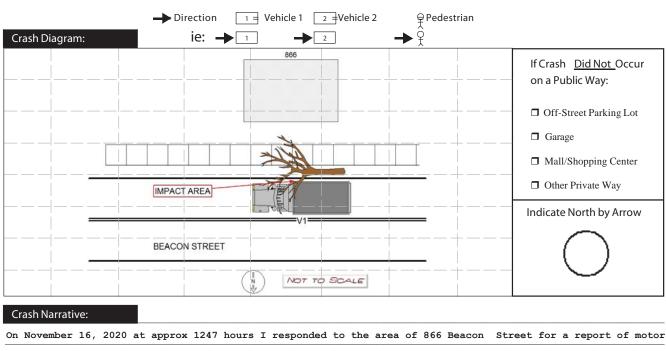
		ee Use Only					f Massa		useti	S				nent Number	
	of Crash 6/2020	Time of Crash 12:47	City/I NEWTON	own			icle Cra	sh	Numb Vehicl			eed Limi		State Police Local Police MBTA Police	X
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	24HR					Report		1	0		ngitude_		Other:	· •
		AT INTER	RSECTION:		< L	OCAT	ION :	>		NO	T AT	INT	ERSE	CTION:	
							EAST	86	6	BEAC	ON ST				
Route	te# Directi	on	Name o	f Roadway/Street	t	R	Route# Direction	on A	ddress #	-	N	ame of F	Roadway/	Street	
1				At			Feet N	N S E	W of			•	or		
Route	te# Directi	ion N	Vame of Intersect	ing Roadway/Stre	eet			.11		Mile	Marker	•		Exit Number	
			Also at Inte	ersection with		-	Feet N	NSE	w of	Rout	e#	Intersec	ting Road	dway/Street	_
Rout	te# Directi		Name of Inters	ecting Roadway/S	Street	-	Feet N	N S E	W of						
				T								Laı	ndmark		
<b>\_X</b> \v	Vehicle1 _	1_#Occupants	Hit/Rur	Море	ed Case N	lumber		2	0000006	58					
Licen	nse#		St_N			Reg# H	C59138			Reg T	ype_Co	ON	Reg	State MA	_
Sex_1	M Lic. C	class B 18 1	Lic. Restriction	ons 19 CI	DL	Veh Ye	ar_1987	Ve	h Make_	INTERNA	ATION	AL	_ Veh Co	nfig. 6 20	
Opera	rator QUIN	NN Last	CHRISTOP	HER	dorsment		QUINN	t		RENCE		W	Middle		_
Addre	ress 58 LIN	ICOLN RD.				Address	7 (apt. B) LIN	COLN	ST						_
City_	NEWTON	I	S	tate_MA_Zip_0	02458	City N	ATICK					State	MA 2	Zip <u>01760</u>	_
Insura	rance Comp	any COMMER	CE INS			Vehicle	Action Prior to	Crash	1	21	Damag	ged Area	Code: (C	Circle Up to Thi	ree)
Vehic	cle Travel I	Direction: N	S X W Re	sponding to Eme	rgency?_N	Event S	Sequence 21 2			22		<u> </u>	)	<b>(4)</b>	
Citati	tion # (If Iss	sued)				Most H	armful Event	21 23	<u> </u>	1	-	9	$ \cdot $	10 Undercar 5 11 Totaled	riage
-	Violation 1	1: ChSec	e Violatio	n 2: ChS	ec	Driver	Contributing Co		1 24	24	3	$\sqrt{1}$		6	
				n 4: ChS		Underri	de/Override	25	Tov	ved N		,			
Nam	Please fi me (Last First		ator and all occ	upants involved	d Address		Age/DOB	Sex	26 2 Seat Safe Pos. Syst	7 28 ty Airbag Ai em Status Sv	29 Eje rbag Eje vitch Coo	30 31 ct Trap de Code	32 Injury Tra Status Co	33 nsp. de Medical Facil	lity
(	Operator			See	Above				99	4 9	9 0	0	10 1		
Pleas	se Select Or	ne 🗖 🗸	".0			14		5		16	11	17			
of the	ne Followin	g: Vehicle	e# Occupa	nts Non-M	otorist A Type		Action	Loc	ation	Cor	dition		Hit	t/Run Mor	ped
Licen	nse#	18 1	St	DOB/Age	:	Reg#_				Reg 7	ype		Reg	State	_
Sex_	Lic. C		Lic. Restriction	ons CI	DL	Veh Ye	ar	Ve	h Make_				_ Veh Co	-	
Opera	rator	Last	First		Middle	Owner	Las	t		First			Middle		_
Addre	ress					Address	s								_
City_			S	tateZip_		City						State	2	Zip	_
Insura	rance Comp	oany				Vehicle	Action Prior to					,	Code: (C	Circle Up to Thi	ree)
Vehic	cle Travel D	Direction: N	S E W	esponding to Eme	ergency?	Event S	Sequence 2	22 2		22		3		4 10 Undercar	ringa
Citati	tion # (If Iss	sued)				Most H	armful Event	2.	<u> </u>	24	-	9	<u> </u>	5 11 Totaled	nage
	Violation	1: ChSe	ec Violati	on 2: Ch	Sec	Driver	Contributing Co	ode 25	24		3			6	
				on 4: ChS		Underri	ide/Override	Z:	Tow	ed		7	1 22 1		
Nar	Plea nme (Last Firs		operator and a	Il occupants inv	olved Address		Age/DOB	Sex	26 Seat Safe Pos. Sys	7 28 ty Airbag Ai tem Status S	rbag Eje witch Co	ode Code	Injury Tra	nsp. ode Medical Fac	ility
(	Operator/N	Non-Motorist		See	Above										
											+				
							1	1				1	1 1	1	



vehicle crash with City property damage.

Upon arrival I spoke with the oper of vehicle 1 Mr. Quinn, he stated while traveling east bound on Beacon Street, he pulled over to park properly the right top corner of the dump body had contact with a City tree in the area of 866 Beacon Street.

I observed the dump truck in the eastbound lane of Beacon Street with damage to the right side dump body, right side of truck cab, passenger side door, mirror and passenger side fender, there may have been more internal damage, but I could not asses due to the tree leaning against the truck.

I looked around the crash site area, I observed the City tree was not trimmed properly and was too far into (Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
Property Damage:			

i Toperty Damage.				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	1000 COMM AVE NEWTON,MASSACHUSETTS 0	617-796-1000	3	TREE

Truck and Bus Information:	Registration # K59138	(From Vehic	le Section)		35
Carrier Name L.W. QUINN				Carrier Issu	ing Authority Code
Address 7 LINCOLN STREET		City_NATCK		St	Zip_01760
US DOT #: 3192123	State Number	Issuing State MASS	A( ICC #:_		Interstate 1 36
Cargo Body Type Code 8 Gross	s Vehicle Weight 3			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Tra	ailer Length	
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 o	digit #	Release code 42

ROCCO D MARINI		13963	NEWTON POLICE DEPARTM		11/16/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	→ Direction	1 = Ve	hicle 1	2 = Vehicle 2	₽ Pedestr	ian		
Crash Diagram:	ie: <b>→</b> [	1	<b>→</b> □	2	<b>→</b> ĝ			
							If Crash <u>Did Not Con</u> a Public Way:	Occur
			ļ				☐ Off-Street Parking	Lot
							☐ Garage	
			+			- — — —		ntor
		_		<u></u>			☐ Mall/Shopping Ce	
							☐ Other Private Way	′
			†				Indicate North by A	rrow
		_						
							$\sim$	
Crash Narrative:								
the roadway in the normal	path of trave	al for	all vehi	icles				
Forestry arrived on scene								
I took pictures of the cr					ne I.T. Bur	eau		
I advised Mr. Quinn of th								
Witnesses:								
Name (Last, First, Middle)		Add	Iress			Pł	none #	Statement
Dranarty Damaga								
Property Damage: Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of	Damaged Property	
					5			
Truck and Bus Information:	Registration #			(From V	/ehicle Section)			35
Carrier Name						Carri	er Issuing Authority Code	
Address				City		St_	Zip	
US DOT #:	State Number			Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38						
Trailer Reg #:	٦ [	F	Reg State	Reg Year	Tr	niler Length	39	
Hazmat Information:		·			110			
Placard 40 Material 1 digi	t # 41 Materia	l Name			Material 4	ligit #	Release code	42
ROCCO D MARINI			1396	3 NI	EWTON POLICE DEPART!		11/16/20	120

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)







