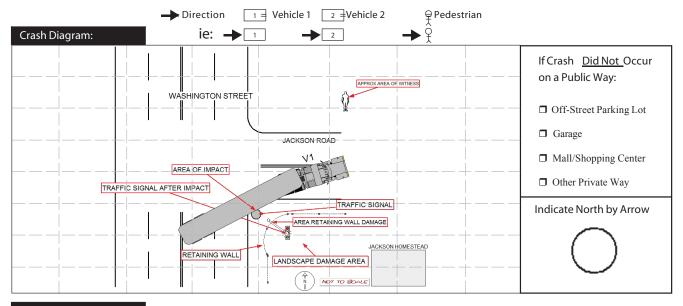
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AT INTERSECTION: COLONION NOT AT INTERSECTION:			14:30	1	MIOTOI			ash	Vehicle	es Injur	ed Lat	titude _		State Police Local Police MBTA Police Other:	N N
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Asho at Intersections with		WES	т WASHI				Feet	N S F	E W of				or	Exit Number	-
Rouse Direction Name of Intersecting Roadway/Street SE W SE W of Landmurk		Route# Direc	tion N			[Feet	N S F	E W of						
Rouge Direction Name of Intersecting RoadwyStreet Landmark	2						Feet	N S F	E W of	Rout	e#	Intersec	ting Road	dway/Street	3
License # - St NM DOB/Age - See Number 2100000219		Route# Direct	tion	Name of Intersecti	ng Roadway/Street							Laı	ndmark		
Sex M Lie Class A 18 18 Lie Restrictions J 9 CDL Veh Vear 2016 Veh Make PREIGHTLINER Veh Config D0 Poperator ORTIZ JANUELE Endorsment Address 11 COUNTRY CLUB BLVD (apt 201) Address 11 COUNTRY CLUB BLVD (apt 201) Address 6 RAMLAND ROAD Address 7 Danuaged Area Code: Circle Up to Three) Vehicle Travel Direction: \(\begin{align*}{c c c c c c c c c c c c c c c c c c c	3	XVehicle1	#Occupants	X Hit/Run	Moped Case N	Number		2	21000002	19					
Sex M Lic Class A Lic Crestrictions J CDL Veh Year 2016 Veh Make REGHTLINER Veh Config. 10 JANUEL Endorsment Operator ORTIZ JANUEL Endorsment Owner DIVERSITIED AUTO: Address II COUNTRY CLUB BLVD (apt. 201) Address SAMLAND ROAD Address SAM		License#	10 1			Reg#	17833PB			Reg	ype_Al	PN	Reg		_
Address MICOUNTRY CLUB BLVD (apt. 201) Address ARMANN ROAD Address State NY Zip 10962			Class A		J CDL					FREIGH	LINER	R	Veh Co		
City WORCESTER State MA Zip 01605 City ORANGEBURG State NY Zip 10962	⁴ 3			First						First			Middle		- 7
Insurance Company TRAVELERS PROPERTY CASUALTY CO Vehicle Travel Direction:					MA 7: 01605								NY .	10962	-
Vehicle Travel Direction:										21					ee)
Citation # (If Issued) T2017488 Violation 1: Ch 9024/Sec Violation 2: Ch 003 Sec Driver Contributing Code 6 24 24 24 24 24 24 24 24 24 24 24 24 24	5								3	22	2	6		4	
Violation 1: Ch 90/24/Sec Violation 2: Ch 003 Sec Driver Contributing Code 6 24 24 24	1							2	13			9			iage
Please fill out for operator and all occupants involved AgeDOB Sec. Sec		Violation	1: Ch90/24/Sec	Violation 2	Ch_003_Sec	Driver	Contributing C		6			Ź			
Operator See Above Non-Motorist A Type I4 Action I5 Location I6 Condition I7 Hit/Run Moped To the Following: Sex_ Lic. Class Sex_ Lic. Class Sex_ Lic. Class I8 18 Lic. Restrictions City_ State Zip_ City_ State Zip_ City_ State Zip_ City_ State City_ State Zip City_ State Zip City_ State Zip City_ State City_ State Zip City_ State Zip City_ State Zip City_ State Zip Damaged Area Code: (Circle Up to Three) Vehicle Action # (If Issued) Vehicle Travel Direction: N S EW Responding to Emergency? Event Sequence Veh Land Most Harmful Event Violation 1: Ch. Sec Violation 2: Ch. Sec Violation 2: Ch. Sec Violation 2: Ch. Sec Violation 2: Ch. Sec Violation 3: Ch. Sec Violation 4: Ch. Sec Underride/Override Vent Sequence Vent Sequence Zip State Zip State	61					Underr	ride/Override	2	Tov	ved N		/	T 22 T		
Please Select One				ator and all occupa			Age/DOB	Sex	Seat Safe Pos. Syste	ty Airbag A Em Status Sv	rbag Eje vitch Coo	30 31 ct Trap de Code	Injury Tra Status Co	de Medical Facili	<u>ity</u> 2 3
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Sex Lic. Class	3		Vehicle	e# Occupants	Non-Motorist A Type	e 1			cation	16 Con	ndition	17	Hit	t/Run Mop	ed
Sex Lic. Class		License#				Reg#_				Reg	уре		Reg		_
Operator Owner Owner Owner Last First Middle Address Address Other Last First Middle Address Address Owner Vehicle State Zip Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 22		Sex Lic. 0			CDL	Veh Ye	ear	V	eh Make_				Veh Co		
City State Zip City State Zip Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 22	⁸ 2	Operator	Last	First		Owner	L;	ast		First			Middle		-
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Citation # (If Issued) Most Harmful Event 23 10 Undercarriage 5 11 Totaled Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override 25 Towed 8 7 6										22		,		•	
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Violation 3: ChSec Violation 4: ChSec Underride/Override Towed		Violation	n 1: ChSe	ec Violation	2: ChSec	Driver	Contributing C					ZÍ			
Please fill out for operator and all occupants involved $\begin{bmatrix} 26 & 27 & 28 & 29 & 30 & 31 & 32 & 33 \end{bmatrix}$,					Underr	ride/Override	2	Tow	ed		7	1 22 1		
Name (Last First Middle) Address Age/DOB Seat Safety Airbag Airbag Eject [Trap Injury Transp.] Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility				operator and all o	1		Age/DOB	Sex	26 Seat Safe Pos. Sys	ty Airbag A tem Status S	29 3 rbag Eje witch Co	0 31 Frap ode Code	Injury Tra	nsp.	lity
Operator/Non-Motorist See Above		Operator/	Non-Motorist		See Above						-				
								-			-				



Crash Narrative:

On Wednesday March 31, 2021 at approx 1430 hours Officer Panica responded to the area of Washington Street and Jackson Road for a report of a tractor trailer (car carrier) with New York registration that knocked over a traffic signal and kept traveling east on Jackson Road with out stopping. Officer Nardelli and I responded to the area as dispatch was giving updates of tractor trailer information and direction of travel.

I traveled west on Watertown Street from Chapel Street and observed a car carrier traveling west approx four blocks west ahead of me. I activated my emergency lights and made a motor vehicle stop at Watertown Street at Nevada Street. I observed a trailer NY reg # BH32997 which dispatch confirmed this reg was the one involved in the crash. The name of the comapny is DIVERISIFIED AUTOMOTIVE INC of 6 RAMLAND ROAD ORANGEBURG N.Y. 10962

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
MCGINTY, ERIN,	233 JACKSON ROAD NEWTON,MA 02458		N

Owner (Last, First, Middle)

Address
Phone # 34-Type Description of Damaged Property

1000 COMM AVE
, CITY OF NEWTON,
NEWTON,MASSACHUSETTS 0; 617-796-1000
3 TRAFFIC SIGNAL/FOOTING/BIRM/SIDEWALK

527 WASHINGTON STREET
JACKSON HOMESTEAD, CITY NEWT
NEWTON,MASSACHUSETTS 0; 617-796-1450
3 RETAINING WALL/LANDSCAPE

	<u> </u>			
Truck and Bus Information:	Registration # 17833PB	(From Vehicle Section)		
Carrier Name DIVERSIFIED AUTOMO			_ Carrier Issui	ing Authority Code 35
Address 6 RAMLAND ROAD		City ORANGEBURG	St	Zip_10962
US DOT #: <u>00424255</u> S	state Number	Issuing State NEW YO ICC #:		_ Interstate 1 36
2 3 31	Vehicle Weight 3		39	
Trailer Reg #: BH32997	Reg Type TRN Reg State NI	EW YOF Reg Year 2016 Trailer Len		
Hazmat Information:				
Placard 40 Material 1 digit #	Material Name	Material 4 digit #		Release code 42

ROCCO D MARINI		13963	NEWTON POLICE DEPARTA		03/31/2021	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date	

→	▶ Direction	1 = Vehicle 1 2	₹Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: →□	1 2	■ →	· Ŷ		
					I	ash <u>Did Not</u> Occur Public Way:
		_				ff-Street Parking Lot
						Garage
						fall/Shopping Center
	_	_				Other Private Way
	_	 -				-
					Indic	ate North by Arrow
				+	- — —	
	_				- — —	
Crash Narrative:						
N.Y. apportioned tractor r	eg 17833PB /	trailer NY re	g BH32997, the	driver	was later ident	ified as MA lic #
SA0310636 Januel Ortiz d.o.	b. 5-17-2001	of 111 Countr	y Club BLVD ap	t. 201	Worcester MA 01	605.
Officer Panica confirmed th	e crash site	location and	damage to a Ci	ty of Ne	wton Traffic s	ignal/footings/
sidewalk/retaining wall/lar	dscape. Offic	cer Panica was	also approac	hed by w	itness Erin McG	inty of 233 Jackson
Road(see statement below)						
I approached the car carrie	er on the pass	senger side an	d observed fre	sh damag	e on the trail	er that would be
consistent with striking th	e traffic sig	gnal. I then a	pproached the	driver o	f the car carri	er Mr. Ortiz. I
advised him of the crash ar	d he stated l	he was traveli	ng west on Was	hington	Street and turn	ed right
(north) onto Jackson Road.	He stated wh	ile turning hi	s trailer stru	ck the t	raffic signal k	nocking it
(Continued or	next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		•				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	jed Property
Turnels and Dreamfarmantians						
Truck and Bus Information: Carrier Name	Registration # _		(From Vehic	<i>'</i>	Carrier Issui	ing Authority Code
			a:			
Address			City			36
US DOT #:	State Number	38	Issuing State	ICC #:_		_ Interstate
Cargo Body Type Code Gross	S Vehicle Weight	30			20	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length	
Hazmat Information:	41					42
Placard Material 1 digit #	Material	Name		Material 4	ligit #	Release code 42
ROCCO D MARINI		13963	NT TO	N POLICE DEPART!		03/31/2021

Signature

Department

Precinct/Barracks

Date

→	▶ Direction 1	Vehicle 1	2 ≢Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: → 1	→	2	Ŷ			
						Crash <u>Did Not</u> (a Public Way:	Occur
	· _	<u> </u>	<u>-</u>			Off-Street Parking	g Lot
						Garage	
		i i		į		Mall/Shopping Co	enter
		-				Other Private Way	
				+		icate North by A	rrow
						\bigcirc	
Crash Narrative:							
over. I asked him why didn	't he stop to	assess damage	or notify any	one. He	stated he was	looking for	a safe
place to pull over. He state	ted he continu	ed north on 3	Jackson Road th	en left	onto Pearl Str	reet and then	left
onto Watertown Street to di	rop off vehicl	es at the 445	Watertown Str	eet,whic	h is where I P	Pulled him ove	er. I
advised him I am familiar w	with the trave	l route he we	ent and the len	gth of J	ackson Street	is not a Hear	vily
traveled area since the so	chool is close	d from the o	crash site, and	he trav	eled approx a	mile and a	half
until I pulled him over.							
I advised him I would be do	oing a level I	II inspection	and advising	him of m	y findings.		
(Continued or	n next page)						
W itnesses: Name (Last, First, Middle)		Address			Phone	#	Statement
Nume (East, 1 iist, Middle)		Address			THORE	п	Statement
Property Damage:	l		T				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)			
Carrier Name					Carrier Iss	suing Authority Cod	le 35
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC#:		Interstate	36
37	s Vehicle Weight	38	_ 0				
		D. Ct. t.	D	T	39		
Trailer Reg #: Hazmat Information:	keg Type	Keg State	Keg Year	Ira	mer Length		
Placard 40 Material 1 digit #	41 Material N	Name		Material 4 o	ligit #	_ Release code	42
ROCCO D MARINI		13963				03/31/20	

Department

Signature

Precinct/Barracks

Date

→	➤ Direction	1 = Vehicle 1 2	vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →	1 - 2	→	· Ŷ			
						If Crash <u>Did Not</u> Oon a Public Way:	Occur
						☐ Off-Street Parking	g Lot
						☐ Garage	
	į	į į	į			☐ Mall/Shopping Ce	enter
		-				☐ Other Private Way	,
		<u> </u>				Indicate North by A	rrow
	. — — — — —	 - +-					
						()	
Crash Narrative:							
Witness Ms. McGinty stated contact with the traffic si							a
Therefore after observing o	damage/picture	es and stateme	ents I issued i	n hand M	A criminal	citation # T201	17488 in
hand to Mr. Ortiz for							
Chapter 90 Section 24 LEAV	ING THE SCENE	OF CRASH WITH	PROPERTY DAMA	GE 			
City Ordinance 19-75 FAILUR							
Mr. Ortiz was explained the		took pictures	of the damage	to the c	ar carrier	, and crash site	area
(Continued or	n next page)						
W itnesses: Name (Last, First, Middle)		Address			F	Phone #	Statement
Property Damage:			Ta				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	Damaged Property	
Truck and Bus Information: Carrier Name	Registration #		(From Vehi	,	Can	rier Issuing Authority Code	e 35
Address			City		St	Zip	
US DOT #:							36
37	s Vehicle Weight	38	-				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	39	
Hazmat Information:					<u> </u>		
Placard 40 Material 1 digit #	41 Material I	Name		Material 4	digit #	Release code	42
ROCCO D MARINI		13963	3 NEWTO	N POLICE DEPART!	1	03/31/20)21

Signature

Department

Precinct/Barracks

Date

•	Direction	1 dehicle 1	2_≢Vehicle 2	₹ Pedestr	ian	
Crash Diagram:	ie: →	1 -	· -	₽Ŷ		
Crash Diagram:	ie: ->			**************************************	on a	rash Did Not Occur a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way cate North by Arrow
Crash Narrative:						
that I will have download	led at the I.T.	Bureau.				
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	# Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property
Truck and Bus Information:	Registration #		(From Ve	hicle Section)		
Carrier Name			(rom ve	· · · · · · · · · · · · · · · · · · ·	Carrier Issu	uing Authority Code 35
Address			City		St	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate 36
Cargo Body Type Code 37 G	ross Vehicle Weight	38				
					39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	ailer Length	
Hazmat Information:						<u></u>
Placard 40 Material 1 digi	t # 41 Material N	Name		Material 4 o	digit #	Release code 42
ROCCO D MARINI		13963	NEW NEW	TON POLICE DEPARTM		03/31/2021

Department

Signature

Precinct/Barracks

Date