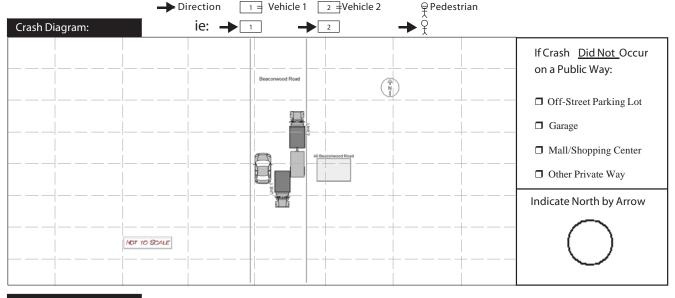
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|----------------|--|--------------------------------|---------------------|----------------------------|--|--|--------|-------------------------------|--------------------------|---------------------------------|--------------------------------|-------------------------------|---|-----------------|
| | Date of Crash 10/23/2019 | Time of Crash 13:06 24HR | NEWTON | MIOTOI | | icle Cra Report | sh | Numbe Vehicle 3 | | red Lat | ed Limi itude _ ngitude_ | | State Police Local Police MBTA Police Other: | Xi D |
| | | 1 | RSECTION: | | LOCAT | _ | > | | N | | | | CTION: | \Box \vdash |
| | | | | | | NORTH | 41 | | BEA | CONWC | OD RE |) | | 2 |
| 1 1 | Route# Direc | tion | Name of | Roadway/Street | F | Route# Direction | on A | ddress # | - | N | ame of F | Roadway | /Street | |
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| | Route# Direc | etion 1 | Name of Intersectin | g Roadway/Street | | | vlala | <u> </u> | Mi | le Marker | | | Exit Number | _ |
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| ² 1 | Route# Direc | tion | Name of Interse | eting Roadway/Street | Feet N S E W of | | | | | | | | | |
| 3 | | | Ι | Landmark | | | | | | | | | | \dashv |
| | XVehicle1 | 1_#Occupants | Hit/Run | Moped Case I | Number | | 1 | 90000108 | 2 | | | | | _ |
| | License# | 19 | StSt | 19 DOB/Age | Reg # _ | M2939A | | | Reg | Type_M | VN | Reg | State MA 20 | _ |
| | Sex_M_ Lic. 0 | Class B 18 M | Lic. Restriction | | | ear_2009 | Ve | h Make_ | ORD | | | _Veh Co | nfig. 97 | |
| 4 1 | Operator SAI | RGSYAN Last | NORAYR First | Middle | | CITY OF | t | NEW | First | : | | Middle | | - 1 |
| | Address 93 PE | | | | | s 110 CRAFTS | ST | | | | | | | - |
| | City NEWTO | | | te_MA Zip_02464 | City N | EWTON | | | | | | | Zip <u>02458</u> | - |
| 5 | | pany SELF INS | | | | Action Prior to | | 1 | 21 | Damag 2 | ed Area 3 | Code: (0 | Circle Up to Thr | ree) |
| 1 | Vehicle Travel | Direction: N | X E W Resp | onding to Emergency? N | Event S | Sequence 2 | 22 23 | | 22 | | \bigcap | $\overline{\mathcal{A}}$ | 10 Undercari | riage |
| | , | ssued) | | | | Iarmful Event | 2 | 24 | 24 | 1 | 9 | | 5 11 Totaled | nage |
| ⁶ 1 | | | | 2: ChSec | | Contributing Co | ode 25 | 1 | | 8 | 7 | | 6 | |
| 1 | Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved | | | | | Underride/Override Towed N | | | | | | | | _ |
| | Name (Last Fir | | ator and an occu | Address | | Age/DOB | Sex | 26 Seat Safety Pos. System | Airbag . n Status ! | Airbag Eje Switch Coo | t Trap le Code | 32 Injury Tra Status Co | nnsp. ode Medical Facil | 1 2 |
| | Operator | | | See Above | | | | 99 | 4 | 4 0 | 0 | 10 1 | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 7 1 | Please Select C of the Followi | I A Venicia | e2 1_#Occupant | s Non-Motorist A Typ | pe 14 | 4 Action 1 | 5 Loc | ation | 16 Co | ondition | 17 | Ні | t/Run Mop | ped |
| | License# | | St_M | | Reg#_ | M60924 | | | Reg | Type_CC | ON | Reg | State MA | _ |
| | Sex_M_ Lic. | Class D 18 1 | Lic. Restriction | | Veh Ye | ear_2008 | Ve | h Make_I | ORD | | | _Veh Co | onfig. 97 20 | |
| 8 1 | Operator NU | Last | JOSE | Endorsment | Owner | LEONE Las | t | MAR | IO First | | | Middle | | _ |
| _ | Address 32 BRIARWOOD LN | | | | | Address 811 WATERTOWN ST | | | | | | | | |
| | City MARLBOROUGH State MA Zip 01752 | | | | | City NEWTON State MA Zip 02465 | | | | | | | | - |
| | Insurance Company CHARTER OAK FIRE | | | | | Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three) | | | | | | | | |
| | Vehicle Travel Direction: X S E W Responding to Emergency? N | | | | | Event Sequence 1 22 22 22 22 3 4 | | | | | | | | . |
| | Citation # (If Issued) | | | | Most Harmful Event 1 23 10 Undercarri 5 11 Totaled | | | | | | | riage | | |
| | Violation 1: ChSec Violation 2: ChSec | | | | | Driver Contributing Code 1 24 24 | | | | | | | | |
| | | | | n 4: ChSec | Underr | ide/Override | 25 | Towe | | 8 | / | 1 42 1 | 6 | |
| | Pl Name (Last Fi | | operator and all | occupants involved Address | | Age/DOB | Sex | 26 Seat Safety Pos. System | 28 Airbag m Status | 29 3 Airbag Eje Switch Co | 0 31 ct Trap de Code | | ansp. Code Medical Faci | ility |
| | | Non-Motorist | | See Above | | | | | | | | 10 1 | | |
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| 10/23/2019 13 | me of Crash 3:06 24HR | City/Tov NEWTON | vn N | lotor V | /ehi | cle Cra | ash | Numb | | | Speed | | | - Sta | ate Police cal Police BTA Police | |
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| Route# Direction | | | | | - | | | Vehicl | cs III | jured | Latitu | de | | — M | BTA Police | |
| Route# Direction | T INTER | | | | | Report | | 3 | 0 | | Longi | | | Ot | her: | |
| | | SECTION: | ~ | < LO | CAT. | ION | > | | N | TO | AT I | NTE | ERSI | ECTI | ON: | \dashv |
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| Route# Direction | | 1 | λί. | | - | Feet [| N S I | E W of | | | • | (| or | | | _ |
| | . Na | ame of Intersecting | · | | ΞͰ | Fast [| N C I | E W of | N | lile Ma | rker | | | Ex | it Number | |
| | | Also at Inters | ection with | | - | | | | Re | oute# | —In | tersect | ting Ro | adway | /Street | - |
| Route# Direction | | Name of Intersec | ting Roadway/Stree | et | _ - | Feet | N S I | E W of | | | | | | | | |
| | | | | 1 | | | | | | | | Lan | ıdmark | | | 一 |
| XVehicle3 0 | _#Occupants | Hit/Run | Moped | Case Nu | mber | | | 19000010 | 82 | | | | | | | |
| License# | | St | | I | Reg#B | 62768 | | | Re | у Тур | TRN | | Re | g State | | |
| Sex Lic. Class | 18 18 | Lic. Restriction | | | Veh Yea | ar_2012 | V | eh Make_ | BRAV | | | | Veh C | Config. | 97 20 | |
| Operator | ast | Firet | Endors | | Owner _ | La | st | | E: | rst | | | Mid- | lle. | | _ |
| Address | | | | | | | | | | | | | Wilds | | | _ |
| City | | Sta | teZip | | City | | | | | | | State_ | | _Zip_ | | _ |
| Insurance Company | у | | | | Vehicle | Action Prior t | o Crasl | 1 11 | 21 | Da | maged | Area | Code: | (Circle | e Up to Th | ree) |
| Vehicle Travel Dire | rection: X | S E W Resp | onding to Emergen | icy?N I | Event Se | equence 1 | 22 | 22 22 | 22 | 2 | | 3 | $\overline{}$ | 4 | | |
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| Violation 1: 0 | ChSec_ | Violation | 2: ChSec | I | Driver C | Contributing C | ode | 1 24 | 24 | | • | 7 | $\sqrt{}$ | | 11 Touned | |
| Violation 3: 0 | ChSec_ | Violation | 4: ChSec_ | τ | Underrio | de/Override | 2 | Tov | wed N | 8 - - | | 7 | | 6 | | |
| Please fill o | | tor and all occup | oants involved | ess | | Age/DOB | Sex | 26 2 Seat Safe Pos. \$yst | 27 28 ety Airbaş em Status | 29 Airbag Switch | 30 Eject Code | 31 Trap I Code | 32 Injury 1 Status | 33 Transp. Code | Medical Faci | ility |
| Operator | | | See Ab | | | | | | | | | | | | | |
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| Diago Cologt One | | | Т | | 14 | 1 | 15 | | 16 | | | 17 | | | 1 | |
| Please Select One of the Following: | Vehicle | # Occupant | Non-Moto | rist A Type | 14 | Action | Lo | cation | | Conditi | on | 17 | | Hit/Ru | n Mo | ped |
| License# | | St | DOB/Age | I | Reg#_ | | | | Re | у Турс | e | | Re | g State | | |
| Sex Lic. Clas | 18 18 | Lic. Restriction | | | Veh Yea | ır | V | eh Make_ | | | | | Veh C | Config. | 20 | |
| Operator | ast | First | Endors | (| Owner _ | La | et | | Fi | rst | | | Mide | 110 | | _ |
| Address | | | | | Address | | | | | | | | | | | _ |
| City | | Sta | teZip | | City | | | | | | | State_ | | _Zip_ | | _ |
| Insurance Company | у | | | | Vehicle | Action Prior t | o Crasl | n | 21 | Da | maged | Area | Code: | (Circle | e Up to Th | ree) |
| Vehicle Travel Dire | ection: N S | S E W Res | ponding to Emerger | ncy? I | Event S | equence | 22 | 22 22 | 22 | 2 | | 3 | $\overline{}$ | 4 | | |
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| Violation 1: ChSec Violation 2: ChSec D | | | | | Driver Contributing Code 24 24 | | | | | | | | | | | |
| Violation 3: | ChSec | C Violation | 1 4: ChSec_ | | Underrio | de/Override | 2 | Tow | | 8 | | 7 | | 6 | | |
| Please Name (Last First M | | operator and all | occupants involv | | | Age/DOB | Sex | 26 Seat Safe Pos. Sys | ty Airbas | 29 Airbag | 30 Eject Code | 31 Trap I Code | 32 Injury 1 Status | 33 Transp. | Medical Fac | eilitv |
| Operator/Non | | | See Ab | | | | | | July Stall | ag DWIIC | Code | Couc | Julus | Code | .vicuitai rat | y |
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Crash Narrative:

On Wednesday October 23rd, 2019 at approximately 1306 hours I responded to 40 Beaconwood Road for a motor vehicle accident involving a city vehicle. At the time of the accident the weather conditions were sunny and the road conditions were dry. Beaconwood Road is a public way owned by the City of Newton.

Upon arrival I spoke with the operator of the city vehicle (MV1) identified as Norayr Sargsyan (
S34138376). Norayr stated that he was traveling southbound on Beaconwood Rd operating a yellow 2009 Ford drwsup truck (MA COM REG; M2939A) and as he passed a landscaping truck that was parked, the rear drivers side corner of the city truck made contact with the rear drivers side of the landscaping trailer.

Norayr stated there was a car parked facing the wrong direction directly across from the trailer making it hard for him to pass in between both vehicles. No damage to the city truck was visible, minor damage was

(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 # $\underline{\underline{^{B62768}}}$ _____(From Vehicle Section) 35 Carrier Name _ ___ Carrier Issuing Authority Code _____ City_____ Address_ US DOT #: State Number __ Issuing State _____ ICC #:___ Gross Vehicle Weight Cargo Body Type Code Reg Type_TRN Reg State MASSAC Reg Year_2012 Trailer Length Trailer Reg #: B62768 Hazmat Information: Material Name_____ Material 4 digit #_____ Release code Placard Material 1 digit #

| ANDREA M FERGUSON | | | NEWTON POLICE DEPARTM | | 10/23/2019 |
|------------------------------------|-----------|------------|-----------------------|-------------------|------------|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |

| I spoke with the operator of the landscaping truck (MV2) identified as Jose Nunez (S24348117). Jose stated MV2, a red 2008 Ford drwsup dump truck was unoccupied and parked with a red 2012 Brav utility trailer (MV3) attached to it. Jose reiterated the same sequence of events as Norayr. Both vehicles were able to leave the scene without further incident and I advised both parties a report would be submitted. 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 # | _ | Direction 1 | Vehicle 1 | 2 =Vehicle 2 | Pedestri | ian | |
|--|-------------------------------|-------------------|---------------|-----------------|--------------|---------------------------------|--------------|
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| Mail/Shopping Center Other Private Way Indicate North by Arrow | | | | | | ☐ Off-Street Pa | arking Lot |
| Crash Narrative: Cother Private Way Indicate North by Arrow | | | | | | Garage | |
| Crash Namative: present on the trailer. Photographs were taken of the damage and submitted to the IT bureau. No injuries were reported. I spoke with the operator of the landscaping truck (NV2) identified as Jose Nuner (\$2348117). Jose stated MV2, a red 2008 Ford drawup dump truck was unoccupied and parked with a red 2012 Breav utility trailer (NV3) attached to it. Jose reiterated the same sequence of events as Norayr. Both vehicles were able to leave the scene without further incident and I advised both parties a report would be submitted. Witnesses: Name (Lest First Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration # | | | | | | ☐ Mall/Shoppi | ng Center |
| Crash Narrative: present on the trailer. Photographs were taken of the damage and submitted to the IT bureau. No injuries were reported. I spoke with the operator of the landscaping truck (NV2) identified as Jose Nunex (824348117). Jose stated MV2, a red 2008 Ford dewaup dump truck was unoccupied and parked with a red 2012 Brav utility trailer (NV3) attached to it. Jose reiterated the same sequence of events as Norayr. Both vehicles were able to leave the scene without further incident and I advised both parties a report would be submitted. Witnesses: Name (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus information: Carrier Name Carrier Name Carrier Name Carrier Stating Authority Code Address City State Number Issuing State ICC #: Interstate Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Address Reg Type Reg State Reg Year Trailer Length Address Reg Type Reg State Reg Year Trailer Length Release code 42 | | | - | | | ☐ Other Private | e Way |
| Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Carrier Name Carrier Name Carrier Name Carrier Name Carrier Name Carrier Same Carrier Reg # Reg Type Reg State Material Name Material 4 digit # Material 1 digit # Material Name Material 4 digit # Material 1 digit # Material Name Material 4 digit # Release code Address Material 4 digit # Release code Address Reg Isration # Registration # Registration # Reg Name Reg Type Reg State Reg Reg Reg Reg Material 4 digit # Material Name Material 4 digit # Material 1 digit # Material Name Material 4 digit # Release code Address Material 4 digit # Release code Address Reg | | | <u> </u> | | | Indicate North | by Arrow |
| Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Carrier Name Carrier Name Carrier Name Carrier Name Carrier Name Carrier Same Carrier Reg # Reg Type Reg State Material Name Material 4 digit # Material 1 digit # Material Name Material 4 digit # Material 1 digit # Material Name Material 4 digit # Release code Address Material 4 digit # Release code Address Reg Isration # Registration # Registration # Reg Name Reg Type Reg State Reg Reg Reg Reg Material 4 digit # Material Name Material 4 digit # Material 1 digit # Material Name Material 4 digit # Release code Address Material 4 digit # Release code Address Reg | | | | | + | | |
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| I spoke with the operator of the landscaping truck (MV2) identified as Jose Nunez (524348117). Jose stated MV2, a red 2008 Ford drwsup dump truck was unoccupied and parked with a red 2012 Brav utility trailer (MV3) attached to it. Jose reiterated the same sequence of events as Norayr. Both vehicles were able to leave the scene without further incident and I advised both parties a report would be submitted. 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 Vehicle Section) Carrier Name Carrier Issuing Authority Code 35 Address City St Zip Interstate 36 Cargo Body Type Code 37 Gross Vehicle Weight 38 Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39 Hazmat Information: Placant 40 Material I digit # 41 Material Name Material 4 digit # Release code 42 | | otographs were | taken of the | e damage and su | bmitted t | to the IT bureau. No in | njuries were |
| Truckand Bus Information: Registration # (From Vehicle Section) Carrier Name State Number | reported. | | | | | | |
| Witnesses: Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # Statement Address Phone # Statement Carrier Name Carrier Name Carrier Name US DOT #: State Number | I spoke with the operator | of the landsca | ping truck (N | N2) identified | as Jose | Nunez (S24348117). | |
| Witnesses: Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # Statement Address Phone # Statement Address Phone # Statement Carrier Name Carrier Name Carrier Name Carrier Name Carrier Issuing Authority Code 35 Address City State Number Issuing State ICC #: Interstate Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Address Material 1 digit # 41 Material Name Material 4 digit # Release code Address Address Material 4 digit # Release code Address | Jose stated MV2, a red 200 | 8 Ford drwsup | dump truck wa | as unoccupied a | nd parke | d with a red 2012 Brav | utility |
| 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: Carrier Name | trailer (MV3) attached to | it. Jose reite | rated the sam | me sequence of | events a | s Norayr. Both vehicles | were |
| 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 # | able to leave the scene wi | thout further | incident and | I advised both | parties | a report would be subm | nitted. |
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| Truck and Bus Information: Registration # | | T | | | 0.17 | | |
| Carrier Issuing Authority Code Address | Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Description of Damaged Property | / |
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| US DOT #: State Number Issuing State ICC #: Interstate 36 Cargo Body Type Code 37 Gross Vehicle Weight 88 Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39 Hazmat Information: Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42 | Carrier Name | | | | | Carrier Issuing Authority | |
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| Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information: Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42 | Cargo Body Type Code Gro | ss Vehicle Weight | 38 | | | 20 | |
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| | Placard 40 Material 1 digit # | # 41 Material N | Name | | Material 4 d | ligit # Release co | de 42 |
| ANDREA M FERGUSON NEWTON POLICE DEPARTY 10/23/2019 | ANIDREA M FED CALCON | | | | | |)/02/001C |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)