

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 09/09/2020		Time of Crash 10:18 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1		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:																																																																				
<div>11</div> <div>Route# Direction Name of Roadway/Street At</div> <div>Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>29</div> <div>EAST 85 WELLS AVE</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number</div> <div>Feet N S E W of _____ Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____ Landmark</div>																																																																						
						<div>210</div> <div></div>																																																																						
						<div>113</div> <div></div>																																																																						
						<div>3</div> <div></div>																																																																						
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000504																																																																						
<div>41</div> <div>License # --- St MA DOB/Age --- Sex M Lic. Class A 18 18 Lic. Restrictions M 19 CDL _____ Operator PEREZ-MARTE JOELI J Address 423 PARK AVENUE (apt. 4) City WORCESTER State MA Zip 01610 Insurance Company UNKNOWN</div>						<div>12</div> <div>Reg # AF76035 Reg Type APP Reg State PA Veh Year 2012 Veh Make FREIGHTLINER Veh Config. 6 20 Owner A DUIE PYLE Address 650 (apt. 564) WESTTOWN RD City WEST CHESTER State PA Zip _____ Vehicle Action Prior to Crash 10 21 Event Sequence 35 22 22 22 22 2 Most Harmful Event 35 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed Y Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled</div>																																																																						
<div>5</div> <div>Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) N/A Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>						<div>1330</div> <div>Please fill out for operator and all occupants involved</div> <table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td>99</td><td>4</td><td>99</td><td>0</td><td>0</td><td>10</td><td>1</td><td>N/A</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>						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	-----	---	---	99	4	99	0	0	10	1	N/A																																							
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→ 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 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
JUMBO CAPITAL,	85 WELLS AVE NEWTON,MASSACHUSETTS		97	BRICK WALL

**Truck and Bus Information:**

Registration # AF76035 (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 #: 2342963 Reg Type TRL Reg State MAINE Reg Year 2012 Trailer Length 97 39

**Hazmat Information:**

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

MICHAEL ANTHONY IAROSSI      NEWTON POLICE DEPART      09/09/2020

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

CDP1 11 -24:00

