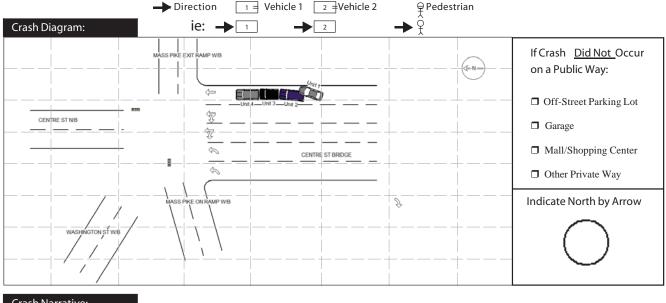
	Poli	ice Use Only		Commonwea	alth (	of Massa	achu	setts	\$		RM	V Docui	ment Number	
	Date of Crash 11/06/2020	Time of Crash 14:20	City/To	MIOTOI		icle Cra	sh [	Number Vehicles			ed Limi		State Police Local Police MBTA Police	XI
		24HR				Report		4	4		ngitude_		Other:	
		AT INTER	RSECTION:	< ]	LOCA	TION	>		NC	T AT	INT	ERSE	CTION:	2
	NOR	TH CENTR	RE ST(BRIDGE)											
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direc	tion		Roadway/Street At		Route# Direction	on Ad	dress #		N	ame of I	Roadway	/Street	2 <sup>10</sup>
		MASS	PIKE EXIT 17 W/I			Feet [	N S E	W of		Marker	• —	or	Exit Number	_
	Route# Direc	etion N	Name of Intersectin			Feet [	N S E	w of	IVIIIC	Marker			Exit Nulliber	_
2			Also at Inters	ection with			N S E	_	Rout	<del>=</del> #	Intersec	ting Roa	idway/Street	- <u> </u>
<sup>2</sup> <b>1</b>	Route# Direc	tion	Name of Intersec	eting Roadway/Street			SE	<b>vv</b> 01			La	ndmark		2
3	W Vobielo 1	1 #Occupants	☐ Hit/Run	☐ Moped Case							La	Idiliark		$\neg$
	Venicie	#Occupants	Hiykun	Case	Number			00000644						_
	License#	18 1	St	DOB/Age	_	RS794X							State MA 20	_
	Sex_M_ Lic.	Class 99	Lic. Restriction			ear_2018						Veh Co	onfig. 1	
<sup>4</sup> <sub>3</sub>	Operator DO		TERENCE First	Middle	Owner	O'LEARY Las	st	MARY	ANN First			Middle	e	- <b>1</b>
		OBBINS ST (apt.				51 (apt. 1) RC	DBBINS							-
	City WALTH			te_MA Zip_02453	City _	VALTHAM							Zip <u>02453</u>	-
[5	1	pany LIBERY M			Vehicl	e Action Prior to		5		_	ed Area	Code: (	Circle Up to Thr	ree)
5	Vehicle Travel	Direction:	S E W Resp	onding to Emergency?_N	Event	Sequence 1	22 22		22		3		4	
	Citation # (If I	ssued)			Most l	Harmful Event	1 23		24	<b>—</b>	9	[ ]	10 Undercar 5 11 Totaled	nage
6	Violation	1: ChSec	c Violation	2: ChSec	Driver	Contributing Co		9 24		9			6	
<sup>6</sup> 1				4: ChSec	Under	ride/Override	25	Towe	ed <u>r</u>		,			
	Please t Name (Last Fir		ator and all occup	oants involved  Address		Age/DOB	Sex S	26 27 leat Safety los. System	28 Airbag Ai Status Sv	29 3 rbag Ejec ritch Cod	0 31 Et Trap le Code	32 Injury Tr Status C	33 ansp. ode Medical Facil	lity 13
	Operator			See Above				1	3 9	9 0	0	8 1		
														-
<sup>7</sup> <b>3</b>	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupant	s Non-Motorist A Typ	pe 1	14 Action 1	Loca	tion	16 Cor	dition	17	Н	it/Run Mor	ped
	License#		St M	ADOB/Age	Reg#	5495SI			Reg	ype PA	N	Ren	State_MA	┩
	Sex_F_ Lic. 0	18 1		19			Veh	Make_V	_	JP~		Veh Co	20	_
8	Operator BOT		MARYANN	Endorsment		(Same as open							,g.	
4		Last IT AUBURN ST	First	Middle		Las	st		First			Middle	е	_
	City WATER			te MA Zip 02472	City_						State		Zip	_
	'	pany COMMER				e Action Prior to	n Crash	2	21	Damag			Circle Up to The	ree)
	Vehicle Travel	_		ponding to Emergency?N		Sequence 1	22 22		22	2	3		<b>4</b>	
	Citation # (If I		Harmful Event	1 23					ΑÌ	10 Undercar	riage			
			ec Violatio	n 2: ChSec		Contributing Co		24	24	<b>—</b>	9		(a) 11 Totaled	
				1 4: ChSec		ride/Override	25	Towed	{i N	3	7	_ لا_	6	
				occupants involved	Onder	Inde/Override [				29 30 rbag Ejec	0 31 Trap	32 Injury Tr	33	$\dashv$
	Name (Last Fi	rst Middle)	<u> </u>	Address		Age/DOB	Sex	Pos. Syster	n Status S	witch Co	de Code	Status C	ansp. Code Medical Fac	ility
	Operator/	Non-Motorist		See Above			-	1	4 9	9 0	0	8 1		_
														_

Date of Crash	ce Use Only Time of Crash	City/I		onweal Motor '				Number		er Sne	RM\ ed Limi		State Poli	ice $\sqcap$
11/06/2020	14:20	NEWTON	OWII	Motor '			sn ¦	/ehicles	Injure	l Lati	tude _		Local Pol MBTA Po	lice 🛣
	24HR					Report		4	4		gitude_		Other:	
<u> </u>	ATINIER	RSECTION:		< L0	OCAT	ION -	>		NO	AI	INTI	ERSEC	CTION:	
ļ														
Route# Direct	tion	Name o	of Roadway/Street At		R	oute# Direction	on Addı	ess #		Na	ime of F	Roadway	Street	
					-	Feet [	SEV	of ·	Mile l	• Marker	<b>'</b> —	or	Exit Numl	har
Route# Direc	tion N		ing Roadway/Stree	it		Feet 1	N S E W	of	wine	viarkei			Exit Ivulli	<u> </u>
1		Also at Int	ersection with					_	Route	<del> </del>	Intersec	ting Roa	dway/Street	
Route# Direct	tion	Name of Inters	secting Roadway/St	treet	— [-	Feet [1	N S E V	oi oi			T .	. 11-		
[V]	4 40		T <sub>Dv</sub>								Lai	ndmark		
Vehicle3	_1_#Occupants	Hit/Ru	n Mopeo	d Case Ni	umber		200	0000644						
License #	18 1	St	MA DOB/Age		Reg # 4	4CL92			_ Reg T	pe_PA	N	Reg		20
Sex_F_ Lic. 0	Class D 1	Lic. Restriction	1 000	L	Veh Yea	ar_2015	Veh !	/lake_N	ISSAN			Veh Co	onfig. 2	20
Operator MIS	EKOVITCH Last	SYLVIE First	C End	lorsment	Owner _	(Same as open	rator)		First			Middle	,	
Address 1 PAI	RL LN (apt. 317)	)			Address	8								
City BOSTON	1	5	State MA Zip 02	2210	City						State		Zip	
Insurance Com	pany COMMER	RCE			Vehicle	Action Prior to	Crash	2		Damage	ed Area	Code: (0	Circle Up to	Three)
Vehicle Travel	Direction:	S E W Re	sponding to Emerg	gency?N	Event S	equence 1 2	22 22	22	<b>22</b> 2		3		4	
Citation # (If Is	ssued)				Most H	armful Event	1 23		O	<b>—</b>	9	$\left\{ \right\}$	10 Unde 11 Total	ercarriage led
Violation	1: ChSec	c Violatio	on 2: ChSec	e	Driver 0	Contributing Co		24			VŢ			
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Please f		ator and all occ	eupants involved	ddress		Age/DOB	Sex Pos	26 27 t Safety . System	28 Airbag Air Status Swi	29 30 Ejec ich Code	Trap c Code	32 Injury Tra Status Co	33 ansp. ode Medical	Facility
Operator				Above					4 99		0	8 1		
Please Select C	)no				14		5		16		17			
of the Followin	IX Mobicle	e4 <u>1</u> #Occupa	nts Non-Mo	otorist A Type		Action	Locati	on	Cond	lition	17	Hi	t/Run	Moped
License#		St	MA DOB/Age		Reg # <u>8</u>	99WR1			Reg T	pe_PA	N	Reg	State_MA	
Sex_F_ Lic. 0	Class D 18 1	Lic. Restriction	ons 9 19 CD	L	Veh Yea	ar_2015	Veh I	Make_To				Veh Co		20
Operator DOI	RCE	RONISE		lorsment	Owner _	(Same as open	rator)		First			Middle		
Address 12 M	ILLER ST	First	M	naale	Address	Las			First			Middle		
City EVERET	Γ	5	State_MA Zip_02	2149	City						State	2	Zip	
Insurance Com	pany_ARBELLA	MUTUAL			Vehicle	Action Prior to	Crash	2	1	Damage	ed Area	Code: (0	Circle Up to	Three)
Vehicle Travel	Direction:	S E W	esponding to Emer	gency?N	Event S	equence 1 2	22 22	22	<b>22</b> 2		3		4	
Citation # (If Issued)					Most H	armful Event	1 23			_	9	<u> </u>	10 Unde	ercarriage led
Violatio	n 1: ChS	ec Violat	ion 2: ChSe	ec	Driver (	L Contributing Co	ode 1	24	24	7		$\bigvee$ ,	11 101	-
Violatio	n 3: ChS	ec Violat	ion 4: ChS	ec	Underri	de/Override	25	Towed	_N_ 8		7		6	
		r operator and a	ll occupants invo				2 Sea	6 27 t Safety	28 Airbag Air	9 30 Ejec	31 Trap		33 ansp.	
Name (Last Fin	rst Middle) Non-Motorist			Address Above		Age/DOB	Sex Po	s. Systen	Status Sw	itch Coo	de Code 0	Status C		l Facility
1 111111							$\vdash$	1-	-   /		Ť	1	-	



## Crash Narrative:

On November 6th, 2020 at approximately 14:20 hours while assigned to N491 I responded to Centre St on the bridge over the Mass pike N/B for a report of a multiple MV crash with possible injuries.

On my arrival to the scene I observed vehicle #1, a grey Honda civic, ma reg. rs794x resting half on the sidewalk the other half crushed into the rear passenger side of vehicle #2. I was then informed there were two additional vehicles involved.

Vehicle #1 apparently first crashed into vehicle #2 after abruptly changing lanes into the lane MV#2 was stopped in. This set of a chain reaction in which MV #2 to was forced into the rear of vehicle(#3) which then forced vehicle #3 into the vehicle(#4). Vehicles 2 thru 4 were all stopped due to the signal light being red at the time of the crash.

(Continued o	n next page)							
W itnesses:								
Name (Last, First, Middle)		Address				Phone #	ŧ	Statement
Property Damage:	,							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descript	tion of Damag	ged Property	
Truck and Bus Information:  Carrier Name			(From Vehic	,		_ Carrier Issu	ning Authority Co	ode 35
						_		
Carrier Name			City			St	Zip	ode
Carrier NameAddressUS DOT #:37	State Number		City			St	Zip	ode
Carrier NameAddressUS DOT #:37	State Numberss Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	ode
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	ode
Carrier Name	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC #:_ Tr	railer Leng	St	Zip _ Interstate	ode

-	Direction 1		_ <del> </del> Vehicle 2	Pedestri	an	
Crash Diagram:	ie: → 🗆	2	□ →	Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	ng Lot
	 	 			☐ Garage	
	į			į	☐ Mall/Shopping G	Center
					☐ Other Private W	ay
		 			Indicate North by	Arrow
		 		+		
	<u> </u>		<u> </u>			
Crash Narrative:	'		-			
I located the operator to	vehicle #1 sit	ting on the s	idewalk bleedi	ng from s	several areas to his face	which he
sustained from the crash.	He was identif:	ied as Terren	ce Donnelly.			
He reported driving N/B o	ver the Centre	St Bridge and	was changing	lanes whe	en he realized the traffic	c was
stopped in that lane. He	attempted to avo	oid hitting	the vehicle(#2	) now in	front of him, by swerving	<b>3</b>
to the right to go onto t	he sidewalk but	he still sla	mmed half his	vehicle i	into the rear passenger s	ide of
vehicle #2.						
I spoke with the operator	to vehicle #2	identified as	Linda Borque.	She stat	ted she was stopped on t	he bridge
N/B near the off ramp to	the mass pike (ex	xit17 W/B) wh	en she was rea	r ended h	by vehicle #1. The impact	
forced her M/V into the v	ehicle stopped	in front of h	er(#3).			
(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	
Truck and Bus Information:	Pagistration #		(From Vehi	ala Caction)		
Carrier Name	Registration #		(From ven	,	Carrier Issuing Authority Co	ode 35
Address			City		St Zip	
US DOT #:	_ State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length 39	
Hazmat Information:						(2)
Placard 40 Material 1 digit	# 41 Material N	ame		Material 4 d	igit# Release code	42
THOMAS I MCCARTHY			NEWTO	ON POLICE DEPARTA	11/07/	2020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

	→ Direction	1 = Vehicle 1	2 =Vehicle 2	₽ Pedestria	n	
Crash Diagram:	ie: →□	1	2	₽Ŷ		
		   			If Crash <u>Did No</u> on a Public Way	
			<u> </u>		Off-Street Par	king Lot
					Garage	
i i					☐ Mall/Shoppin	g Center
		_			Other Private	·
į į	İ	j	į į		Indicate North b	by Arrow
						\
		 -	 <del> </del>	+		/
Crash Narrative:						
Operator to vehicle #3	was identified a	s Sylvie Misk	ovitch. She s	tated she w	as also stopped on the	bridge
N/B for the signal ligh	t when she was r	ear ended by	vehicle #2 w	hich forced	her vehicle into the v	vehicle
stopped in front of her	(#4).					
Operator of vehicle #4	was identified a	s Ronise Dorc	e. She stated	she was st	opped on the bridge N/H	3 just at
the exit to the Mass p	ike W/B when she	was rear end	ed by vehicle	#3.		
All drivers sustained m	inor injuries and	d all decline	d to go to th	e hospital.	Patient refusal forms	were
signed by all parties.						
Vehicle # 1 was the onl	y MV towed from	the scene by	Todys.			
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration # _		(From V	,		35
Carrier Name					Carrier Issuing Authority	Code
Address			_ City		St Zip_	26
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	Trai	ler Length 39	
Hazmat Information:						
Placard 40 Material 1 d	igit # 41 Material	Name		Material 4 di	git # Release code	e 42
THOMAS J MCCARTHY			NE	WTON POLICE DEPARTM	11/	07/2020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)