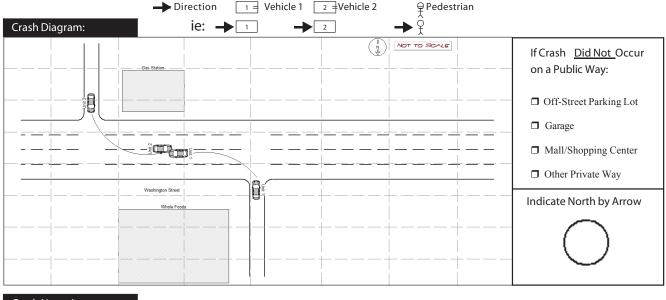
Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Feet N S E W of Mile Marker or Exit Number  Feet N S E W of WHOLE FOODS   Also at Intersecting Roadway/Street  Feet N S E W of WHOLE FOODS  Landmark   Zivehicle 1 1 #Occupants		Poli	ice Use Only		Commonwea	olth o	of Mass	achu	setts	\$		RM	V Docui	ment Number	
AT INTERSECTION:    Location   Section   Name of Roadway/Street   Feet   Section   Name of Roadway/Street   Feet   Section   Name of Roadway/Street   Feet   Section   Section   Name of Roadway/Street   Feet   Section   Section   Name of Roadway/Street   Feet   Section   Name of Roadway/Street   Feet   Section   Section   Name of Roadway/Street   Feet   Section   Name of Roadway/Street   Name of Roadway/Street			13:26	NEWTON	MIOTOI			sh [	Vehicles	Inju	red Lat	itude _		State Police Local Police MBTA Police Other:	N N D
Rouse   Direction   Name of Readway/Street   Rouse   Street   Name of Readway/Street   Rouse   Rouse   Name of Readway/Street   Rouse   Rouse   Name of Readway/Street   Rouse								>		N				CTION:	
Food   Name of Intersecting Roadway/Street   Tandmark				EAST 647 WASHINGTON ST											
Routed   Direction   Name of Intersecting Readway/Street   Foot   N   E   W   of   Routed   Readway/Street   Routed   Rou	1 1	At					Route# Direction Address # Name of Roadway/Street								
Route' Direction Name of Intersecting Roadway/Street    Route' Direction   Name of Intersecting Roadway/Street   Feet   NS							Feet NSEW of • orExit Number								
Router Direction  Name of Intersecting Routowy/Stevet  License #		Route# Direc	ction		·										
Design   Properties   Properties   Properties   Design   Properties   Properties   Design   De	2	l	<del></del>	End N. C. E.WC									3		
License # St MA   DOB/Age   The State   Dobe   St MA   DOB/Age   The State   Dobe   Sec Ma   Lic Class   Distance   Sec Ma   Sec Ma   Lic Class   Distance   Sec Ma   Sec Ma   Lic Class   Distance   Sec Ma   Sec M	3	Route# Direc	tion	Name of Intersec	<del>, , , , , , , , , , , , , , , , , , , </del>	Landmark									
Sex M   Lic Class   D   18   18   Lic Restrictions   9   19   CDL   Veh Year 2018   Veh Make NISSAN   Veh Config   2   20		XVehicle1	#Occupants	Hit/Run	Moped Case	Number		21	00001053	1					
Sex M Lie, Class D Lie, Restrictions 9 CDL Veh Year 2018 Veh Make NISSAN Veh Config 2    Opperfor GEMEILIJR THOMAS		License#												20	-
Address STHORTON RD  City WALTHAM State MA Zip 02454  City WALTHAM Insurance Company PLYMOUTH ROCK  Vehicle Action Prior to Crash Insurance Company PLYMOUTH ROCK  Vehicle Travel Direction: N S X W Responding to Emergency? N  Citation # (If Issued) Violation 1: Ch See Violation 2: Ch See Underride Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  AgeDOB Sex F Lic Class D 18 18 Lic Restrictions Please Following  License # St MA  DOB/Age *  Reg # 949RCG Reg Type FAN  Reg State MA  Zip 02465  City Salte Zip  Vehicle Action Prior to Crash  We hicle Action Prior to Crash  AgeDOB Sex F Lic Class D 18 18 Lic Restrictions Please Following  Non-Motorist A Type  Address  Address  Operator  Non-Motorist A Type  Address  Operator  Non-Motorist A Type  Action 15 Location 16 Condition 17 License # St MA  DOB/Age *  Reg # 949RCG Reg Type FAN  Reg State MA  Veh Config 1  Owner (Same as operator)  Non-Motorist A Type  Address  City Sex F Lic Class D 18 18 Lic Restrictions  Non-Motorist A Type  Address  City Sex F Lic Class D 18 18 Lic Restrictions  Non-Motorist A Type  Address  City Sex F Lic Class D 18 18 Lic Restrictions  Non-Motorist A Type  Address  City Sex F Lic Class D 18 18 Lic Restrictions  Non-Motorist A Type  Address  City NEWTON  State MA  Zip 02465  City Sex F Lic Class D 18 18 Lic Restrictions  Non-Motorist A Type  Address  City Sex F Lic Class D 18 18 Lic Restrictions  Non-Motorist A Type  Address  City Sex F Lic Class D 18 18 Lic Restrictions  Non-Motorist A Type  Address  City NewTon State MA  Vehicle Action Prior to Crash  Vehi			Class D	Lic. Restriction	s 9 CDL								Veh Co	onfig. 2	
City WALTHAM  State MA Zip 02454  City WALTHAM  State MA Zip 02454  City State Zip  Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NS XW Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch. See Violation 2: Ch. See  Underride Override  Please fill out for operator and all occupants involved  License # St MA DOB/Age  See Above  Please fill out for operator and all occupants involved  License # St MA DOB/Age  See Above  Please fill out for operator and all occupants involved  License # St MA DOB/Age  City NEWTON  State MA Zip 02465  City NEWTON  State MA Zip 02465  City State MA Zip 02466  City State MA Zip 02465  City State MA Zip 02466  City State MA Zip 02466  Cit	4 1	Operator GEN	MELLI JK  Last  HORNTON RD	First	Middle										
Insurance Company PIYMOUTH ROCK  Vehicle Travel Direction: NS W Responding to Emergency? N Event Sequence 1 22 22 22 22 22 22 22 23 3 4 10 Underrearriage  Nost Harmful Event 1 23 1 10 Undercarriage  Nost Harmful Event 1 23 1 10 Undercarriage  Please fill out for operator and all occupants involved  Name (Last First Middle)  Please fill out for operator and all occupants involved  Name (Last First Middle)  Non-Motorist A Type 14 Action 15 Location 16 Condition 17					nta MA 7 in 02454										
Citation # (If Issued)    Most Harmful Event   1 23   1					Zip	Downson A was Codes (Circle He to Thorse)									
Violation 1: Ch See Violation 2: Ch See Driver Contributing Code 99 24 24 24 24 24 24 24 24 24 24 24 24 24	5	Vehicle Travel	Direction: N	S X W Resp	onding to Emergency? N	22 22 22 23 0 3 4									
Violation 1: Ch. Sec  Violation 2: Ch. Sec  Underride/Override		Citation # (If I	ssued)			Most I	Harmful Event	1 23			1	9			riage
Please fill out for operator and all occupants involved Name (Last First Middle)  Age/DOB Sex Pos. System Nature Servings Pos. System Nature System Nature System Nature System Nature Servings Pos. System Nature S	5	Violation	1: ChSe	ec Violation	2: ChSec	Driver Contributing Code 99 24 24									
Operator  See Above  Non-Motorist A Type  14 Action  15 Location  16 Condition  17 Hit/Run  Moped  License # _ St MA DOB/Age _ Reg # 949RCG Reg Type PAN Reg State MA  Sex F Lic Class D 18 18 Lic. Restrictions 9 19 CDL  Veh Year 2011 Veh Make FORD  Veh Config 1  Operator KURKOSKI  Operator KURKOSKI  City NEWTON  State MA Zip 02465  City NEWTON  State MA Zip 02465  City State Zip  Insurance Company ARBELLA MUTUAL  Vehicle Travel Direction:  N S E Reg Regnonding to Emergency?N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Address  Address  AgeDoB Sea Reg Type PAN Reg State MA  Veh Config 1  Damaged Area Code: (Circle Up to Three)  10 Undercarriage  5 11 Totaled  Voluderial Facility  10 Undercarriage  10 Undercarriage  10 Undercarriage  11 Totaled  Name (Last First Middle)  Address  Address  Address  AgeDoB Sea Reg Type PAN Reg State MA  Veh Config 1  Damaged Area Code: (Circle Up to Three)  10 Undercarriage  5 11 Totaled  Name (Last First Middle)  Address  Address  Address  AgeDoB Sea Reg Type PAN Reg State MA  Veh Config 1  Damaged Area Code: (Circle Up to Three)  10 Undercarriage  10 Undercarriage  11 Totaled  Name (Last First Middle)  Address  Address  Address  AgeDoB Sea Reg Type PAN Reg State MA  Veh Config 1  Damaged Area Code: (Circle Up to Three)  10 Undercarriage  11 Totaled  Name (Last First Middle)  Address  Address  AgeDoB Sea Reg Type PAN Reg State MA  DoB/Age  Damaged Area Code: (Circle Up to Three)  Underride/Override  25 Towed N  AgeDoB Sea Reg Type PAN Reg State MA  DoB/Age  Damaged Area Code: (Circle Up to Three)  Damaged Area Code: (Circle Up to Three)  Underride/Override  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Address  Address  AgeDoB Sea Reg Type PAN Reg State MA  DoB/Age  D 10 1 NONE	1					Underride/Override Towed N								_	
1 Please Select One of the Following:    Depart of the Following:		Name (Last Fir		rator and all occu	Address			Sex P	os. System	Status	Switch Coc	ie code	status C	ode Medical Facil	ity 1
1 of the Following: Wehicle 2 1 # Occupants Non-Motorist A Type		Operator			See Above				1	4	99 0	0	10 1	NONE	
1 of the Following: Wehicle 2 1 # Occupants Non-Motorist A Type															
1 of the Following: Wehicle 2 1 # Occupants Non-Motorist A Type															
License # St MA DOB/Age Reg # 949RCG Reg Type PAN Reg State MA  Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Veh Year 2011 Veh Make FORD Veh Config. 1  Operator KURKOSKI EILEEN Endorsment  Operator Last First Middle  Address  City NEWTON State MA Zip 02465 City State Zip  Insurance Company ARBELLA MUTUAL Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N S E Responding to Emergency? N  Citation # (If Issued)	7 <b>1</b>	Please Select C	One V Vehicle	o2 1 #Occupant	Non Motorict A. Tur	1			tion	16 Co	andition [	17		it/Dun Mor	and
Sex_F_Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Veh Year 2011 Veh Make FORD Veh Config. 1  Operator KURKOSKI EILEEN Owner (Same as operator)  Address 108 DERBY ST Owner (Same as operator)  City NEWTON State MA Zip 02465 City State Zip  Insurance Company ARBELLA MUTUAL Vehicle Travel Direction: N S E Responding to Emergency? N Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2			ng: —					Loca	ition						Jeu
Operator KURKOSKI EILEN  Address  Address  City NEWTON  Insurance Company ARBELLA MUTUAL  Vehicle Travel Direction:  N S E Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  City NEWTON  State MA Zip 02465  City State Zip  Damaged Area Code: (Circle Up to Three)  Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2			18	18	19								20		
Address 108 DERBY ST  City NEWTON  State MA Zip 02465  City State Zip  Insurance Company ARBELLA MUTUAL  Vehicle Travel Direction: NSE Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec  Violation 3: Ch Sec Violation 4: Ch Sec  Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Address  Address  Address  City State Zip  Damaged Area Code: (Circle Up to Three)  Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2														eh Config. 1	
City NEWTON  State MA Zip 02465  City State Zip  Insurance Company ARBELLA MUTUAL  Vehicle Travel Direction: N S E Responding to Emergency? N  Citation # (If Issued) Damaged Area Code: (Circle Up to Three)  Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2	1		Last	Last First Middle									_		
Vehicle Travel Direction: NSEX Responding to Emergency? NEvent Sequence 122 22 22 22 22 22 22 22 20 0 0 0 0 0 0													_		
Vehicle Travel Direction: N S E N Responding to Emergency? N Event Sequence 1 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Insurance Com	vehicle Action Phot to Clash 4									ree)			
Citation # (If Issued)		Vehicle Travel	Event Sequence 1 22 22 22												
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 99  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed N  Please fill out for operator and all occupants involved Name (Last First Middle)  Address Address Age/DOB Sex Pos. System Status Switch Code Status Code Medical Facility		Citation # (If I	ssued)	Most Harmful Event 1 2 5 11 Totaled  Driver Contributing Code 99 24 24 5 11 Totaled								nage			
Violation 3: ChSec Violation 4: ChSec Underride/Override															
Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System Status Switch Code Code Status Code Medical Facility  On the Code Status Code Medical Facility						Underr	ride/Override		Towed		29 3	0 31	32	33	$\blacksquare$
Operator/Poll-Motorist See Adove		Name (Last Fi	rst Middle)		Address			Sex	Pos. Syster	n Status	Switch Co	ode Code	Status C	Code Medical Fac	ility
		Operator/	INOII-IVIOTOTIST		See Above			-	1	4	99 0	0	8 1	NUNE	-



## Crash Narrative:

On December 16th, 2021 at approximately 13:26 hours while working N491 I responded to a report of a mv crash in front of Whole Foods, #647 Washington St.

On my arrival I located both involved vehicles. Vehicle #1 was a 2018 Black Nissan Rogue, ma plate 492NJ8, operated by a Thomas Gemelli. He stated he was exiting Whole Foods attempting to turn left E/B onto

Washington St when he crashed into vehicle #2. Mr Gemelli further stated there was a large truck turning into Whole Foods at the same time he was exiting that blocked his view of vehicle #2.

Vehicle #2 was a blue 2011 Ford Fiesta, ma reg. 949RCG, operated by a Eileen Kurkoski. She stated she was exiting from the gas station at #650 Washington St attempting to go W/B on Washington St when she was struck by vehicle #1. She also reported that her view of vehicle #1 was obstructed by the same truck entering Whole

(Continued on next page)								
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	#	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	ription of Dama	ged Property	
Truck and Bus Information:  Carrier Name			(From Vehic			Carrier Issu	uing Authority Coo	35 de
			· · · · · · · · · · · · · · · · · · ·					le
Carrier Name			City			St	Zip	le
Carrier NameAddressUS DOT #:	State Number		City			St	Zip	de
Carrier NameAddressUS DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	de
Carrier Name  Address US DOT #: Cargo Body Type Code37 Gros	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 L	St	Zip Interstate	de

	Direction	1 = Vehic	:le 1	_≠Vehicle 2	₽Pedesti	rian		
Crash Diagram:	ie: →[	1	2		→Ŷ			
							If Crash Did Not Con a Public Way:  Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North by A	t Lot enter
	i							
Crash Narrative:		· <u></u>						<del>_</del> _
Foods.								
Witnesses:		1					21 "	
Name (Last, First, Middle)		Addres	SS				Phone #	Statement
Property Damage:								
Owner (Last, First, Middle)	Address			Phone #	34-Type	Descri	ption of Damaged Property	
T 1 10 16 11								
Truck and Bus Information:	Registration #			(From '	Vehicle Section)			35
Carrier Name							Carrier Issuing Authority Code	e
Address				City			St Zip	
								36
US DOT #:	State Number			_ Issuing State _	ICC #:_		Interstate	
Cargo Body Type Code 37	Gross Vehicle Weight	38						
			G	n	_		39	
Trailer Reg #:	Reg Type	Reg	State	Reg Yea	r Tr	ailer Lei	ngth	
Hazmat Information:								
Placard 40 Material 1 dig	git # 41 Materia	Name			Material 4	digit#	Release code	42
THOMAS J MCCARTHY				N	EWTON POLICE DEPART	N	12/16/20	)21

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)