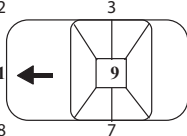
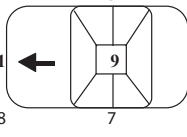
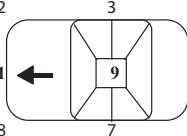
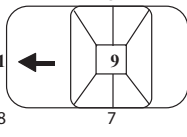


Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 09/17/2019	Time of Crash 14:11 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
BOLTON RD											
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____				Mile Marker Exit Number				
FAIRFIELD ST											
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				Route# Intersecting Roadway/Street				
Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street							Landmark				
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000952		
License # --- St MA DOB/Age ---			Reg # M68227 Reg Type MVN Reg State MA			Veh Year 1997 Veh Make MASTE Veh Config. 97			20		
Sex M Lic. Class A 18 A 18 Lic. Restrictions M 19 CDL _____			Veh Year 1997 Veh Make MASTE Veh Config. 97			Owner CITY OF NEWTON H			Address 74 ELLIOT ST		
Operator MARQUEZ RODOLFO			Owner CITY OF NEWTON H			Address 74 ELLIOT ST			City NEWTON State MA Zip 02459		
Address 61 ELLIOT ST			City NEWTON State MA Zip 02459			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company CITY OF NEWTON			Event Sequence 22 22 21 22 22 22			Most Harmful Event 22 23			Driver Contributing Code 1 24 24		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Underride/Override 25 Towed Y			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility			Operator See Above			Operator/Non-Motorist See Above		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>0</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # --- St DOB/Age ---			Reg # M67846 Reg Type MVN Reg State MA			Veh Year 2002 Veh Make INTL Veh Config. 13			20		
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2002 Veh Make INTL Veh Config. 13			Owner _____			Address _____		
Operator _____			Owner _____			Address _____			City _____ State _____ Zip _____		
Address _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company _____			Event Sequence 22 22 21 22 22 22			Most Harmful Event 22 23			Driver Contributing Code 1 24 24		
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Date of Crash		Time of Crash 24HR		City/Town		Motor Vehicle Crash Police Report		Number Vehicles	Number Injured	Speed Limit _____ Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
1	Route# _____ Direction _____ Name of Roadway/Street _____ At _____					Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							10
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8	Operator VERIZON _____ Last _____ First _____ Middle _____ Address 787 WASHINGTON ST _____ City NEWTON _____ State MA Zip 02458 Insurance Company _____					Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three)							
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	Operator/Non-Motorist _____ See Above												

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

On Tuesday September 17th, 2019 at approximately 1411 hours I responded to the intersection of Fairfield Street and Bolton Road for a city vehicle accident. At the time, the weather conditions were clear and the road surface was dry. Fairfield Street and Bolton Road are both public ways in the City of Newton.

Upon arrival I observed a City of Newton public works truck MA REG: M68227 front end crashed into a utility pole and small tree. The truck also had a trailer attached MA REG: M67846.

The operator of the city vehicle identified as Rodolfo Marquez (S77096565) stated the vehicle was parked on the corner of Fairfield Street at Bolton Road with its hand break activated and a chock block under the rear right tire. Rodolfo stated he was attempting to load a bobcat onto the trailer when the truck must have released from the hand brake and crashed head on into a utility pole and small tree. The area in which

(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:

Registration # M68227 (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: M68227 Reg Type MVN Reg State MASSAC Reg Year 1997 Trailer Length 1 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

Crash Narrative:

the truck was parked on and point of impact are both on a downward hill.

The impact from the truck into the utility pole caused a cable wire that was afixed to 36 Fairfield Street to be ripped from the house causing minor damage to the home. The city tree and utility pole also had minor damage.

I spoke to the homeowner of 36 Fairfield Street identified as Nicholas Morgan. Nicholas was made aware of the damage to his house and damage to the front lawn from the vehicles tires.

No injuries were reported and several photographs were taken of the vehicle and the damage to the house, lawn, city tree and utility pole. Verizon was notified to respond for a down cable wire. Todys responded and took posession of the vehicle.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

ANDREA M FERGUSON			NEWTON POLICE DEPARTA		09/17/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					