

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/27/2021	Time of Crash 08:55 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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:			
Route# Direction Name of Roadway/Street At			NORTH 14 THORNTON ST Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker Exit Number				2 9			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street				2 10			
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark				2 11			
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000394	
License # --- St MA DOB/Age ---			Reg # 31X870 Reg Type PAN Reg State MA			Veh Year 2014 Veh Make KIA Veh Config. 1 20			12	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Operator LEBRON AMADO			Owner (Same as operator)			1	
Address 45 IFFLEY RD (apt. 2)			City JAMAICA PLAIN State MA Zip 02130			Insurance Company COMMERCE			5 2	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued)			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			6 1	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled			13 1	
Please fill out for operator and all occupants involved			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			13 1	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			13 1	
License # --- St MA DOB/Age ---			Reg # N81671 Reg Type CON Reg State MA			Veh Year 2010 Veh Make MACK Veh Config. 6 20			12	
Sex M Lic. Class B 18 18 Lic. Restrictions 1 19 CDL Endorsment			Operator LOPES JOSE			Owner WASTE MANAGEMI			1	
Address 17 BARRY ST			City RANDOLPH State MA Zip 02368			Insurance Company ACE AMERICAN			5 2	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued)			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			6 1	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled			13 1	
Please fill out for operator and all occupants involved			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/Non-Motorist See Above			13 1	

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

14 Thornton Street

NOT TO SCALE

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 Thursday May 27th at approximately 0859 hours I responded to 14 Thornton Street for a motor vehicle accident involving a city contracted Waste Management truck. At the time of the accident the weather was sunny and the road surface was dry. Thornton Street is owned and maintained by the City of Newton. Upon arrival I spoke with the operators involved. Operator of MV1, MA REG 31X870 identified as Amado Lebron (S92772420) stated he was stopped behind the Waste Management truck as it was collecting trash. He stated he could not see around the truck to pass so he stayed behind it. Amado stated the truck started to back up and he started beeping to alert the driver of the truck. Amado stated the truck did not stop in time and his vehicle's front end was crushed by the truck. Amado stated he was not injured. The operator of the Waste Management truck was identified as Jose Lopes (S60186065). Jose stated he was

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

ANDREA M FERGUSON

NEWTON POLICE DEPART

06/01/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ 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:

picking up trash bins with the truck and started to back up to collect trash. Jose stated if a vehicle is too close behind him there is no way to see it. He stated he heard the beeping and thats when he stopped the truck and noticed he backed into a vehicle. There was no damage to the truck and Jose was not injured. Jose was standing by for his supervisor with the truck. Amado was waiting for a tow and his vehicle was safely off to the side of the road. Photographs were taken and submitted to the IT Bureau.

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Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (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 #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

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

ANDREA M FERGUSON

NEWTON POLICE DEPART

06/01/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date