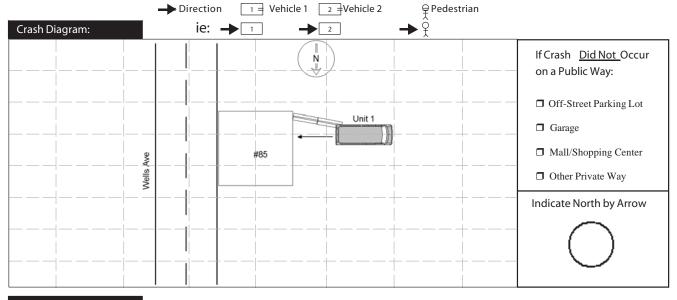
	Poli	ice Use Only		<u>Com</u> monweal	lth o	f Mass	ach	usett	S				nent Number	
	Date of Crash 09/09/2020	10:18	NEWTON	MIOTOI		icle Cra Report	sh	Numb Vehicl		red Lat	eed Limi titude ngitude_		State Police Local Police MBTA Police Other:	XI D
		AT INTEI	RSECTION:		OCAT		>	1					CTION:	$\neg$
		·				EAST	85			LS AVE				┥
	Route# Direc	etion	Name of Ro	padway/Street	R	Route# Direction		ddress #				Roadway/S	Street	_
	At					Fact [	NISIE	W of			•	or		_
	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of or Exit Number								_
			Also at Intersec	tion with		Feet	N S E	W of	Rou	te#	Intersec	ting Road	lway/Street	-
		<del></del> ——	NY CY (	D 1 (G)	-	Feet	N S F	W of				Ü	,	
_	Route# Direction Name of Intersecting Roadway/Street					Landmark								$\blacksquare$
	XVehicle1	_1_#Occupants	Hit/Run	Moped Case N	umber		2	20000005	04					
	License#		St_MA	DOB/Age	Reg# A	AF76035			Reg	Type_AI	PP	Reg S	State_PA	-
	Sex_M_ Lic.		Lic. Restrictions	M CDL	Veh Ye	ar_2012	V	eh Make_	FREIGH	TLINER		Veh Cor	nfig. 6 20	
	Operator PER	Last	JOELI First	J Endorsment		A DUIE PYL			First			Middle		-
		Address 423 PARK AVENUE (apt. 4)				650 (apt. 564)		TOWN	RD					-
	City WORCE	STER	State	MA Zip 01610	City W	EST CHESTE	R						Zip	
	Insurance Com	npany UNKNOV	VN			Action Prior to		10	21	_	ed Area		Circle Up to Thre	ee)
	Vehicle Travel	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$				Event Sequence 35 22 22 22 22 3 4								
	Citation # (If I	ssued) N/A			Most H	armful Event	35	3	24	1 👉	9	$( \mid \mid \mid )$	10 Undercarri 5 11 Totaled	iage
				ChSec	Driver	Contributing C		99 <b>24</b>		8	1	$\mathcal{I}\mathcal{I}$	6	
	Violation 3: ChSecViolation 4: ChSec					Underride/Override Towed 1								4
	Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB	Sex	Seat Safe Pos. Syste	ty Airbag P em Status S	irbag Eje witch Coo	ct Trap de Code	32 Injury Trai Status Coo	de Medical Facili	ty	
	Operator			See Above				99	4	99 0	0	10 1	N/A	_
1	Please Select C of the Followi	I Vehicle	e#Occupants	Non-Motorist A Type	: 14	Action	15 Lo	cation	16 Co	ndition	17	Hit	/Run Mop	ed
	License#		St	_ DOB/Age	Reg#_				Reg	Туре		Reg S		_
	Sex Lic. Class   18   18   Lic. Restrictions   19   CDL				Veh Ye	eh Year Veh Make Veh Config.						nfig.		
	Operator	Last	First	Endorsment	Owner	La	et .		First			Middle		_
	Address	Last	Flist	Middle		S			rnst			Wildle		-
	City State Zip					City State Zip								-
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ee)
	Vehicle Travel Direction: NSEW Responding to Emergency? E				Event Sequence 22 22 22 22 3 4							.		
	Citation # (If Issued) M				Most Harmful Event 23 10 Undercarriage 5 11 Totaled							iage		
	Violatio	on 1: ChS	ec Violation 2	2: ChSec	Driver	Contributing C		24	24	8		$\sum_{i} f_{i}(x_{i})$	6	
				:: ChSec	Underri	ide/Override	2	Tow	ed		,			
	Pl Name (Last Fi		r operator and all oc	ccupants involved Address		Age/DOB	Sex	26 Seat Safe Pos. Sys	7 28 ty Airbag A tem Status	29 3 airbag Eje Switch Co	0 31 ct Trap ode Code	Injury [Fran	33 nsp. ode Medical Facil	lity
	Operator/	Non-Motorist		See Above										



## Crash Narrative:

On 09/09/20 I met with William Wrang the property manager of 85 Wells Ave. Wrang states that on 09/08/20 between 1200 and 1500 hours a delivery driver for A. Duie Pyle backed into a brick wall near the loading dock causing a good amount of damage to the wall. Wrang was notified by a tenant of the building who stated the delivery driver made no mention of the damage but seemed to be in a hurry to leave. The damage was noticed by the tenant after the driver had left. Wrang has already reached out to the delivery company and gave them the tracking number of the package (478769557). The company stated they would pass along the information to their claim department and someone would be in touch. Wrang has still not heard back and wanted the incident documented. There are no cameras in the area.

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
WRANG, WILLIAM,	85 WELLS AVE NEWTON,MA		N

## Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property 85 WELLS AVE NEWTON, MASSACHUSETTS PRICK WALL

Truck and Bus Information:	Registration # AF76035	(From Vehic	cle Section)		25
Carrier Name				_ Carrier Issu	ing Authority Code 35
Address		City		St	Zip
US DOT #:	State Number	Issuing State	ICC #:		Interstate 36
Cargo Body Type Code 37 Gros	s Vehicle Weight 38				
Trailer Reg #: 2342963	Reg Type TRL Reg State N	AINE Reg Year 201	2 Trailer Leng	gth 97	
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

MICHAEL ANTHONY IAROSSI

Police Officer Name (Please Print)

Signature

NEWTON POLICE DEPARTM

Department

Precinct/Barracks

Date

	→ Direction	1 = Vehicle 1	₂ ≠Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →□	1 -	2 -	₽Ŷ			
						If Crash <u>Did Not</u> on a Public Way:	Occur
		<u> </u>				☐ Off-Street Parkin	g Lot
						☐ Garage	
		-  + 				☐ Mall/Shopping C	enter
		_				☐ Other Private Wa	
		 -					
	į	į į		į		Indicate North by A	rrow
Crash Narrative:							
Traffic Bureau upd	ate (Officer Gau	idet): On Thu	ırsday, Septem	ber 17, 2	020, I co	ntacted Duie Pyl	e
Inc and spoke Mr. Tim Hu	rford. Mr. Hurf	ford stated th	ne incident wa	s not a H	it and Run	and that his dr	iver
contacted the company an	d filed a report	t on the same	day as the cr	ash. Mr.	Hurford s	tated the compan	y has
already received an esti	mate for the dam	mage caused to	the building	and are	working wi	th the property	owner to
resolve the issue. Mr.	Hurford stated t	the operator o	of the vehicle	was iden	tified as	Mr. Joeli Perez-	Marte
(S97970226).							
Witnesses:							
Name (Last, First, Middle)		Address			F	Phone #	Statement
2							
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	f Damaged Property	
, , , , ,				71		3 . ,	
Truck and Bus Information:	Registration #		(From Ve	hicle Section)			35
Carrier Name						rier Issuing Authority Coo	ie
Address						Zip	36
US DOT #:	State Number	38	Issuing State	ICC #:_		Interstate	
Cargo Body Type Code	Gross Vehicle Weight	30				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	ailer Length	39	
Hazmat Information:	41						42
Placard 40 Material 1 dig	git # 41 Material N	Name		Material 4	digit #	Release code	42

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)