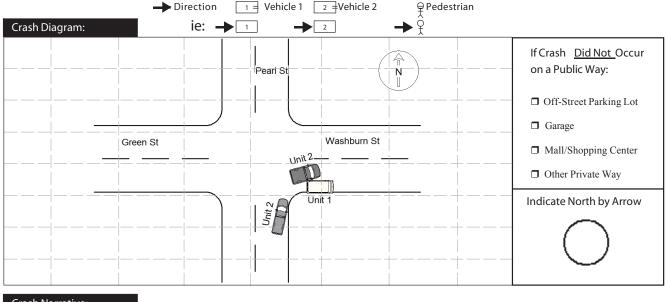
	Poli	ice Use Only		Commonwea	alth o	of Mass	achı	usett	ts		RM	V Docui	ment Number	
	Date of Crash 04/26/2021	Time of Crash 08:32 24HR	NEWTON	1/10101		icle Cra Report	ash	Numb Vehicl 2	- 1	ired La	eed Lim titude _ ongitude		State Police Local Police MBTA Police Other:	XI D
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	EAST	г WASHI	BURN ST											2
1 1	Route# Direc			Roadway/Street		Route# Directi	ion A	ddress #		N	Vame of I	Roadway	/Street	
		PEARL		At		Feet	N S E	W of			•	or		_ 1
	Route# Direc	etion N	Name of Intersectin	g Roadway/Street					Mi	le Marke	r		Exit Number	
			Also at Inters	section with			N S E		Rot	ıte#	Intersec	ting Roa	idway/Street	- -
2 1	Route# Direction Name of Intersecting Roadway/Street				Feet NSEW of									3
3	My 1 1 4 4 10 Divin				Landmark								\dashv	
	X Vehicle 1	_1_#Occupants	Hit/Run	Moped Case	Number		2	1000002	86					_
	License#	18 1	St MA	DOB/Age	Reg#	N96307			Reg	Type_C	ON	Reg	State MA 20	_
	Sex_M_ Lic.	Class B 1	Lic. Restriction		Veh Y	ear_2010	Ve	h Make_	FORD			_Veh Co		
4 1	Operator FIO	Last	JAMES First	Middle		BANK OF A		A	First			Middle	e	- 1
		ACKSTONE ST			Address PO BOX 1943									-
	City CAMBRI			te_MA Zip_02341	City C	CHICARGO							Zip <u>60690</u>	-
-	Insurance Com	pany LIBERTY I	MUTUAL		Vehicl	e Action Prior t		11			_	Code: (Circle Up to Thr	ree)
5	Vehicle Travel	Direction: N	S X W Resp	onding to Emergency? N	Event	Sequence 1	22 2		22	2	3	$\overline{}$	4	
	Citation # (If I	· ————			Most I	Harmful Event	1 23	<u> </u>	24	1	9		10 Undercard 5 11 Totaled	паде
⁶ 1	1			2: ChSec	Driver	Contributing C	Code 25	1 24		8	1		6	
1	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed N								
	Name (Last Fir		ator and all occu	Address		Age/DOB	Sex	26 Seat Safe Pos. Syst	ety Airbag em Status	Airbag Ejo Switch Co	30 31 ect Trap ode Code	Janjury Tra Status Co	ansp. ode Medical Facil	1 2
	Operator			See Above				99	4	99 0	0	10 1		
⁷ 3	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupant	s Non-Motorist A Ty	/pe 1	Action	15 Loc	eation	16 Co	ondition	17	Пні	it/Run Mor	ped
	License# St MA DOB/Age				Reg#	Reg # 2FV865 Reg Type PAN Reg State MA						State MA	_]	
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions 19 CDL				Veh Y	Veh Year 2011 Veh Make FORD Veh Config. 20								
8 1	Operator AGATHOS JOHN A Endorsment Last First Middle				Owner (Same as operator) Last First Middle								_	
_	Address 223 CHURCH ST					Address								_
	City NEWTON State MA Zip 02458				City State Zip								_	
	Insurance Company_COMMERCE				Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ree)	
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	Violation 3: ChSecViolation 4: ChSec					ride/Override		Tow	red_N		70 25	1 22 1		
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB	Sex	26 Seat Safe Pos. Sys	ty Airbag stem Status	29 Airbag Ej Switch C	30 31 Frap Code Code		ansp. Code Medical Fac	ility
	Operator/	Non-Motorist		See Above				1	4	99 0	0	10 1		
						+								



Crash Narrative:

ON April 26, 2021 at approximately 08:23 hours while working N491 I responded to the intersection of Washburn

St @ Pearl St for a report of a crash involving two vehicles.

On my arrival I located both involved vehicles. Vehicle #1 was a Eversource 2010 Ford Van Ma CON. N96307. The operator was identified as Eversource employee, James Fiore. He reported being parked on the corner of Washburn St @ Pearl St sitting inside when vehicle #2 struck his vehicle in the rear drivers side.

I located vehicle #2 which was a little further east on Washburn St. The operator was identified as John Agathos.. He was operating a 2011 Ford F150, Ma plate 2pv865. He stated he was on Pearl St N/B and was turning right onto Washburn St when he struck the rear bumper of vehicle #1.

There were no injuries from this crash and neither vehicle needed to be towed.

Witnesses:								
Name (Last, First, Middle)	A	Address			Phone :	#	Statement	
Property Damage:	1				'			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	n of Damaged Property		
Truck and Bus Information:	Registration #		(From Vehic	ele Section)				
Carrier Name					Carrier Issu	uing Authority Code	35	
Address						Zip		
			City		St		36	
AddressUS DOT #:			City		St			
AddressUS DOT #:	State Number	8	City Issuing State	ICC#:_	St			
AddressUS DOT #:Cargo Body Type Code37 Gros	State Number	8	City Issuing State	ICC#:_	St			

THOMAS J MCCARTHY

Police Officer Name (Please Print)

Signature

NEWTON POLICE DEPARTM

Od/26/2021

Precinct/Barracks

Date