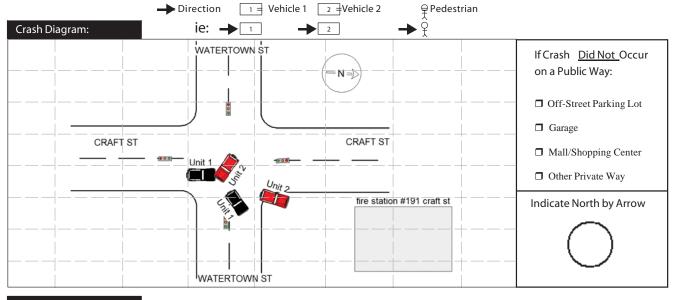
	Poli	ce Use Only		Common	nwealth	of Mas	ssach	ıuse	etts			RMV	/ Docur	nent Number	
	Date of Crash 05/17/2020	Time of Crash 14:26 24HR	City/T NEWTON	own M	otor Ve Police	hicle C Report		Nui Vel 2		Number Injured 2	Latitu	l Limi ıde itude_		State Police Local Police MBTA Police Other:	XI E
			SECTION:	<		ATION	>			NOT	AT 1	INTE	ERSE	CTION:	\Box \vdash
	16	WATER	RTOWN ST												2
1 1	Route# Direc			f Roadway/Street		Route# Dir	rection	Address	s #		Nan	ne of R	.oadway	/Street	
_	NOR		Feet NSEWof or								2				
	Route# NORTH CRAFT ST Name of Intersecting Roadway/Street					Mile Marker Exit Number									
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street									- _
² 2	Desti Distin					Feet NSEW of								3	
3	Route# Direction Name of Intersecting Roadway/Street					Landmark									\dashv
	XVehicle1	1_#Occupants	Hit/Run	Moped	Case Numb	er		200000	00300						
	License#		StN		Reg	# 6NX276				Reg Typ	e_PAN	ī	Reg	State MA	
	Sex_M_ Lic.	Class D 18 13	Lic. Restriction			Year_2014		Veh Ma	ke_JEEI				Veh Co	nfig. 2 20	
4	Operator MC	CULLOUGH	MARK First	Endorsn	nent Owr	ner (Same as	operator))		First			Middle		- 1
3	Address 29 H	ATHERLY RD	1 1131	withite		Last First Middle Address								_	
	City BOSTON	1	S	tate_MA_Zip_02138	City									_	
	Insurance Com	pany ARBELLA	MUTUAL		Veh	Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								ree)	
5 1	Vehicle Travel	Direction:	S E W Res	ponding to Emergence	ey? <u>N</u> Eve	Event Sequence 1 22 22 22 22 23 4									
	Citation # (If I	ssued)			Mos	t Harmful Eve	ent 1	23		0	←	9		10 Undercar 5 11 Totaled	rriage
6	Violation	1: ChSec	Violatio	n 2: ChSec	Driv	er Contributing	g Code	1	4	24		4			
⁶ 1	Violation	3: ChSec	Violatio	n 4: ChSec	Und	erride/Override	e		Towed_					6	
	Please i Name (Last Fir		ator and all occ	ipants involved Addres	SS	Age/DOF	B Sex	Seat S Pos. S	27 Safety Air System St	28 29 rbag Airbag atus \$witch	30 Eject Code	31 Trap Code	32 Injury Tra Status Co	33 ansp. ode Medical Faci	ility 1
	Operator See Above								1 1	99	0	0	8 2	NWH	
⁷ 2	Please Select C of the Followi		2 <u>1</u> #Occupa	nts Non-Motori	ist A Type	14 Action	15 L	ocation	16	Condit	ion	17	Ні	t/Run Mo	ped
	License#		St_N	IA DOB/Age	Reg	Reg # 9GR566 Reg Type PAN Reg Str						State_MA			
	Sex_M Lic.	18 1		19	_	Veh Year 2009 Veh Make JE								ch Config. 20	
8 1	Operator HEI	RRERA	HECTOR	Endorsn	Owr	Owner (Same as operator)							_		
1	Address 59 CI	Last	First	Middle		Last First Middle Address								_	
	City WALTH	City	StateZip								_				
	Insurance Com	Veh	icle Action Pri	or to Cras	sh	4 21	Da	ımaged	l Area	Code: (Circle Up to Th	ree)			
	Vehicle Travel	cy? <u>N</u> Eve	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled Driver Contributing Code 4 24 24												
	Citation # (If I	Mos									rriage				
	Violatio	Driv													
	Violatio	n 3: ChSe	Und	Underride/Override 25 Towed N 8 7 6											
	Pl Name (Last Fi		operator and a	l occupants involve		Age/DO	B Sex	26 Seat Pos.	27 Safety Air System S	28 29 rbag Airbag Status Swite	30 Eject	31 Trap Code		33 ansp. code Medical Fac	sility
		Non-Motorist		See Abo		Age/DO		- Pos.	1 3		0	0	Status C	NONE	JIIILY
							_								



Crash Narrative:

On May 17th, 2020 at approximately 14:26 hours while working N491 I responded along with NFD and Medic One to a mv crash at the intersection of Watertown St @ CRAFT St.

On my arrival both the Fire Dept. and Medics were assessing the operators of the two involved vehicles.

Operator from vehicle #1 a 2014 black Jeep identified as Mark Mccullough was transported from the scene by ambulance to Newton Wellesley due to his injuries. He did give a statement prior to being transported. He stated he was going N/B on Craft St when vehicle#2 suddenly made a left turn in the intersection towards

Watertown St causing the crash.

Operator of vehicle #2 reported going S/B on Craft St and was attempting to turn left onto Watertown St when vehicle #1 crashed into him in the intersection.

(Continued on next page)

Witnesses:									
Name (Last, First, Middle)	Address		Phone #	Statement					
	32 GODD	ARD ST							
KEANE, EAMON,	NEWTON	I,MA 02461			N				
Property Damage:	·								
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property					
Truck and Bus Information: Registration #(From Vehicle Section) Carrier NameCarrier Issuing Authority Code									
Address		City		St Zip					
US DOT #:		Issuing State	ICC #:_	Interstate	36				
Cargo Body Type Code Gross Vehicle Weight 38									
Trailer Reg #:	Reg Type Reg State	e Reg Year	Tı						
Hazmat Information:									
Placard Material 1 digit # 41 Material Name Material 4 digit # Release code 42									

→	Direction 1	Vehicle 1	vehicle 2	Pedestr	ian	
Crash Diagram:	ie: → 🛚 1	→ 2	→	· ĝ		
					If Crash <u>Did No</u> on a Public Way	
					☐ Off-Street Park	ing Lot
					☐ Garage	
					☐ Mall/Shopping	Center
				+	- — — —	
					☐ Other Private V	vay
					Indicate North by	/ Arrow
	· — j — — — j		-			
	- — —				\	
Crash Narrative:	'	,	,			
Witness id as Eamen Keane	stated he was h	pehind vehicl	e #1 on Craft	St when 1	he observed vehicle #2 to	ırn left
in front of vehicle #1 caus	sing the crash.	,				
I cited operator #2 for fa	iling to yield	at an inters	ection C89/S8.	addition	ally charged him with o	perating
his mv without a valid lice	ense C90/S10.					
He did possess a Guatemalar	n license. His	vehicle was	registered to	him with	an address of #59 Cheste	er Ave
Waltham Ma.						
e . He was additionally cha	arged with oper	rating his ve	hicle on a pub	lic way	without being properly	
licensed.C90s10.Citation #	T2014121.					
Both vehicles were towed by	y todys. Both o	drivers susta	ined injuries	but only	operator #1 went to the	hospital.
(Continued or	n next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						<u> </u>
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	D :			1.6.4.		
Carrier Name	Registration #		(From Vehi		Carrier Issuing Authority C	Code 35
Address			City			
US DOT #:			•			36
37	ss Vehicle Weight	38	issuing State	ICC #	merstate	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length 39	
Hazmat Information:						
Placard 40 Material 1 digit #	41 Material Na	ame		Material 4 d	ligit # Release code	42
THOMAS I MCCARTHY				N POLICE DEPARTA	05.41	7/2020

ID/Badge #

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)

Signature

•	Direction	ı	2 =Vehicle 2	₹ Pedestr	ian	
Crash Diagram:	ie: →	→	2	→ ĝ		
Crash Diagram:	·				If Cra on a l Of Ga Ot	sh Did Not Occur Public Way: f-Street Parking Lot arage all/Shopping Center ther Private Way te North by Arrow
Operator #2 refused.						
All above mentioned stree	es are public w	ays and mark	tarnet by the			
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damage	ed Property
Truck and Bus Information:			(From V			35
Carrier Name					Carrier Issuin	
Address			_ City		St	
US DOT #:	State Number		Issuing State	ICC #:		Interstate 36
Cargo Body Type Code 37 G	ross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trs	ailer Length	
Hazmat Information:		105 5000 _	1.05 1.01	110		
Placard 40 Material 1 digi	t # 41 Material N	Name		Material 4 c	ligit #	Release code 42
THOMAS J MCCARTHY			Ni	EWTON POLICE DEPARTM		05/17/2020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)