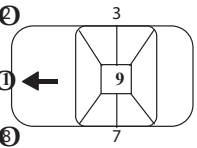
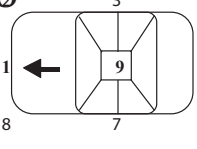


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/22/2020	Time of Crash 08:26 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 2	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
<div><div>NORTH</div><div>JACKSON RD</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST</div><div>PEARL ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>			<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000398			
License # --- St MA DOB/Age ---			Reg # 9DF0562		Reg Type PAN		Reg State MD			
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment			Veh Year 2016		Veh Make FORD		Veh Config. 2 20			
Operator DAVILA RAUL Last First Middle			Owner PV HOLDINGS CORI Last First Middle							
Address 2 MONROE COURT			Address 7432 NEW RIDGE RD							
City FALL RIVER State MA Zip 02720			City HANOVER State MD Zip 21076							
Insurance Company UNKNOWN			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22				10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23				5 11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24							
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y							
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			1 4 99 0 0 8 1				NONE			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped			
License # --- St MA DOB/Age ---			Reg # V42208		Reg Type CON		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment			Veh Year 2014		Veh Make FORD		Veh Config. 2 20			
Operator DWYER DAVID Last First Middle			Owner PORCELAIN PATCH Last First Middle							
Address 10 CLOVER LANE			Address 140 WATERTOWN ST							
City MEDWAY State MA Zip 02053			City WATERTOWN State MA Zip 02472							
Insurance Company ARBELLA MUTUAL			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22				10 Undercarriage			
Citation # (If Issued) T2014122			Most Harmful Event 1 23				5 11 Totaled			
Violation 1: Ch 89/9 Sec Violation 2: Ch Sec			Driver Contributing Code 3 24 24							
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y							
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			1 4 99 0 0 8 1				NONE			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

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 July 22nd, 2020 at approximately 08:26 hours while working N491 I responded to the intersection of Jackson Rd @ Pearl St for a reported two car mv crash.

On my arrival with NFD and Medics I observed one vehicle Maryland license plate 9DF562, 2016 Ford Escape in the middle of the intersection with heavy front end damage. The other vehicle Ma commercial V42208, 2014 white transit van resting into the chain link fence to the property of #99 Jackson Rd with heavy damage to the passenger side front quarter.

I first spoke with the operator of the Van, identified as David Dwyer. The Van which David was operating is owned by Porcelain Patch & Glaze Corp. #140 Watertown St, Watertown Ma. David stated he wasn't sure what happened. He reported going N/B on Jackson Rd passing thru the intersection of Pearl St when the crash

(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
THOMASIS, FERNARLA,	99 JACKSON RD NEWTON, MASSACHUSETTS 0		97	CHAIN LINK FENCE

**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

THOMAS J MCCARTHY

NEWTON POLICE DEPART

07/22/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date



