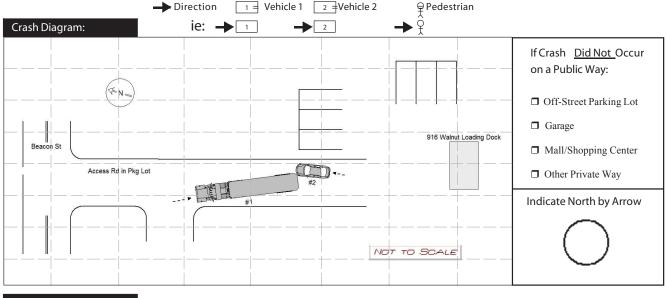
[Poli	ce Use Only		Common	wealth	of Mass	achu	setts			RMV	V Docur	ment Number	
	Date of Crash 02/15/2021	Time of Crash 11:57	City/To	wn Mo	tor Ve	hicle Cra	ısh [Number Vehicles			ed Limi itude		State Police Local Police MBTA Police	□ Xi
	02/15/2021	24HR	NEWTON		Police	Report		2	0		igitude_		Other:	e 🔲
		AT INTER	RSECTION:	<	LOC	ATION	>		NO	T AT	INTI	ERSE	CTION:	
						NORTH	н 916		WALN	UT ST				-
	Route# Direct	tion	Name of	Roadway/Street		Route# Directi	on Add	ress #		Na	ame of R	Roadway	/Street	
\dashv				At		Feet	N S E V	V of		(•	or		
	Route# Direc	tion N	Name of Intersecting	g Roadway/Street		1 cct	.,		Mile	Marker		O1	Exit Number	_
			Also at Inter			Feet	N S E V	V of	Route	#	Intersec	ting Roa	idway/Street	_
;						Feet	N S E V	V of	reduce	,,	intersee	ting itou	away/Bireet	
<u>'</u>	Route# Direct	tion	Name of Interse	cting Roadway/Street							Laı	ndmark		
	XVehicle1	1_#Occupants	Hit/Run	Moped	Case Numbe	er	210	0000118						
	License#		St RI	DOB/Age	Peg	# U968135			Ред Т	ype TR	N	Reg	State_TN	
	Sex_M Lic. 0	Class A 18 18		19		Year 2019	Vah	Maka H					20	
			LAWRENCE	Endorsmer	. 4	ner TRAILER LE						_ ven co	ming.	'
1	Operator TOO	Last IANTON AVE (apt. 3)	Middle		ress 103 (apt. 300)						Middle	e	_
	City PROVID			ate RI Zip 02509		ROSELAND					Stata	NJ	Zip 07068	_
	Insurance Com		sı	Zip_ <u></u>		icle Action Prior t	n Crash	2					Circle Up to Th	ree)
			V F W Dear	onding to Emergency?		nt Sequence 1	22 22	22	22 2	_	3		4	
				bonding to Emergency:		•	23					\overline{A}	10 Undercar	rriage
	Citation # (If Is			2: Ch Sec		t Harmful Event	1 0	24	24	+	9		5 11 Totaled	
2				4: Ch Sec		er Contributing C	ode 99	,	. N 8		7		6	
_		fill out for opera	Und	Underride/Override Towed N							_			
	Name (Last Fir			Address		Age/DOB	Sex Po		Airbag Air Status Sw	bag Ejec itch Cod	0 31 Trap e Code	Injury Tra Status Co	ansp. ode Medical Fac	ility
	Operator			See Above	•			99	4 9	9 0	0	10 1	-	
1	Please Select C		2 <u>1</u> #Occupan	ts Non-Motorist	A Type	14 Action	15 Locat	ion	16 Con	dition	17	Пні	it/Run	ped
	License#		St M	A DOB/Age	Reg	# 2KYJ47			Reg T	ype PA	N	Reg	State_MA	
	Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL					Veh Year 2014 Veh Make SUBARU Veh Config. 1								
	Operator RUI		BRENDAN	Endorsmer	nt	ner (Same as ope							0	
	Address 2 AV	Last	First	Middle		La	st		First			Middle	e	_
	City BOSTON State MA Zip 02111					Address State Zip								_
	Insurance Company NORFOLK & DEDHAM					Damaged Area Code: (Circle Un to Three)								ree)
	Vehicle Travel Direction: X S E W Responding to Emergency? N					Event Sequence 1 22 22 22 22 23 4								
	Venicle Travel Direction: Kesponding to Emergency (1) Citation # (If Issued)					Most Hamful Front 23								rriage
	Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec					Most Harmful Event 1 5 11 Totaled Driver Contributing Code 99 24 24 1 5 11 Totaled								
	Violation			Underride/Override Towed N Order Contributing Code 99 Towed N Towed N										
[operator and all	n 4: ChSec occupants involved	Und	CITICO OVEITICE				29 30 bag Ejec) 31 Trap	32	33	\dashv
	Name (Last Fi	rst Middle)		Address		Age/DOB		os. System	Status Sv	vitch Co	de Code	Status C	ansp. Code Medical Fac	cility
	Operator/	Non-Motorist		See Above	:		-	99	4 9	9 0	0	10 1		-



Crash Narrative:

Mv#1 (tractor trailer) operator stated he had a clear access road in the parking lot as he was backing to make a delivery into the Whole Foods loading dock. #1 further stated before he backed up, he observed Mv#2 off to an adjacent side corner of the parking lot, which left the access road clear leading to the loading dock. #1 stated at that time while he was backing, #2 attempted to pass his trailer on the right. A collision occurred with the passenger side rear trailer and the driver's side front of #2.

#2 operator stated he was attempting to exit the parking lot by the access road leading out to Beacon St. #2 further stated he observed the trailer backing up, at which time he stated he came to a complete stop and was honking his horn to alert #1. #2 stated at that time, #1 did not stop and backed into his driver's side front end. #2 sustained moderate damage. #1 sustained no damage to the rear trailer.

(Continued on next page)								
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	Sta	tement
Property Damage:		•					·	
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descrip	otion of Dama	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)				
Truck and Bus Information: Carrier Name			`	ele Section)		Carrier Issu	ning Authority Code	35
						_		35
Carrier Name			City			St	Zip	
Carrier NameAddressUS DOT #:	State Number		City			St	Zip	
Carrier NameAddressUS DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	
Carrier Name Address US DOT #: Cargo Body Type Code 37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	
Carrier Name	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC#:Tr	railer Len	Stgth39	Zip36	

	Direction	1 dehicle 1	2 #Vehicle 2	子 Pedestri	ian	
Crash Diagram:	ie: → 🗀	→ [2	→ ♀		
	_				If Cron a	rash <u>Did Not</u> Occur a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Tate North by Arrow
Crash Narrative:						
Observations of Mv position	ning on arriva	ıl was:the tr	ailer was alı	most fully :	in the center o	of the access road
leaving only about a 3 foo						
road. Although #2 reported					-	
pass and approached too cl						
pass and approached too cr	osery to the r			ave enough		
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:	T					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ged Property
Truck and Bus Information:	Registration #		(From '	Vehicle Section)		35
Carrier Name					Carrier Issu	ing Authority Code
Address			City		St	Zip
US DOT #:	State Number		Issuing State	ICC#:		Interstate 36
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38				
			_		39	
Trailer Reg #:	Reg Type	Reg State	Reg Yea	r Tra	uler Length	
Hazmat Information:	41					. 42
Placard 40 Material 1 digit #	# Material N	Name		Material 4 d	ligit #	Release code 42

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)