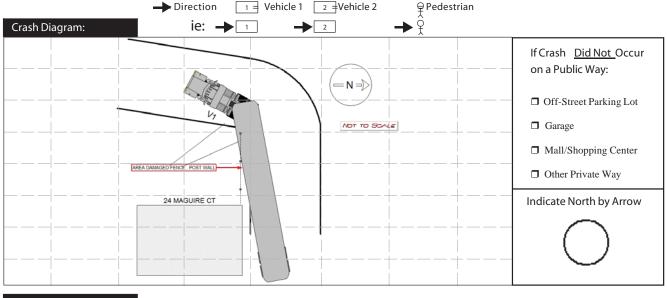
	Poli	ice Use Only		Commonweal	lth o	f Mass	ach	uset	ts		RMV	V Docun	nent Number	
	Date of Crash 10/28/2020	Time of Crash 09:00	NEWTON	Motor		icle Cra Report	ash	Numb Vehic		ed La	eed Limi titude ngitude_		State Police Local Police MBTA Police Other:	N N
			RSECTION:		OCAT	_	>		N(CTION:	
1	1					WEST	24	ı	MAC	UIRE C				
1	Route# Direction Name of Roadway/Street At				F	Route# Direction Address # Name of Roadway/Street						Street		
	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of Mile Marker exit Number							_	
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street							- <u> </u>	
3	Route# Direc	Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of								
3		My 111 4 4 10 Day 1				Landmark								
						2 Number 2000000619								4
	License # St PA DOB/Age				Reg # 3CF039 Reg Type APN Reg State OK Veh Year 2019 Veh Make KENWORTH Veh Config. 8								-	
1	Operator WL		JAMES	Endorsment COREY		MELTON T						-	g	- 1
1		Last GEORGETOWN	First N RD	Middle	Address 808 N 161ST EAST AVE First Middle								-	
	City LITTLET		State	PA Zip <u>17340</u>	City T	ULSA							Zip <u>74116</u>	-
5	1	pany SELF INS				Action Prior		4 22 22	21	Damag 2	ed Area	Code: (C	Circle Up to Thro	ee)
		Direction: N ssued) T201606		iding to Emergency? N		Sequence 30 Iarmful Event	2	3			N		10 Undercarr	riage
				ChSec		Contributing (6 24	24	1	9		5 11 Totaled	
2	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 6								
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex	26 Seat Safe Pos. Syst	27 28 ety Airbag A em Status S	29 3 irbag Eje witch Co	30 31 Ct Trap de Code	32 Injury Tra Status Co	33 nsp. de Medical Facili	ity 3
	Operator			See Above				99	4	99 0	0	10 1		
7					14	4	15		16		17			_
1	Please Select (of the Followi	I Vehicl	le# Occupants	Non-Motorist A Type	;	Action		cation	Co	ndition	17	Hit	t/Run Mop	ed
	License # St DOB/Age				Reg#_	g #Reg TypeReg State						State	-	
,	Sex Lic. Class Lic. Restrictions CDLEndorsment					ch Year Veh Make Veh Config.								
2	Operator Last First Middle					Owner Last First Middle								-
	Address City Zip					Address								_
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ee)
	Vehicle Travel Direction: NSEW Responding to Emergency?												riaga	
	Citation # (If Issued)					Most Harmful Event 23 10 Undercarriage 5 11 Totaled								
	Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec					Driver Contributing Code Underride/Override Underride/Override 25 Towed 8 7 6								
	Pl	ease fill out fo	r operator and all o	ccupants involved	CIIdell			26 2 Seat Safe	27 28 ety Airbag	29 3 irbag Eje	0 31 ct Trap	Injury [Fra	33 nsp.	\dashv
	Name (Last Fi	Non-Motorist		Address See Above		Age/DOB	Sex	Pos. Sy:	stem Status	Switch Co	ode Code	Status C	ode Medical Faci	lity
							+							\dashv



Crash Narrative:

On Wednesday October 28, 2020 at approx. 0900 I responded to 24 Maguire Court for a report of a crash with property damage involving a tractor trailer.

Upon arrival I met with the operator of the tractor trailer Mr. Williams, he stated he was traveling on

Maguire Court delivering equipment to a local business, and while turning into the business parking lot he
misjudged the turn and the trailer struck a fence, posts, wall belonging to 24 Maguire Court.

I advised the owners son who was on the property of the crash and advised I would have a report.

There were no reported injuries and all parties advised of the process.

I also conducted a Level one inspection on the truck/trailer.

The following below is a list of violations and citations

(Continued on next page)

Witnesses: Address Name (Last, First, Middle) Phone # Statement **Property Damage:** Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property** 24 MAGUIRE CT SCHIAVONE, LORETTA, 97 FENCE, POSTS, WALL NEWTON, MASSACHUSETTS 02 Truck and Bus Information: Registration # <u>3CF039</u> 35 Carrier Name MELTON TRUCK LINES INC Carrier Issuing Authority Code Address 808 N 161ST EAST AVE __ City_TULSA Zip_74116 St OK US DOT #: _0035666 _ Issuing State OKLAH(ICC #:___ State Number Cargo Body Type Code Gross Vehicle Weight Reg Type_TRN Reg State OKLAHO Reg Year_2013 Trailer Length Trailer Reg #: AT4800 Hazmat Information: _____ Material 4 digit # _____ Placard Material 1 digit # Material Name_ Release code

	Direction 1	■ Vehicle 1 2	vehicle 2	Pedestr	ian							
Crash Diagram:	ie: → 🛚	→ 2	→	· Ŷ								
					If Crash <u>Dic</u> on a Public V							
					☐ Off-Street	Parking Lot						
					Garage							
		į į			☐ Mall/Shop	ping Center						
					Other Priva	ate Way						
					Indicate Nort	h by Arrow						
		 				_						
					()						
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Crash Narrative:					L							
VIOLATIONS												
C.O. 19-75 FAILURE TO US	CARE IN TURNING	G										
393.47D INSUFFICIENT BRAI	KE LINING- AXLE !	5 RIGHT SIDE	BRAKE LINING H	AS APPRO	X. 3 INCH CRACK IN L	ENGTH.						
CITATIONS												
T2016068												
C.O. 19-75 FAILURE TO US	CARE IN TURNING	G \$ 20.00										
T201069												
CHAPTER 90 SECTION 7 BRAI	KE VIOLATION \$ 4	0.00										
All paperwork/inspections	s/citations were	issued to th	e operator and	advised	of the process.							
			_									
Witnesses:												
Name (Last, First, Middle)		Address			Phone #	Statement						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Prope	rtv						
owner (zasy i iisty middle)	- Address		Thomas is	5ypc	2 company of 2 amaged 1 tope	,						
Truck and Bus Information:	Registration #		(From Vehic	cle Section)		35						
Carrier Name Carrier Issuing Authority Code												
Address			City		St Z	ip						
US DOT #:	State Number		Issuing State	ICC #:_	Intersta	ate 36						
Cargo Body Type Code 37 G	ross Vehicle Weight	38										
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length 39							
Hazmat Information:				_								
Placard 40 Material 1 dig	it # 41 Material N	Jame		Material 4	digit # Release	code 42						
						<u>—</u>						
ROCCO D MARINI		13963	NEWTO:	N POLICE DEPART?	N	10/28/2020						

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)