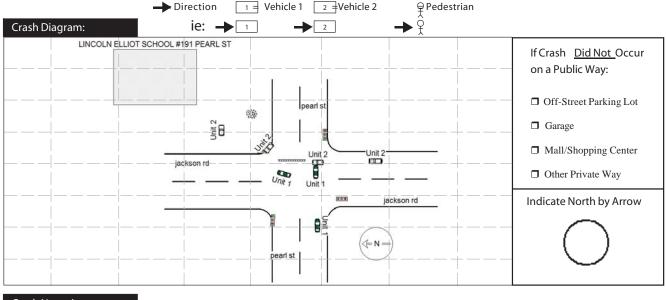
	Poli	ice Use Only		Commonwea	alth o	of Massa	achu	setts	\$		RMV	V Docun	ıent Number	
	Date of Crash 11/01/2020	Time of Crash	City/Tow NEWTON	Motor	Veh	icle Cra	sh	Number			ed Limi		State Police Local Police MBTA Police	<u> </u>
	11/01/2020	14:02 24HR	NEWION	Po	lice 1	Report		2	2		ngitude_		Other:	
		AT INTER	RSECTION:	< ]	LOCA	ΓΙΟΝ	>		NC	Т АТ	INT	ERSE	CTION:	2
	EAST	Γ PEARL	ST											2
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc	tion		Roadway/Street		Route# Direction	on Ad	dress #		N	ame of F	Roadway/	Street	2 <sup>10</sup>
	NOR	TH JACKS	ON RD	.t		Feet 1	N S E	w of			•	or		_   _
	Route# Direc	etion N	Jame of Intersecting	Roadway/Street					Mile	Marker			Exit Number	_
			Also at Interse	ection with		Feet	N S E	w of	Rout	e#	Intersec	ting Road	lway/Street	1
<sup>2</sup> <b>3</b>	Route# Direc	tion	Name of Intersect	ing Roadway/Street		Feet [	N S E	W of						3
3	Koute# Direc	tion	Name of intersect	ing Roadway/Street							La	ndmark		$\dashv$
	XVehicle1	_1_#Occupants	Hit/Run	Moped Case	Number		20	00000628	1					
	License#		St NY	DOB/Age	Reg#	HPK270			Reg T	Гуре_РА	N	Reg	State_VT	_
	Sex_M Lic.	Class 99 18 1	Lic. Restrictions		Veh Y	ear_2015	Veh	Make_V	W			_ Veh Co	nfig. 20	
4	Operator MA	RIN	VIOREL	Endorsment	Owner	(Same as ope	rator)		Einst			Middle		- <b>1</b>
3	Address 1083	MT ROAD BLV	D	Middle		SS						wiidale		_  -
	City ROCHES	STER	Stat	e_NYZip_14606									_	
	Insurance Com	pany GEICO			Vehicle	e Action Prior to	o Crash	1	21	Damag	ed Area	Code: (C	Circle Up to Three	ee)
5	Vehicle Travel	Direction: N	S X W Respo	onding to Emergency?_N	Event Sequence 1 22 22 22 22 23 4									
	Citation # (If I	ssued)			Most I	Harmful Event	1 23				9	$\langle   \   \  $	10 Undercarr 5 (1) Totaled	riage
	Violation	1: ChSec	Violation 2	2: ChSec	Driver	Contributing Co	ode 9	99 24	24		ľή	$\sqrt{}$	J Totaled	
<sup>6</sup> 2	Violation	3: ChSec	Violation	4: ChSec	Under	ride/Override	25	Towe	ed <u>Y</u>	8	7		6	
			ator and all occup				s	26 27 Seat Safety	28 Airbag A	29 3 irbag Eje	0 31	32 Injury Tra	33 nsp.	13 ity <b>1</b>
	Name (Last First Middle) Address Operator See Above					Age/DOB		os. \$ystem	Status Sv	vitch Coc	le Code 0	\$tatus Co	de Medical Facili	ity -
											_			
7														
2	Please Select C of the Followi		2 1_#Occupants	Non-Motorist A Typ	pe 1	Action 1	Loca	ition	16 Cor	ndition	17	Hit	:/Run Mop	ed
			St MA	DOD/A	D#	8WK845			D 7	Гуре_РА	N	D	State_MA	-
	License # Sex_F_ Lic. 0	18 1		19	_		3.7.1.	Make_JI	-	ype			20	-
8	Operator FEE		TARA	Endorsment				i Make_ <u>5-</u>				_ Veh Co	ning. 2	
<sup>8</sup> <b>1</b>		Last VASHINGTON	First	Middle	Owner (Same as operator)  Last First Middle							-		
	City NEWTO			e MA Zip 02458		SS					State		<b>7</b> :	-
				e Zip <u>02456</u>	City_		<i>C</i> 1		21	Damao			Zip Circle Up to Thro	- ee)
	Insurance Company ARBELLA MUTUAL  Vehicle Travel Direction: X S E W Responding to Emergency? N  Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec					e Action Prior to	22 22	1		2 2	3	(	4	7
						Sequence 1	23						10 Undercarr	iage
						Most Harmful Event 1 5 <b>①</b> Totaled								
					Driver Contributing Code 99 8 7 6									
ı				4: ChSec	Under	ride/Override		Tower		29 3 irbag Eje	0   31	] 32	33	$\dashv$
	Name (Last Fi	rst Middle)	operator and an (	Address		Age/DOB		26 Seat Safety Pos. System	28 Airbag A n Status S	irbag Eje witch Co	0 31 Trap de Code	Injury Tra	nsp. ode Medical Faci	lity
	Operator/	Non-Motorist		See Above			-	1	99	99 0	2	8 1		
									1					



## Crash Narrative:

On November 1st, 2020 at approximately 14:02 hours while assigned to N491 I responded along with Newton Fire and Medic One to the intersection of Pearl St @ Jackson Rd for a MV crash with minor injuries.

On my arrival I first observed in the intersection a green colored Volkswagon with Vermont tag, HPK270 with extensive damage.

The other involved vehicle a white Jeep Wrangler, bearing Ma tag, 8WK846 was located on the property of the Lincoln Elliot School, 191 Pearl St, also with extensive damage.

The operator of the green Volkswagon was identified as Viorel Marin. He stated he was going E/B on Pearl St and was approaching the intersection of Jackson Rd when the light had turned green. As he was entered the intersection vehicle #2 came from his right side(N/B) on Jackson Rd at, according to him, a high rate

(Continued o	on next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	ŧ	Statement
Property Damage:			_					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descrip	tion of Dama	ged Property	
Truck and Bus Information:  Carrier Name			(From Vehic			_ Carrier Issu	ning Authority Co	de 35
						_	,	de
Carrier Name			City			St	Zip	de
Carrier NameAddressUS DOT #:			City			St	Zip	de
Carrier NameAddressUS DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	de
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Gro	State Numberss Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	de
Carrier Name	State Numberss Vehicle Weight Reg Type	Reg State	City Issuing State	ICC #:Tr	railer Lenş	St	Zip Interstate	de

-	→ Direction 1	Vehicle 1	2 =Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: 🕕 🛚 1	<b>→</b> □	2	Ŷ		
					If Crash on a Pub	<u>Did Not</u> Occur lic Way:
					Off-St	reet Parking Lot
					Garag	e
į	į				☐ Mall/S	Shopping Center
					□ Other	Private Way
		+			Indicate I	North by Arrow
		 	<u>+</u> -	<del> </del>		$\cap$
			+-		·  \	
Crash Narrative:				ļ		
of speed causing his vehi	cle to collide w	with the Jeep	o. He doesn't r	remember	much after that.	I observed a
small cut to his right kn	ee and later he	showed me a	small abrasion	to his	forehead. All his	air bags had
deployed on contact with	vehicle #2					
•						
I located the operator of	the Jeep who wa	as sitting or	the ground be	ing assi	sted by an uniden	tified
women (not a passenger).	She appeared sha	aken but had	no visible sig	ns of an	y serious injury f	rom the
crash. She identified he	rself as Tara Fe	eeley.				
According to Ms Feeley sh	e had been trave	elling N/B or	n Jackson Rd ar	d was at	tempting to continu	ue straight
across the intersection o	f Pearl St when	she was stru	ick by vehicle	#1 in th	e intersection. The	e impact caused
(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 P	roperty
Truck and Bus Information:  Carrier Name	Registration #		(From Veh	,	Carrier Issuing A	uthority Code
Address					St	Zip
US DOT#:	_ State Number		Issuing State	ICC #:_	In	terstate 36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length 39	
Hazmat Information:	44					42
Placard 40 Material 1 digit	# Material N	ame		Material 4	digit#Rele	ease code 42
THOMAS J MCCARTHY			NEWTO	ON POLICE DEPART!		11/01/2020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)

→	▶ Direction 1	■ Vehicle 1 2	yehicle 2	₽Pedestri	an		
Crash Diagram:	ie: 🕕 🛚	<b>→</b> [2	■ →	Ŷ			
						sh <u>Did Not</u> Occur Public Way:	
	_	<u> </u>			of	f-Street Parking Lot	
					□ Ga	arage	
					□ M	all/Shopping Center	
					Ot	her Private Way	
					Indica	ite North by Arrow	$\dashv$
						( )	
				+			
Crash Narrative:	-l		11 1	<b></b>		and Eliah Caba	
her vehicle to flip over ur	iknown amount o	or times rina	Ily landing on	tne proj	perty to the Lir	COIN EIIOT SCHO	
Based on operator #2's stat	tements, my ob	servations of	the scene, da	mage to 1	ner MV, it appe	eared her vehic	:le
after contact with vehicle	#1, flipped o	ver N/B acro	ss the interse	ction fi	rst hitting the	traffic light o	on.
the northeast corner, addit	cionally making	g contact wit	h the utility	pole jus	t east of the tr	affic light bef	ore
finally landing right side	up on the pro	perty of the	Lincoln Eliot	School.			
She reported climbing out h	ner passenger :	side window w	hen her vehicl	e finally	y stopped. She s	said,"she was lu	ıcky
she had her seat belt on".	I agreed.						
Ms Feeley also reported th	nat she was su:	re that her l	ight was green	as she	entered the inte	ersection.	
(Continued or	next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone #	Stater	ment
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damage	ed Property	
				71		. ,	
Truck and Bus Information:	-		(From Vehi				35
Carrier Name					Carrier Issuir	ng Authority Code	
Address			City		St		-
US DOT #:	State Number		Issuing State	ICC #:_		Interstate 36	
Cargo Body Type Code 37 Gross	s Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length		
Hazmat Information:							
Placard Material 1 digit #	Material N	Vame		Material 4 d	ligit #	Release code 42	
THOMAS J MCCARTHY			NEWTO	N POLICE DEPARTA		11/01/2020	

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

•	Direction 1	1 = Vehicle 1	2 =Vehicle 2	₽Pedestr	ian	
Crash Diagram:	ie: →□	<b>→</b> □	2	<b>₽</b>		
				 	If Crash <u>Di</u> on a Public	d Not_Occur Way:
					☐ Off-Street	Parking Lot
					Garage	
	į		į	į	☐ Mall/Sho	oping Center
					Other Priv	
	į				Indicate Nor	tirby Allow
	_				· \	ノー
Crash Narrative:						
I attempted to locate any	possible witne	esses from the	e crowd that we	re gathe	red near the crash s	ite. There
were two that heard the c	rash but none t	that actually	saw what happe	ened. I c	ouldn't locate any ca	meras near
the intersection.						
Both vehicles were towed	from the scene	due to the ex	xtensive damage	/both to	taled.	
Both operators had minor	injuries and bo	th declined	to be transport	ed to th	e hospital. They sign	ed patient
refusals.						
Officer Danny Anderson la	ter took severa	l pictures of	f the crash sce	ne and t	he all the property	damage. Both
utility companies were no	tified.					
The camera disc was place	d in the techno	ology bureau n	mailbox.			
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Prope	erty
Truck and Bus Information:	Registration #		(From Vehi	,		35
Carrier Name					Carrier Issuing Author	ority Code
Address			City		St 2	Zip
US DOT #:	_ State Number		Issuing State	ICC #:_	Inters	tate
Cargo Body Type Code 37 Gr	ross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length 39	
Hazmat Information:						
Placard 40 Material 1 digi	# 41 Material N	Name		Material 4	ligit # Release	code 42
THOMAS J MCCARTHY			NEWTO	ON POLICE DEPART?		11/01/2020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)