towed vehicle#2 from	m scene and the	re were no re	ported injuri	es.		
(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	
Truck and Bus Information:	Danistantian #		(Faran Val	:-1- C+:)		
Carrier Name	Registration #		(From ver	nicle Section)	Carrier Issuing Authority Co	35 de
Address			City		St Zip	
US DOT #:	_ State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length 39	
Placard 40 Material 1 digit	# 41 Material N	Jame		_ Material 4 di	git # Release code	42
						_
THOMAS I MCCARTHY			NEWT	ON POLICE DEPARTA	03/16/2	2020

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	Ŷ		
	_				If Crash Don a Public	id Not_Occur : Way:
					Off-Stree	et Parking Lot
					Garage	
į į	i	i i	İ	į	☐ Mall/Sho	opping Center
		-				
					Indicate No	rth by Arrow
		 				$\overline{}$
					()
		+				_
Crash Narrative:						
Witness stated she was bel	nind vehicle #2	on Lewis Ter	r.and observed	him slo	wlv enter out into t	
intersection without comin					0	
Pictures taken by Construc	ction foreman.	All insurance	information a	nd drive	rs info from operato	r #2 was taken
by him also.						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Name (Last, First, Middle)		Address			Priorie #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Prop	perty
Truck and Bus Information:						
	Registration #		(From Vehi	,	Comion Issuing Auth	35
Carrier Name					Carrier Issuing Auth	
Address			•			Zip
US DOT #:	_ State Number	38	Issuing State	ICC #:_	Inter	state
Cargo Body Type Code Gro	oss Vehicle Weight	50			20	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length 39	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material N	Name		Material 4 o	ligit # Releas	e code 42
THOMAS J MCCARTHY			NEWTO	N POLICE DEPARTM		03/16/2020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)