

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number					
Date of Crash 05/17/2020	Time of Crash 14:26 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 2	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:						
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:					
16 Route# Direction Name of Roadway/Street At NORTH CRAFT ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Landmark									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000300			
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment Operator MCCULLOUGH MARK Address 29 HATHERLY RD City BOSTON State MA Zip 02138 Insurance Company ARBELLA MUTUAL			Reg # 6NX276 Reg Type PAN Reg State MA Veh Year 2014 Veh Make JEEP Veh Config. 2 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved			13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above --- 1 1 99 0 0 8 2 NWH									
Please Select One of the Following:			14 Action 15 Location 16 Condition 17									
<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants			<input type="checkbox"/> Non-Motorist A Type			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			
License # --- St MA DOB/Age --- Sex M Lic. Class 99 18 18 Lic. Restrictions J 19 CDL Endorsment Operator HERRERA HECTOR Address 59 CHESTER AVE City WALTHAM State MA Zip 02453 Insurance Company OCCIDENTAL FIRE AND CASUALTY			Reg # 9GR566 Reg Type PAN Reg State MA Veh Year 2009 Veh Make JEEP Veh Config. 2 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 4 24 24 5 11 Totaled Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved			13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above --- 1 3 99 0 0 8 1 NONE									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

WATERTOWN ST

CRAFT ST

Unit 1

Unit 2

Unit 1

Unit 2

fire station #191 craft st

WATERTOWN ST

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:

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
KEANE, EAMON,	32 GODDARD ST NEWTON, 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 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

THOMAS J MCCARTHY

NEWTON POLICE DEPART

05/17/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

