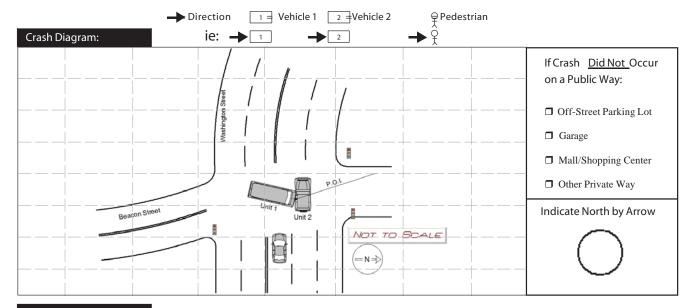
	Poli	ice Use Only		Comn	nonwea	lth o	of Mass	ach	use	tts			RMV	/ Docu	umen	t Number	
	Date of Crash 10/20/2020	Time of Crash	City/ NEWTON	Town	Motor	Veh	icle Cra	sh			Number Injured		d Limi		St	ate Police ocal Police BTA Police	<u>N</u>
	10/20/2020	09:42 24HR			Pol	ice I	Report		2		1		gitude_		M O	BTA Police ther:	
		AT INTER	RSECTION	•	< I	OCAT	ΓΙΟΝ	>			NOT	AT]	INTI	ERSE	ECT	ION:	
	NOR	тн веасо	ON ST														-
1 1	Route# Direction Name of Roadway/Street At				Route# Direction Address# Name of Roadway/Street												
	EAST	r WASHI	INGTON ST			-	Feet	N S E	W o	f —	Mile Ma	• arker		or		xit Number	-
	Route# Direc	ction N		ting Roadway/Str	eet		Feet	N S E	W of	f						tit i vainoei	\neg
			Also at in	tersection with					_	-	Route#	Iı	ntersec	ting Ro	oadwa	y/Street	- -
2 1	Route# Direct	tion	Name of Inter	secting Roadway/	'Street		Feet	N S E	W of	f _							3
3			I										Lar	ndmark			\dashv
	XVehicle1	2_#Occupants	Hit/Ru	n Mop	ed Case N	Number		2	200000	0603							
	License#		St_	NY DOB/Age		Reg#	2068]	Reg Typ	e_AM	N	Re	g State	e MA	
	Sex_F_ Lic. 0	18 1	8 Lic. Restrict	ions 1 C	DL	-	ear_2009	Ve	h Mak					Veh C		20	
4		DIA Last			ndorsment		FALLON SEI							. , 611 6	Jonne		- 1
3	Address 73 RC	Last OMANA DRIVE	First		Middle		111 (apt. 115))	First			Midd	dle		- 1
	City HAMPTO			State_NY Zip_	110/16		QUINCY						_State	MA		02169	-
					11940	-				21					_	e Up to Thre	-
5	1	npany_ARBELLA				Vehicle	Action Prior to			4		imagec	i Area	Code.	4	е ор ю тик	36)
1	Vehicle Travel	Direction: N	S X W	esponding to Eme	ergency?N	Event Sequence 1 1 1											
	Citation # (If Is	ssued)				Most F	Harmful Event	1		-	0	←	9		- 1	10 Undercarr 11 Totaled	iage
6	Violation	1: ChSec	Violati	on 2: ChS	lec	Driver	Contributing C		19 24	4	24		\Box	\sum			
⁶ 1	Violation	3: ChSec	Violati	on 4: ChS	lec	Underr	ide/Override	2.	5 T	Towed _					6		
	Please f		ator and all oc	cupants involve	d Address	Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility						1 1					
	Operator			Sec	Above					1 4	99	0	0		2	NEWTON WELLES	-
	ABBOTT, LYE	DIA, B W	I	124 US ROUTE O				F	3	1 4	99	0	0	10	2	NEWTON WELLES	SLEY HO
	- ,			FALMOUTH, ME	04105							+		-			
⁷ 2	Please Select C of the Followin	IX Vehicle	2 <u>1</u> #Occup	ants Non-M	Notorist A Type	e 1	4 Action	Loc	cation	16	Condit	ion	17		Hit/Ru	n Mop	ed
	License#		St	MA DOB/Age	e 	Reg#	7RZ466]	Reg Typ	e PAN	1	Re	g State	e_MA	
	Sex_M Lic. 0	18 1		19	DL	_		Ve	eh Mak	ce_JEEP				Veh C		20	
8	Operator CAI		DENNIS		ndorsment		CARBONI			ARBAR			Н		8		
1		Last ALBERMARLE R	First		Middle		122 ALBEM				First			Mide	dle		-
	City NEWTO			State MA Zip	02460		EWTON						Ct. t	MA	7.	02460	-
	'				04100	-				21	De	mages				e Up to Thre	-
		npany COMMER					Action Prior to			1		unageo	1 Area 3	code:	(CITCI	c op to Infe)
	Vehicle Travel	Direction: N	S E X	Responding to Em	ergency?N	Event S	Sequence 1				2 2		$ egin{array}{c} $	\overline{A})	10 Undercarr	iage
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 9 11 Totaled						50					
	Violation	n 1: ChSe	ec Viola	tion 2: Ch	Sec	Driver	Contributing C		19 24	+	24			Y) _		
	Violation	n 3: ChSe	ecViola	tion 4: Ch	Sec	Underr	ride/Override	2.	To	owed_					6		
	Plo Name (Last Fi		operator and	all occupants in	volved Address		Age/DOB	Sex	26 Seat S Pos.	27 Safety Air System S	28 29 bag Airbag tatus Swite	g Eject	31 Trap		33 Fransp. Code	Madical E- "	lity
		Non-Motorist		See	Address Above		Age/DOB			1 1	99	ch Code 0	0 Code	Status 9	2	Medical Faci	
																	\dashv
																	-



Crash Narrative:

Operator of Motor Vehicle # 1 stated that she stopped at the green light on Washington Street (Eastbound) waiting to take a left turn onto Beacon Street to gain access to the facility of CareOne at Newton.

Operator stated she looked and was able to turn left and was halfway into the intersection when a jeep wrangler came out of nowhere driving fast causing her to make impact with vehicle #2.

Passenger of Motor Vehicle # 1 stated that they had a green light and were stopped at the intersection of Washington Street and Beacon Street traveling Eastbound attempting to turn left onto Beacon Street. Passenger of Motor Vehicle # 1 stated that they started turning left because they had a clear path becasue a box truck was allowing them to turn and a jeep came out of nowhere which caused them to make impact with vehicle #2.

Operator of Motor Vehicle # 2 stated that he was traveling Westbound on Washington Street and he had a green

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
PERRY, WALTER,	25 WATERS AVE,MA 02149		Y

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property BACON ST @ WASHINGTON ST CITY OF NEWTON, NEWTON, NEWTON, 2102 WASHINGTON STREET NEWTON, MASSACHUSETTS 0; 617-969-4660 Phone # 34-Type Description of Damaged Property TRAFFIC LIGHT CAREONE, AT NEWTON. PASSACHUSETTS 0; 617-969-4660 PASSACHUSETTS 0; 617-969-4660

CAREONE, AT NEWTON,	NEWTON,MASSACHUSETTS	0, 01, 303 1000	37 CAREOI	TE SIGIT AIT	D CEIVIEIVET TIEEAR
Truck and Bus Information:	Registration #	(From Vehi	icle Section)		35
Carrier Name				Carrier Issui	ing Authority Code
Address		City		St	Zip
US DOT #:	State Number	Issuing State	ICC #:		_ Interstate 36
Cargo Body Type Code 37 Gro	ss Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Lengt		
Hazmat Information:					
Placard 40 Material 1 digit #	# 41 Material Name		Material 4 digit #		Release code 42

ZOI H LAZARAKIS		1	NEWTON POLICE DEPARTM		10/20/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

		Vehicle 1 2	_‡Vehicle 2 	Pedesti	rian	
Crash Diagram:	ie: → 1	2	<u> </u>	≥ ♀		
	_ 		- <u> </u> - <u> </u>	<u> </u> 	If Crash <u>Did N</u> on a Public Wa	
					☐ Off-Street Par	dring Lot
						Killg Lot
					☐ Mall/Shoppin	g Center
					☐ Other Private	Way
			+ -		Indicate North	by Arrow
)
Crash Narrative:						_
light at the intersection of	of Beacon Stree	t and Washir	ngton Street.	Operato	or of motor vehicle #2 s	tated he
switched lanes to pass the	box truck in f	ront of him a	and he didn't	see moto	or vehicle #1 attempting	to take a
left turn on to Beacon Str	reet. Operator	of Motor Vehi	icle #2 state	d that he	sped up to avoid impac	t with
motor vehicle number #1howe	ever was unable	to avoid imp	pact. Motor v	ehicle #1	turned right into his	drivers
side door.						
Motor vehicle #1 sustained	major front en	d damage and	motor vehicle	e #2 sust	ained major damage thro	ighout the
entire vehicle. Both vehic	cles were towed	by Tody's T	Towing. Opera	ator and	Passenger of Motor Vehic	cle #1 were
transported to Newton Well	lesley Hospital	with no appa	arant injurie	s but for	protocal and Operator	of Motor
Vehicle #2 was transported	to Brigham and	Women's Hosp	pital with po	ssibly mo	derate injuries. Sever	al
(Continued or	n next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Dura was the Daniel and						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
	2102 WASHINGT			97		
CAREONE, AT NEWTON,	NEWTON,MASS	ACHUSETTS 0	017-909-4000	97	BUSHES AND GRASS	
Truck and Bus Information:			(From Vel	nicle Section)		35
Carrier Name					Carrier Issuing Authority	Code
Address			City		St Zip_	
	State Number		_ Issuing State	ICC #:_	Interstate	36
Cargo Body Type Code 37 Gros	s Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length 39	
Hazmat Information:				_		
Placard 40 Material 1 digit #	41 Material Na	me		_ Material 4	digit # Release cod	e 42
ZOI H LAZARAKIS			NEMATI	ON POLICE DEPART	10/	20/2020

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)

•	Direction 1	∃ Vehicle 1 2	Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: → 🛚 1	2	□ →	₽Ŷ			
Crash Diagram:				Calcast		If Crash Did Not Con a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North by A	; Lot enter
Crash Narrative:							
photographs were were tak	en of the scene	and S.D. car	d was placed	in the I.	T Bureau		
			-				
Witnesses:							
Name (Last, First, Middle)		Address				Phone #	Statement
Traine (2034) This is a single of the single		7.444.655					Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	of Damaged Property	
Truck and Duck Information.			-				
Truck and Bus Information:	Registration #		(From Vel				35
Carrier Name					C	arrier Issuing Authority Code	e
Address			City			St Zip	
							36
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	
Cargo Body Type Code 37 G	ross Vehicle Weight	38					
		D == 5' '	D 37	m		39	
Trailer Reg #:	Keg Type	Keg State	Keg Year	Tra	aller Length		
Hazmat Information:							
Placard 40 Material 1 digi	t # 41 Material N	ame		_ Material 4	digit #	Release code	42
ZOI H LAZARAKIS			NEWI	ON POLICE DEPART?		10/20/20)20

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)