

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | |
|--|--------------------------------|---------------------|---|--|--|---|--|---------------------|--|--|
| Date of Crash 06/25/2020 | Time of Crash 09:06 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | | | Number Vehicles 2 | Number Injured 0 | Speed Limit 25 Latitude _____ Longitude _____ | State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/> |
| AT INTERSECTION: | | | < LOCATION > | | | | NOT AT INTERSECTION: | | | |
| Route# Direction Name of Roadway/Street At | | | SOUTH 21 LEWIS ST | | | | Route# Direction Address # Name of Roadway/Street | | | |
| Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | Feet N S E W of _____ Mile Marker _____ Exit Number _____ | | | | Feet N S E W of _____ Route# Intersecting Roadway/Street | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Feet N S E W of _____ | | | | Landmark _____ | | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | | <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 200000343 | |
| License # --- St MA DOB/Age --- | | | Reg # V42947 Reg Type CON Reg State MA | | | Veh Year 2020 Veh Make MACK Veh Config. 13 20 | | | Sex F Lic. Class B 18 18 Lic. Restrictions B 19 CDL T Endorsment | |
| Operator MELLETT KEVIN | | | Owner WASTE MANAGEME | | | Address 100 HILL ST | | | City AVON State MA Zip 02322 | |
| Address 124 SCHOOL ST | | | Address 100 HILL ST | | | City NORTON State MA Zip 02766 | | | Insurance Company ACE AMERICAN | |
| Vehicle Travel Direction: N X E W Responding to Emergency? N | | | Vehicle Action Prior to Crash 1 21 | | | Damaged Area Code: (Circle Up to Three) | | | Citation # (If Issued) T2015996 | |
| Violation 1: Ch A7/17 Sec Violation 2: Ch Sec | | | Event Sequence 2 22 22 22 22 | | | Most Harmful Event 2 23 | | | Driver Contributing Code 19 24 24 | |
| Violation 3: Ch Sec Violation 4: Ch Sec | | | Underride/Override 25 Towed N | | | 8 7 6 | | | 10 Undercarriage 5 11 Totaled | |
| 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 | |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 MA DOB/Age --- | | | Reg # T37787 Reg Type CON Reg State MA | | | Veh Year 2014 Veh Make TOYT Veh Config. 2 20 | | | Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment | |
| Operator LEBLANC STEVEN R | | | Owner AAA SPARKLING WINDOWS | | | Address 33 CHAPMAN ST | | | City MALDEN State MA Zip 02148 | |
| Address 44 WYETH | | | Address 33 CHAPMAN ST | | | City WATERTOWN State MA Zip 02472 | | | Insurance Company ARBELLA | |
| Vehicle Travel Direction: N X E W Responding to Emergency? N | | | Vehicle Action Prior to Crash 11 21 | | | Damaged Area Code: (Circle Up to Three) | | | Citation # (If Issued) | |
| Violation 1: Ch Sec Violation 2: Ch Sec | | | Event Sequence 1 22 22 22 22 | | | Most Harmful Event 1 23 | | | Driver Contributing Code 1 24 24 | |
| Violation 3: Ch Sec Violation 4: Ch Sec | | | Underride/Override 25 Towed N | | | 8 7 6 | | | 10 Undercarriage 5 11 Totaled | |
| 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/Non-Motorist See Above | | | Operator | |

→ 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:

Operator of vehicle one, Waste Management employee Kevin Mellett, stated that on 06/25/2020 at 09:06 hours while driving south bound (MA Con reg V42947 a 2020 Mack Trash truck) his vehicle struck an unoccupied vehicle that was parked facing south in front of 21 Lewis St. Lewis St is a public way in the City of Newton. The parked vehicle was MA Con reg T37787 a 2014 Toyota pick up truck registered to AAA Sparkling Window Cleaning. Mellett stated that the mechanical arm that is used to pick up trash barrels was not in the fully closed position. Mellett stated that the his truck's mechanical arm was still partially extended and that the clamps on the arm were in the open position when he attempted to pass the parked vehicle. I told Mellett it was my understanding that the trash truck could not be put into drive as long as the arm was still extended. Mellett stated that the truck can be driven with the arm still partially extended. Vehicle

(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 # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

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

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

MICHAEL A MCSWEENEY NEWTON POLICE DEPART 06/25/2020

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

one had no damage and vehicle two had damage to it's rear driver's side bumper and lower quarter panel.
Neither vehicle required a tow, and I took photos of both vehicles. Based upon Mellett's statements I issued
him MA citation T2015996 and cited him for a violation of City of Newton Ordinance 19/75, failure to use care
while starting.

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 _____

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

Cargo Body Type Code 37 Gross Vehicle Weight 38

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

MICHAEL A MCSWEENEY

NEWTON POLICE DEPART

06/25/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date