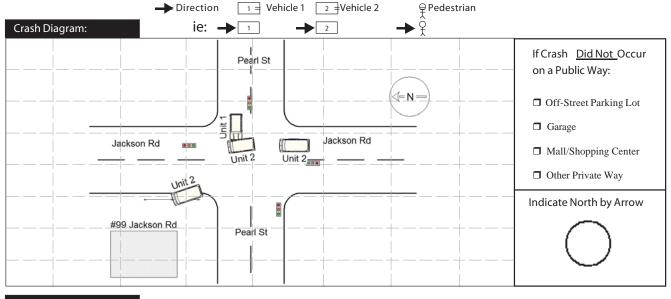
	Poli	ice Use Only		Commonwe	alth o	of Massa	achu	setts			RM	V Docur	ment Number	
	Date of Crash 07/22/2020	Time of Crash 08:26	City/To NEWTON	MIOTOI		icle Cra	sh [Number Vehicles			ed Limi		State Police Local Police MBTA Police	NA NA
		24HR				Report		2	2		ngitude_		Other:	
		AT INTER	SECTION:	<	LOCA	ΓΙΟΝ	>		NO	T AT	INT	ERSE	CTION:	
	NOR	TH JACKS	ON RD											
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc	tion		Roadway/Street At		Route# Direction	on Add	ress #		Na	ame of I	Roadway	/Street	_ 2 1
	WEST PEARL ST					Feet N S E W of or or Exit Number								_
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet NSEW of								
					Route# Intersecting Roadway/Street Feet N S E W of								$ \frac{1}{3}$	
² 3	Route# Direction Name of Intersecting Roadway/Street					Landmark								
3	XVehicle1	#Occupants	e Number 200000398									7		
	_		Hit/Run	Case		0000000	200	0000396		D.A.	N.T.		140	-
	License#	18 1		19	_	9DF0562		E(_	ype PA			State MD 20	-
	Sex_M_ Lic. (Lic. Restriction	S CDLEndorsment		ear 2016						_ Veh Co	onfig. 2	1
3	Operator DAY	Last ONROE COURT	First	Middle		PV HOLDIN Las 7432 NEW R			First			Middle	,	- 1
	City FALL RI			ate MA Zip 02720	Address									-
	'	pany UNKNOW		ateZip_ 02/2 0	Vehicle Action Prior to Crach 21 Damaged Area Code: (Circle Up to Three)									ree)
5	1	Direction: N		oonding to Emergency? N	Vehicle Action Prior to Crash Event Sequence 1 22 22 22 22 22 24 25 3 4									
1		ssued)		boliding to Emergency:		Harmful Event	23				Λ	A	10 Undercarr	riage
	,			2: ChSec		Contributing Co		24	24	—	9		5 11 Totaled	
⁶ 2	1			4: ChSec		ride/Override	25	Towe	d Y	9	7		6	
			ator and all occu	pants involved			Se	26 27	28 Airbag Ai	29 3 rbag Ejec	0 31	32 Injury Tra	33 ansp.	1
	Name (Last First Middle) Address Operator See Above				Age/DOB Sex 10s. System Status Switch Code Code Status Code					ode Medical Facili	ity 1			
	1							-		, 0				
											_			
7														
2	Please Select C of the Followi	I A Venicle	2 <u>1</u> #Occupan	ts Non-Motorist A Ty	pe 1	Action 1	Locat	ion	16 Cor	dition	17	Ні	t/Run Mop	ped
	License#		St_M	A DOB/Age	Reg # V42208 Reg Type CON Reg State						State_MA			
	Sex M Lic. Class D 18 18 Lic. Restrictions 9 CDL					Veh Year 2014 Veh Make FORD Veh Config. 20							_	
8 Operator DWYER DAVID Last First Middle					Owner	Owner PORCELAIN PATCH								_
1	Address 10 CI	Address 140 WATERTOWN ST								_				
	City MEDWAY State MA Zip 02053					City WATERTOWN State MA Zip 02472								_
	Insurance Com	pany_ARBELLA	MUTUAL		Vehicl	e Action Prior to	o Crash	1 2	21	Damage	ed Area	Code: (0	Circle Up to Thr	ree)
Vehicle Travel Direction: X S E W Responding to Emergency? N						Event Sequence 1 22 22 22 22 22 4								
	Citation # (If Is	Underride/Override 25 Towed Y 8 7 6								riage				
	Violation													
	Violation													
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Seat Safety Airbag Airbag Eject Irap Injury Iran					33 ansp. Code Medical Faci	ility		
		Non-Motorist		See Above						9 0	0	8 1		
										+				



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 Dama	ged Property				
THOMASIS, FERNARLA,	99 JACKSON RD THOMASIS, FERNARLA, NEWTON, MASSA			97	CHAIN LINK FENC	E				
Truck and Bus Information: Carrier Name	Registration #				Carrier Issu	uing Authority Cod	e 35			
Address		(City		St	Zip				
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36			
Cargo Body Type Code Gross Vehicle Weight 38										
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr						
Hazmat Information:										
Placard 40 Material 1 digit #	Material Nat	ne		Material 4	digit #	Release code	42			

•	Direction 1	Vehicle 1	2 =Vehicle 2	₽ Pedestri	ian		
Crash Diagram:	ie: → 1	_ →[2	> ĝ			
					l l	Crash <u>Did Not</u> C a Public Way:	Occur
		<u> </u>	<u></u>			Off-Street Parking	g Lot
						Garage	
i i	i					Mall/Shopping Ce	enter
		-				Other Private Way	,
		 -					
	į	į			Ind	icate North by A	rrow
		-		+			
		 		+	- — —		
	i						
Crash Narrative:							
occurred. I asked him if	he possibly mig	ht have not	stopped at the	traffic :	light(red)? He	responded,	
"he wasn't sure".							
I then spoke with the oth	er operator ide	ntified as R	aul Davila. He	reported	that he was g	oing W/B on D	Pearl St
crossing the intersection	of Jackson Rd	when vehicle	#2 struck his	vehicle :	in the interse	ction. He fu	rther
stated his light was defi	nitely green.						
Both vehicles were towed	from the scene !	by Todys. Bo	th operators s	igned pat	ient refusals	. Mr Davila d	did
complain of dizziness but	refused to go	with the Med	ics.				
Operator #2, David Dwyer	was cited with !	Ma citation	#T2014122 for	failing to	stop for a r	ed light on a	Jackson
Rd. The citation was late	r left at his we	ork place at	#140 Watertow	n St, Wate	ertown Ma. wit	h a fellow er	mployee.
(Continued	on next page)						
Witnesses:		1.11			DI.	"	<u> </u>
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property	
Truck and Bus Information:	Registration #		(From Vel	nicle Section)			
Carrier Name			`	,	Carrier Iss	suing Authority Code	e 35
Address			_ City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:		Interstate	36
37	ross Vehicle Weight	38	<i>5</i>				
Trailer Reg #:		Dag State	Pag Vac	Tuo	iler Length		
Hazmat Information:	reg 1ype	reg state _	Keg reaf_	1ra	mei rengin		
Placard Material 1 digi	t # 41 Material N	Jame		Material 4 d	ligit #	Release code	42
i mema iviateriai i digi	Wiaterial N	·uiiic		_ 1414101141 4 0		_ Release code	
THOMASIMOCAPTIV				ON POLICE DEPARTA		07/22/20	120
THOMAS J MCCARTHY Police Officer Name (Please Print)	Signature	e.		partment	Precinct/Bar	racks Date	

•	→ Direction	1 = Vehicle 1	2 =Vehicle 2	Pedestri	ian	
Crash Diagram:	ie: →□	1 -	2	P		
	 				If Crash <u>Did Not</u> on a Public Way:	Occur
					☐ Off-Street Parkin	g Lot
					☐ Garage	
		-	+ -	+	☐ Mall/Shopping C	lantar
		-	-	+		
		 _			☐ Other Private Wa	
					Indicate North by A	Arrow
		-	+-	+		
		 -	+ -	+		
Crash Narrative:						
David had gone back out	on the road to a	a job.				
The property to which veh	nicle #2 caused	damage to, I	later gave the	e owner, I	Fernarla Thomasis the insu	ırance
information from that veh	nicle.					
VA/24						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
2 2						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Owner (Eddy Frist, Middle)	/ radicss		Thone #	эттурс	Description of Duringed Froperty	
Truck and Bus Information:	Registration # _		(From Vel	nicle Section)		35
Carrier Name					Carrier Issuing Authority Co	
Address			City		St Zip	
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	Tra	iler Length	
Hazmat Information:						
Placard 40 Material 1 digi	it # 41 Material	Name		_ Material 4 d	ligit # Release code	42
THOMAS J MCCARTHY			NEWI	ON POLICE DEPARTA	07/22/2	2020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)