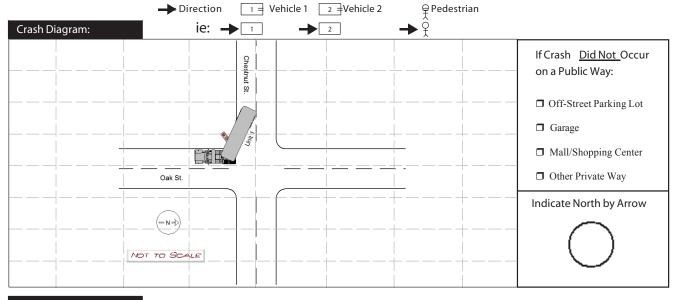
	Poli	ice Use Only		Commonweal	lth o	of Mass	ach	usett	S		RMV	V Docum	ient Number	
	Date of Crash 06/07/2021	Time of Crash 16:23 24HR	City/Town NEWTON	MIOTOI		icle Cra Report	ash	Numbe Vehicle 1		ed Lat	ed Limi itude ngitude_		State Police Local Police MBTA Police Other:	Xi
			SECTION:		OCAT		>		NO	ТАТ	INTI	ERSEC	CTION:	
	EAST	CHEST	NUT ST											2
1	Route# Direc			padway/Street		Route# Direct	ion A	ddress #		Na	ame of R	Roadway/	Street	2 ¹⁰
	SOU	TH OAK ST	At Γ			Feet	N S E	W of				or		_ 4
	Route# Direc	etion N	Jame of Intersecting	Roadway/Street			*! al *		Mile	Marker			Exit Number	_
			Also at Intersec	ction with	- [-		N S E	_	Route	= #	Intersec	ting Road	lway/Street	- 1
² 1	Route# Direc	tion	Name of Intersection	ng Roadway/Street		Feet	N S E	W of						4
3		4 #0									Lar	ndmark		\dashv
	Vehicle1	1_#Occupants	X Hit/Run	Moped Case N	Number			210000040	8					_
	License#	18 1	St TN	DOB/Age	-	3072534				ype_CC		Reg S	State OR 20	-
	Sex_M Lic.	Class A	Lic. Restrictions	CDLEndorsment		ear_2018		eh Make_	NTERNA	ATION	AL	Veh Cor		
⁴ 3	Operator HA		HAYES First	Middle		MVT LEASI			First			Middle		- 3 11
		OLD BRIGHTO		TNI		3590 WEST	PICAC	HO AVE	NUE			NIM	00007	-
	City COVING		State	Zip 38019		AS CRUCES			21				Circle Up to Three	-
5	1	pany ATTIC RR		v z a N		e Action Prior t		3 22 22	22 2	_	eu Alea		4	36)
1		Direction: N/A	X E W Respor	iding to Emergency? N		Sequence 10	2	3			N		10 Undercarr	riage
	Citation # (If I			. Cla		Harmful Event	10	24	24	—	9	1	5 11 Totaled	
⁶ 1	1			ChSec		Contributing C		6 21 5 T	red N	3	7		6	
1	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					ide/Override		26 27 Seat Safet		29 3 rbag Ejec	0 31 Et Trap	32 Injury Tran	33	1:
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex	Pos. \$yste	m Status Sv	ritch Cod	e Code	Status Coo	Medical Facili	10
	Орегатог			See Hoove				99	4 9	9 0	0	10 1	14/11	
							+							
7														
2	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A Type	e 1	4 Action	15 Lo	cation	16 Cor	dition	17	Hit	/Run Mop	ed
	License#	18 1	St	DOB/Age	Reg # Reg Type Reg State						State	_		
	Sex Lic.		Lic. Restrictions	CDL	Veh Ye	ear	V	eh Make_				Veh Cor		
8 1	Operator	Last	First	Middle	Owner	La	ıst		First			Middle		-
	Address				Addres	ss								-
	City		State	Zip							-			
	Insurance Com				Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Damaged Area Code: (Circle Up to Three)						e)			
	l	Direction: N	S E W Respo	onding to Emergency?		sequence		22 22 3	22		\bigcap	$\overline{\mathcal{I}}$	10 Undercarr	riage
	Citation # (If I	·				Iarmful Event		24	24	←	9	$\left[\ \ \ \right]$	5 11 Totaled	
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 8 7 6								
				4: ChSec ccupants involved	Underr	ride/Override		Towe	ed 7 28 y Airbag Ai	29 30	0 31 Trap	32	33	\dashv
	Name (Last Fi	rst Middle)		Address		Age/DOB	Sex	Pos. Syst	y Airbag Ai em Status S	rbag Ejec witch Co	t Trap de Code	Injury Tra	nsp. ode Medical Faci	lity
	Operator/	Non-Motorist		See Above						+				
										\perp				_



Crash Narrative:

At approximately 1620 HRs on Monday, June 07, 2021, I was dispatched to a report of a fallen traffic light pole at the intersection of Oak St. and Chestnut St. Upon arrival, I observed said light pole down and observed what appeared to be a fresh side-swipe mark on one of the green light lenses, as if it had been in contact with a large vehicle. While on scene, I was contacted by passing motorist, Witness 1, who stated that they were traveling South Bound on Oak. St., when they observed the offending tractor/trailer attempt to make a right hand turn from Chestnut St. (East Bound) onto Oak St. (South Bound), striking the traffic light. Witness 1 additionally provided me with a picture of said trailer (ME Semi Plate: 273605C (Trailer #6673), which has been attached to this report.

I contacted Amber, the company which is registered as leasing the trailer and spoke with their Risk

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
	59 (apt A) HIGH ST		
KANSAL, MOHIT,	NEWTON,MA		N

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property 1000 COMM AVE NEWTON, CITY, OF NEWTON,MASSACHUSETTS 3 TRAFFIC LIGHT POLE

Truck and Bus Information:	Registration # 3072534	(From Vehicle Section)		
Carrier Name MESILLA VALLEY TRA	NSPORTATION		Carrier Issui	ing Authority Code 35
Address 3590 WEST PICACHO AVENU	JE	City_LAS CRUCES	St	Zip_88007
US DOT#:S	State Number	Issuing State NEW ME ICC #:		Interstate
Cargo Body Type Code 97 Gross	s Vehicle Weight 3		20	
Trailer Reg #: 273605C	Reg Type_SEM Reg State	MAINE Reg Year_2016 Trailer L	ength 97 39	
Hazmat Information:				
Placard 40 Material 1 digit #	Material Name	Material 4 digit #		Release code 42

→	Direction 1	■ Vehicle 1 2	₹Vehicle 2	Pedestri	ian		
Crash Diagram:	ie: → 🛚	2	■ →	Ŷ			
						Crash <u>Did Not</u> C n a Public Way:)ccur
	_					Off-Street Parking	Lot
						Garage	
		į į	j	İ		Mall/Shopping Ce	nter
		 				Other Private Way	
		<u> </u>			Ind	licate North by Aı	rrow
						\bigcirc	
Crash Narrative:							
Assessment Member, Elizabe							
left a message for Mike of			ompany for the	trailer	. At the concl	lusion of writ	ing
this report, I am still awa	aiting a call	from both.					
update							
As of June 13, 2021, all a	ttempts to ide	ntify the ope	rator of the t	ractor/t	railer have be	een met with n	negative
results.							
Traffic Bureau update	e (Officer Gau	det): I have	made several	attempts	to contact th	ne registered	
owner of the trailer invol	ved in this cr	ash over the	past week with	a negat:	ive result.	contacted th	ne Maine
(Continued or	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property	
				71		<u> </u>	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)			25
Carrier Name					Carrier Is	suing Authority Code	35
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:		Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length		
Hazmat Information:						J	
Placard 40 Material 1 digit #	41 Material N	Jame		Material 4 d	ligit #	Release code	42
CHRISTOPHER G HOWES		38804	NEWTO			06/07/20	121

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)

→ [Direction [1 = Vehicle 1	2 =Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: →□	1	2	Ŷ			
					l	Crash <u>Did Not</u> Con a Public Way:	Occur
	_	_	<u> </u>			Off-Street Parking	g Lot
						Garage	
						Mall/Shopping Ce	enter
		_				Other Private Way	
	 _	 		+			
					line	licate North by A	IIOW
		_					
	_						
Crash Narrative:							
Motor Transport Association							stated
of New Mexico.	ental to a	company called	d Mesilla Valle	y Transp	ortation (MVT)	Leasing out	
	oko with An	golian from t	hoir Bick Manac	romont A	ngolias was al	lo to identif	F., +ho
I contacted MVT and spon operator of the vehicle as M			ica stated Mr.		-		
the date of the crash. Ange.	-						
2021.			T did not repor	. c Dellig			
I contacted Mr. Hall to		hout the grass	h Mr Hall et	atod ho	was operating	that wohicle	on the
date of the crash. Mr. Hall	_						
(Continued on		was anaware in		poic, a		ne made conte	
Witnesses:							
Name (Last, First, Middle)		Address			Phone	· #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	agad Proporty	
Owner (Last, First, Middle)	Address		Priorie #	34-Type	Description of Dam	aged Property	
Truck and Bus Information:	Registration #_		(From Vehi	icle Section)			35
Carrier Name					Carrier Is	suing Authority Code	e 33
Address			City		St	Zip	
US DOT #: Sta	ite Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gross V	/ehicle Weight	38					
Trailer Reg #:	_ Reg Type	Reg State	Reg Year	Tra	ailer Length		
Hazmat Information:	41					_	42
Placard Material 1 digit #	Material	Name		Material 4 o	ligit #	Release code	72
CHRISTOPHER G HOWES		3880	14 NEWTO			06/07/20	

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)

•	→ Direction	1 = Veh	icle i	2 =Vehicle 2	Pedesti	ian		
Crash Diagram:	ie: →[1	→[2	→ $\hat{?}$			
							If Crash <u>Did N</u> on a Public Wa	
		_					☐ Off-Street Par	king Lot
							☐ Garage	
		_					☐ Mall/Shoppin	g Center
		_					☐ Other Private	
		 		 			Indicate North k	
	_	 -		+				
							()
								´
Crash Narrative:					·			
it he would have stopped	and reported i	t. Mr.	Hall'	s informatio	n was added	to this	report to refle	ect his as
the operator of MV1. Mr.	Hall reported	no new	damag	e to his veh	icle that c	ould hav	re resulted from	crash with
the light pole. It is co	onceivable that	due th	ne to s	ize for the	vehicle Mr.	Hall wa	s driving, he wa	s unaware
of the pole he hit. Mr.	Hall will not	be cite	ed for	leaving the	scene of th	e crash.		
Witnesses:								
Name (Last, First, Middle)		Addre	ess				Phone #	Statement
Property Damage:							(0 10	
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description	n of Damaged Property	
Truck and Bus Information:	Registration #_				Vehicle Section)			35
Carrier Name							Carrier Issuing Authority	Code
Carrier Name				City			St Zip_	Code
Carrier NameAddressUS DOT #:	State Number			City			St Zip_	Code
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Gr	State Numberross Vehicle Weight	38		City Issuing State_	ICC #:		St Zip_ Interstate	Code
Carrier NameAddressUS DOT #:	State Numberross Vehicle Weight	38		City Issuing State_	ICC #:		St Zip_ Interstate	Code
Carrier Name	State Number ross Vehicle Weight Reg Type	38 Re	eg State	City Issuing State Reg Yea	ICC #:_ r Tr	ailer Length	St Zip_ Interstate	36 36

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)