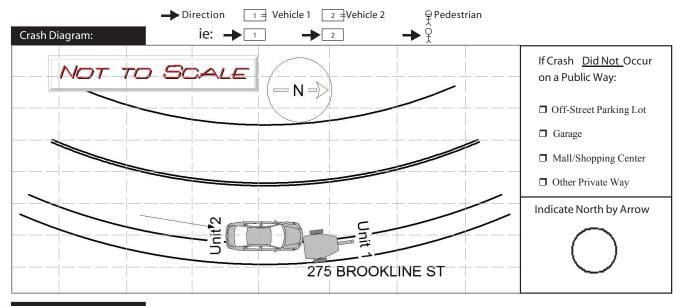
Poli	ice Use Only		Commonweal	lth o	f Massa	ichi	ısetts			RMV	/ Docum	nent Number	
Date of Crash 06/11/2021	Time of Crasl 18:48	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		d Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	XI XI
		RSECTION:		OCAT		>		NO				CTION:	
					NORTH	275	5	BROO	KLINE	ST			╁
Route# Direc	etion	Name of Ro	padway/Street	R	Route# Direction	n Ac	ldress #		Na	me of R	oadway/	Street	
					Feet N	SE	W of	Mile	• Marker	· —	or	Exit Number	-
Route# Direc	ction	Name of Intersecting I		— [	Feet N	N S E	W of						
					Feet N	N S E	W of	Route	#	Intersec	ting Road	lway/Street	_
Route# Direc	etion	Name of Intersection	ng Roadway/Street							Lar	ıdmark		
XVehicle1	_0_#Occupant	ts Hit/Run	Moped Case N	lumber		2:	100000430						
License#		St	DOB/Age	Reg# N	/19994A			Reg T	ype MV	/N	Reg	State_MA	
Sex Lic.	Class 18	18 Lic. Restrictions	19 CDL		ar 2020	Vel	n Make_W				Veh Cor	20	_
Operator	Last	First	Endorsment	Owner .	CITY OF NEV	VTON	DPW	First			Middle		_
ll .				Address	110 CRAFTS	ST							_
City		State	Zip	City_N	EWTON							2ip <u>02458</u>	-
1	npany SELF INS				Action Prior to		11		_			Circle Up to Thr	ree)
Vehicle Travel	Direction: N	S E W Respon	ding to Emergency? N		Sequence 29 2	23		22		3	$\overline{\mathcal{A}}$	40 Undercari	riaga
`	(ssued)				armful Event	29	24	24	<b>←</b>	9	$( \mid \mid \mid$	5 11 Totaled	nage
]			ChSec		Contributing Co	ode	_			7		0	
		erator and all occupa	ChSec	Underri	de/Override		Towe		29 30 bag Ejec	) 31 t Trap	32 Injury Tra	33	$\dashv$
Name (Last Fir	rst Middle)		Address See Above		Age/DOB	Sex 1	Seat Safety Pos. System	Airbag Air Status Sw	itch Code	t Trap e Code	Status Co	nsp. de Medical Facil	lity
Operator			See Above										
													_
Please Select ( of the Followi	IX Vehic	ele2 <u>0</u> #Occupants	Non-Motorist A Type	: 14	Action 1		ation	Con	dition	17	X Hit	/Run Mor	oed
License#_		St	DOB/Age	Reg#_				Reg T	ype		Reg	State	
Sex Lic.	Class 18	Lic. Restrictions	19 CDL	Veh Ye	ar	Vel	n Make_U	NKNOV	VN		Veh Cor	nfig. 20	
Operator	Last	First	Endorsment	Owner .	Last			First			Middle		_
Address					3								_
City		State	Zip	City						_State	Z	Zip	-
Insurance Com	npany			Vehicle	Action Prior to		7					Circle Up to Thr	ree)
Vehicle Travel	Direction:	(SEW Respo	nding to Emergency? N	Event S	Sequence 29 2	2 23		<u></u>		3	$\overline{\mathcal{I}}$	4 10 Undercari	riage
Citation # (If I	· · · · · · · · · · · · · · · · · · ·				armful Event	29	24	G	<b>←</b>	9	$( \mid \mid \mid$	5 11 Totaled	ge
			2: ChSec		Contributing Co	ode 25	19			7		6	
		Sec Violation 4 or operator and all of	4: ChSec	Underri	de/Override		Towed	28 Airbag Air	29   30	31 t Trap	.32	33	$\dashv$
Name (Last Fi	irst Middle)	1	Address		Age/DOB	Sex	Pos. System	Airbag Air Status Sv	bag Eject	t Trap de Code	Injury Tra	nsp. ode Medical Fac	ility
Operator/	/Non-Motorist		See Above							+			-
										+			
				-									



## Crash Narrative:

On 06/14/21 at approximately 12:00 hours, Sgt. Wade received an email from Nina Wang (D.P.W.

Transportation Traffic Superintendent) that a city utility trailer with a signboard attached to it was struck by another motor vehicle at 275 Brookline Street sometime over the weekend between 06/11/21 and 06/14/21. A photo was sent over in the email of the utility trailer and signboard knocked over on it's side over the sidewalk. The utility trailer is 2020 Wanco color orange bearing MA Official registration # M9994A. The trailer was parked in the bicycle lane of the northbound travel lane next to 275 Brookline Street. The signboard was there in an attempt to get motorists to drive the speed limit due to the Memorial Spalding School located at 250 Brookline Street.

On 06/14/21 at approximately 12:00 hours, I responded to Brookline Street to photograph the trailer and

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	ription of Damage	ed Property	
Tours land 1 David Commention	3.500	044			'			
Truck and Bus Information:	Registration # M99	94A	(From Vehic	le Section)				35
Carrier Name						Carrier Issuir	ng Authority Cod	e
Address		(	City			St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_			_ Interstate	36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38						
Trailer Reg #: M9994A	Reg Type MUN	Reg State MA	SSAC Reg Year 202	0 Tr	ailer L	ength <b>97</b> 39		
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#		Release code	42

JEREMY L WILSON		25227	NEWTON POLICE DEPARTM		06/15/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

→	Direction	1 :	Vehic	le 1	2 #Vehicle	2	Pedesti	ian		
Crash Diagram:	ie: →	1		→[	2	<b>→</b>	Ŷ			
Crash Diagram:	ie: →								If Crash Did Not Con a Public Way:  Off-Street Parking Garage Mall/Shopping Co	g Lot
Crash Narrative:										
possibly process the scene	. The trail	er c	ould 1	not be	locate	i. I 1	earned 1	ater	that the trailer had a	already
been towed by Tody's towing	g and brough	ht t	o the	City	D.P.W. y	ard loc	ated at	110	Crafts Street.	
On 06/15/21 at approximate:	ly 09:00 ho	urs,	I we	nt ove	er to 110	Crafts	Street	and 1	was told that the	
trailer/signboard was in the	he garage.	The	trai	ler wa	s alread	y bein	g repair	ed to	o be placed back in to	
service. It had sustained	damage to	the	two re	ear br	ackets w	nere th	e jacks	are :	located and the license	e plate
bracket and registration p	plate were	bent	. The	e sigr	aboard me	ssage f	rame boa	rd i	s no longer aligned pro	operly
as a result of the accident	t but repor	tedl	v sti	ll fur	octions.					
After, I then responded bac	<del>-</del>						al photo	s of	the scene T observe	ad in
							<del>-</del>			
the bike lane at the accide			шатт І	pieces	or len	- cover	s to a v	enic.	re with no identifying	marks.
(Continued or	n next page	)								
Witnesses:			1						DI "	ļ., , , ,
Name (Last, First, Middle)			Addres	SS					Phone #	Statement
Property Damage:			-							
Owner (Last, First, Middle)	Address				Phone #		34-Type	Descr	ription of Damaged Property	
							7.			
Truck and Bus Information:  Carrier Name	Registration	#			(	From Vehi	icle Section)		Carrier Issuing Authority Cod	35 e
Address					City				St Zip	
										36
US DOT #:	State Number		38		Issuing S	tate	ICC #:_		Interstate	
Cargo Body Type Code Gros	s Vehicle Weight		30							
Trailer Reg #:	Reg Type		Reg	State _	Re	g Year	Tr	ailer Le	ength 39	
Hazmat Information:										
Placard 40 Material 1 digit #	41 Mater	ial Na	ime				Material 4	digit#	Release code	42
JEREMY L WILSON				252	27	NEWIC	N POLICE DEPART		06/15/20	121

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

	→ Direction 1		2 =Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: → 🗆	□ →	. 2	→Ŷ			
						If Crash <u>Did Not</u> on a Public Way:	_Occur
						☐ Off-Street Parki	ng Lot
						☐ Garage	
						☐ Mall/Shopping	Center
						☐ Other Private W	
		 				Other Private w	ay
						Indicate North by	Arrow
						( )	
	- —   — — —						
Crash Narrative:							
I also did a canvass fo	r possible survei	llance came	eras in the a	rea. There	was no res	sponse at number	269 and
275 Brookline Street bu	t I left a note f	or them to	call me. 28	Brookline	Street has	no surveillanc	e 
cameras. Memorial Spal	ding School is ac	ross the st	reet from the	accident a	nd I obser	ved a camera on	the side
of the building which f	aces the staff pa	rking lot c	on to Brooklin	ne Street.	I spoke to	a staff member	Jesse
Brackett at the school.	He called David	Stickney (	(Superintende	nt of School	s) and not	ified him of th	e
accident. Mr. Stickney	was provided wi	th my email	and will ser	nd over any	possible f	cootage if he ha	s it.
At approximately 12:45	hours, I spoke to	Mike Sylve	ester who res	ides at 275	Brookline	Street. He sta	ted that
he had surveillance foo							
approx. 75 foot drivewa		Brookline S	Street. There	e is a fence	and bushe	s behind where	the
(Continue	d on next page)						
W itnesses: Name (Last, First, Middle)		Address				Phone #	Statement
Name (Last, First, Middle)		Address				FIIOTIE #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description o	f Damaged Property	
Truck and Bus Information:	Registration #		(From	Vehicle Section)			
Carrier Name			(17011	venicie section)	Car	rier Issuing Authority Co	ode 35
Address			City		St	Zip	
US DOT #:			-				36
37	Gross Vehicle Weight	38	issuing state	ICC#		Interstate	
Trailer Reg #:		Reg State	Reg Ve	ar Tro	ailer Lenoth	39	
Hazmat Information:	105 1ypc	105 5000		116	or Eorigin		
40	41					[	42

Material 4 digit #\_

Release code

Placard

Material 1 digit #

Material Name\_

-	Direction 1	■ Vehicle 1 2	yehicle 2	₽Pedestria	n	
Crash Diagram:	ie: → 🗆	<b>→</b> 2	□ →	Ŷ		
					lf Crash <u>D</u> on a Public	id Not_Occur Way:
	_	<u> </u>			☐ Off-Stree	et Parking Lot
		 			Garage	
		į į	į	j	☐ Mall/Sho	opping Center
					☐ Other Pri	vate Way
	- —   — — — —			+	Indicate No	rth by Arrow
Crash Narrative:						
signboard is located which	limits it's v	iew. The vid	leo shows the a	ccident to	ook place on 06/11/	21 at 18:48
hours. At this time, you	can see the tr	ailer is stru	ck and slowly	falls ove	r on it's side. Im	mediately
after a white colored four	door sedan co	ntinues to sl	owly drive pas	t the sce	ne northbound on Br	ookline Street
in the bicycle lane withou	t stopping. T	wo other veh	icles behind t	he white	sedan drive around	to the left of
the white vehicle at this	point. In the	footage, you	can not view	the regis	tration number, ope	rator details,
or the type of sedan from	the footage.					
On 06/16/21 at 09:40 hours	, I spoke to D	avid Stickney	who called th	e Traffic	Bureau. He stated	that he had
footage of the accident bu	t it did not r	eveal any oth	er details bes	ides the	same white sedan st	riking the
trailer.						
(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 Damaged Prop	erty
Truck and Bus Information:	Registration #		(From Vehi	icle Section)		
Carrier Name			······································		Carrier Issuing Auth	ority Code 35
Address			City		St	Zip
US DOT #:	State Number				Inter	state 36
37		38	1554111.5 54410	100		
	ss Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length	
Hazmat Information:  Placard 40 Material 1 digit #	41 Material N	Name		Material 4 di	git# Releas	e code 42
<u></u>						

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

•	Direction 1 =	Vehicle 1 2	₹Vehicle 2	Pedestrian		
Crash Diagram:	ie: 🕕 🛚	2	] →	Ŷ		
					on a Publi Off-Stre Garage Mall/Sh	et Parking Lot
					`	
Crash Narrative:						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Pro	perty
					-	•
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		
Carrier Name				,	Carrier Issuing Aut	hority Code
Currer rume					Currer issuing rice	mornly code
Address			City		St	Zip
US DOT#:	State Number		Issuing State	ICC #·	Inter	rstate 36
37		38	25541115 51410	100 ir	111(5)	
Cargo Body Type Code G	ross Vehicle Weight	30				
Trailer Deg #:	Dog Tyme	Dog State	Dag V	T	r Langth 39	
Trailer Reg #:	кед гуре	Keg State	Keg Year	I raile	Length	
Hazmat Information:						
Placard 40 Material 1 dig	it # 41 Material Na	me		Material 4 digi	t# Releas	se code 42
iviatoriai I dig	iviateriai Nai			uciai + uigi	Koleas	
JEREMY L WILSON		25227	NEWTO	N POLICE DEPARTN		06/15/2021
Police Officer Name (Please Print)	Signature			artment	Precinct/Barracks	Date