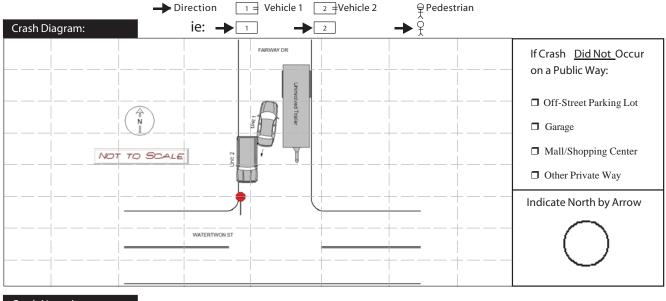
	Poli	ce Use Only		Commonweal	lth o	of Massa	ach	usett	S		RM	V Docum	ient Number	
	Date of Crash 06/10/2020	Time of Crash 12:49	City/Tow NEWTON	MIOTOI		icle Cra	sh	Numbe Vehicle	s Injur	ed La	eed Lim		State Police Local Police MBTA Police	N XI
		24HR	SECTION:		OCAT	Report	>	2	0 N(		ngitude_		Other:	┥
		AIINIEN	SECTION:	\ L	JOCA	HON			NC	JI AI	I IIVI	LKSEC	TION:	<b>2</b> 9
1	Route# SOU			Loadway/Street	,	Route# Direction	Δ	ddress #		N	lame of I	Roadway/	Street	
1	Koute# Direc		A		[ <del>*</del>								Sircei	2 <sup>10</sup>
	Route# Direct	<u> </u>	TOWN ST	Daadway/Stuad	L	Feet	N   S   E	W of		– – e Marker	• —	or	Exit Number	-
	Koute# Direc	tion in	Also at Interse		-	Feet [	N S E	W of	D		T	dia Dani	L/Ctt	
<sup>2</sup> <b>1</b>					-	Feet [	N S E	W of	Rout	ie#	Intersec	ting Koac	lway/Street	<b>3</b> 11
	Route# Direc	tion	Name of Intersect	ing Roadway/Street							La	ndmark		
3	XVehicle1	1_#Occupants	Hit/Run	Moped Case N	Number		2	200000032	1					
	License#		St_MA	_ DOB/Age	Reg#	6426			Reg '	Гуре_М	VN	Reg S	State_MA	_
	Sex_M Lic.	Class D 18 18	8 Lic. Restrictions	19	_	ear_2009	Ve	eh Make_l	_				20	
4	Operator MA		GLENN	Endorsment	Owner	CITY OF NEW	WTON	FIRE	First			Middle		- <b>1</b>
1	Address 1000	COMM AVE	FIFSI	Middle		s 1164 CENTR			rirst			MIddle		_  -
	City NEWTO	N	Stat	e MA Zip 02465	City N	IEWTON					State	<u>MA</u> 7	zip <u>02459</u>	-
	Insurance Com	pany_SELF			Vehicle	e Action Prior to	Crash	10	21	Damag	ged Area	Code: (C	Circle Up to Three	e)
5 <b>1</b>	Vehicle Travel	Direction: N	X E W Respo	nding to Emergency? N	Event 3	Sequence 2		22 22	22	2	3		4	
	Citation # (If I	ssued)			Most F	Harmful Event	2 2		24	1 👉	9	$\left\{ \mid \cdot \mid \cdot \right\}$	10 Undercarr 5 11 Totaled	iage
6	Violation	1: ChSec_	Violation 2	2: ChSec	Driver	Contributing Co		1 24	24	8	1	$\sum_{i} f_{i}$	0	
<sup>6</sup> 1				: ChSec	Underr	ide/Override		Tow	ed N		20 21			13
	Name (Last Fir		ntor and all occup	Address		Age/DOB	Sex	26 27 Seat Safet Pos. Syste	7 28 y Airbag A m Status S	29 irbag Eje witch Co	30 31 For Trap de Code	32 Injury Tran Status Coo	nsp. de Medical Facili	1 2
	Operator			See Above				1	4 4	4 0	0	10 1		_
<sup>7</sup> <b>3</b>	Please Select C of the Followi	I A Vehicle	2 <u>0</u> #Occupants	Non-Motorist A Type	1	4 Action 1	Loc	cation	16 Co.	ndition	17	Hit	/Run Mop	ed
	License#StDOB/Age				Reg # 1PD172 Reg Type PAN Reg State M						State MA	_ ]		
	Sex Lic.	Class 18 18	Lic. Restrictions	CDL	Veh Ye	ear_2018	Ve	eh Make_	ACUR			_ Veh Cor	nfig. 20	
8 <b>1</b>	Operator	Last	First	Middle		WILKINSON	st		RIELLA First		G	Middle		-
	Address					Address 767 WATERTOWN ST								-
	City State Zip					City NEWTON State MA Zip 02465								-
	Insurance Com	Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)								æ)				
	Vehicle Travel Direction: N X E W Responding to Emergency? N					Event Sequence 22 22 22 22 2 2 3 4 10 Undercarriage								iage
	Citation # (If Issued)				Most Harmful Event 1 9 5 11 Totaled									
						Driver Contributing Code 1 8 7								
				4: ChSec	∪nderr	ride/Override		Towe		29 3	30 31 Trap	32	33	$\dashv$
	Name (Last Fi			Address See Above		Age/DOB	Sex	Pos. Syst	y Airbag A em Status S	Switch Co	ode Code	Injury Trai	nsp. ode Medical Facil	lity
	Operator/	INOH-IMOTORISE		See Above					+					$\dashv$
									++					$\dashv$
									1 1					



## Crash Narrative:

On 06/10/2020 at 1249hrs I responded to the intersection of Fairway Drive and Watertown Street for a two car motor vehicle crash involving a city of Newton Fire Department vehicle. Vehicle 1 described as a 2009 Ford Taurus Sedan (MA Municipal Fire Reg 64260) was backing southbound on Fairway Drive when it struck Vehicle 2 which was unoccupied and parked in the southbound lane of Fairway Drive. Due to the force of the impact Vehicle 1 sustained minor damage to the drivers side rear quarter panel and Vehicle 2 sustained minor damage to the drivers side rear quarter panel. The operator of Vehicle 1 stated he was backing up due to a large commercial motor vehicle trailer which was parked and obstructing traffic in the northbound lane of Fairway Drive.

No injuries were reported on scene.

(Continued or	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			P	Phone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	f Damaged Property	
Truck and Bus Information:  Carrier Name			(From Vehic		Carı	rier Issuing Authority C	ode 35
Address			City		St_	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length		
Hazmat Information:							
Placard 40 Material 1 digit #	Material Nar	me		Material 4	digit #	Release code	42

-	Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestri	an
Crash Diagram:	ie: → 1	<b>→</b> [	2	₽Ŷ	
					If Crash <u>Did Not</u> Occur on a Public Way:
					Off-Street Parking Lot
					☐ Mall/Shopping Center
	— —   — — — —   				☐ Other Private Way
			<u></u>	<u></u>	Indicate North by Arrow
	_				
			<del>-</del>	<del>-</del>	
Crash Narrative:					
No vehicle tows were requ					
Pictures were taken and s					
Officer Marini N537 respo	nded for the com	merical moto	or vehicle tra	ailer.	
W itnesses: Name (Last, First, Middle)		Address			Phone # Statement
Nume (Lust, First, Minute)		Address			THORE # Statement
Property Damage:					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property
Truck and Bus Information:	Registration #		(From Ve	ehicle Section)	
Carrier Name					Carrier Issuing Authority Code
Address			City		St Zip
US DOT #:	State Number		Issuing State	ICC#:	Interstate 36
37	oss Vehicle Weight	38			
		D. G. (	D. W	T	39
Trailer Reg #: Hazmat Information:	Keg Type	Keg State	Keg Year_	Trai	ner Length
Placard Material 1 digit	# 41 M-4:-137	ıma		Motoni-1 4 1	igit # Release code 42
Material 1 digit	" Iviateriai Na	une		iviaterial 4 di	ıgıı # Kelease code
LICONIN COMPONI					
JASON M. SCHLEGEL			NEW	TON POLICE DEPARTA	Precinct/Barracks Date

CDP1 11 ·24·00