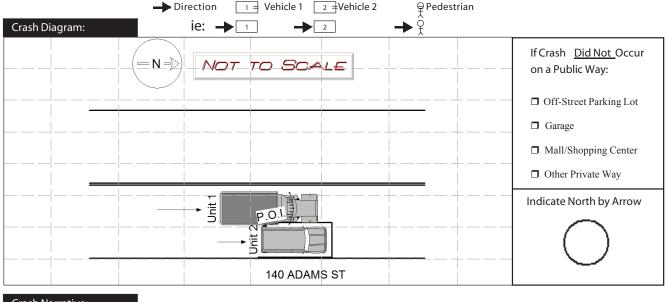
	Poli	ice Use Only		Commonwea	alth o	of Massa	achi	usett	ts		RM	V Docur	ment Number	
	Date of Crash 06/24/2021	Time of Crash 09:20 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Numb Vehicl 2		ired La	eed Lim titude _ ngitude		State Police Local Police MBTA Police Other:	Xi D
			RSECTION:		LOCA		>	_					CTION:	
						NORTH	14	0	AD	AMS ST				
1 1	Route# Direc	tion		Roadway/Street At		Route# Direction	on A	ddress #		N	lame of I	Roadway	/Street	$ \begin{bmatrix} 2 \end{bmatrix}$
						Feet []	N S E	W of		ile Marke		or	Exit Number	-
	Route# Direc	etion]	Name of Intersectin Also at Inters	<u> </u>	<u> </u>	Feet [1	N S E	W of						
² 2						Feet 1	N S E	W of	Ro	ute#	Intersec	cting Roa	dway/Street	_
	Route# Direc	tion	Name of Intersec	ting Roadway/Street					_		La	ndmark		
3	XVehicle1	#Occupants	Hit/Run	Moped Case	Number		2	1000004	65					-
	License#		St MA	DOB/Age	Reg#	N81671			Reg	g Type Co	OMM	Reg	State MA	
	Sex_M Lic.	Class B 18	Lic. Restriction			ear_2010	Ve	h Make_				Veh Co	20	
4	Operator LOI	PES	JOSE	Endorsment		WASTE MAN	t	IE OF N	ASS IN	IC.		Middle	8	_ 1
1	Address 17 BA	ARRY ST			Addres	SS 100 HILL ST	REET			-				- F
	City RANDO			te_MAZip_02368	City N	NORTON							Zip <u>02766</u>	-
5			ERICAN INSURA		Vehicle	e Action Prior to		1	21		ged Area	Code: (0	Circle Up to Thr	ree)
5		Direction:	S E W Resp	onding to Emergency? N		sequence 2	22 23		22	2			10 Undercari	riage
	Citation # (If I	·		2. Cl		Harmful Event	2	24	24	1 4	9		5 11 Totaled	ge
⁶ 1				2: ChSec 4: ChSec		Contributing Contr	ode 25	1	wed N	8	7		6	
			rator and all occup		26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.						۲,			
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex	Pos. \$yst	em Status	Switch Co	de Code	Status Co	ode Medical Facil	lity 2
	1								1	33 0			-	
7 1	Please Select C	I X Vehicle	e2 <u>1</u> #Occupant	s Non-Motorist A Tyj	pe 1	Action 1	I5 Loc	ation	16 C	ondition	17	Hi	it/Run Mor	oed
	License#		St MA	DOB/Age	Reg#	3055GB			Red	g Type PA	AN	Reg	State_MA	\dashv
	Sex_M Lic.	18	18 Lic. Restriction	19		ear 2013	Ve	h Make_		5 1 ypc		Veh Co	20	
8 2	Operator CEI	DRONE	 JOSEPH	Endorsment		(Same as ope	rator)					_		
		Last JAMES TER (a	First apt. 1)	Middle	Addres	Las	it		Firs	t		Middle	e 	_
	City NEWTO	N	Sta	te_MA Zip_02458	City_						State	:	Zip	_
	Insurance Com	pany_COMME	RCE		Vehicle	e Action Prior to	Crash	11	21	Damag	ged Area	Code: (0	Circle Up to Thr	ree)
	Vehicle Travel	Direction: N	S E W Res	ponding to Emergency? N	Event	Sequence 2	22 2		22	2	3		4	
	Citation # (If I	ssued)			Most I	Harmful Event	2 23			, 1	9	$\left\{ \right\}$	10 Undercari 5 11 Totaled	riage
	Violatio	n 1: ChS	Sec Violation	n 2: ChSec	Driver	Contributing Co		24	24	8			Q Q	
			SecViolation		Under	ride/Override	25	Tow	red N		20 21			
	Pl Name (Last Fi		r operator and all	occupants involved Address		Age/DOB	Sex	26 Seat Safe Pos. Sys	7 28 ty Airbag tem Statu	29 Airbag Eje Switch C	30 31 Frap ode Code		33 ansp. Code Medical Faci	ility
	Operator/	Non-Motorist		See Above				1	4	99 0	0	10 1		
									_					



Crash Narrative:

On 06/24/21 at 09:20 hours, I (Traffic Unit 523) was dispatched to 140 Adams Street for a city motor vehicle accident involving a Waste Management truck and a parked motor vehicle. Waste Management of Mass Inc. is contracted through the City of Newton to conduct trash pickup for the residents. The weather at the time was sunny and partly cloudy with road conditions being dry. Adams Street is a public way owned and maintained by the City of Newton.

On arrival, I spoke to the operator of the Waste Management Truck identified as Jose Lopes (MA D/L # S60186065). Mr. Lopes was operating (M/V # 1) a 2010 Mack Leu dump truck bearing MA. Commercial

Reg. # N81671 at the time. It is a right side loading truck that picks up the trash using a double claw mechanism. Lopes states that he did a trash pickup in the driveway right before 140 Adams Street and

(Continued o	n next page)							
Witnesses:								
Name (Last, First, Middle)	Ado	dress				Phone #	#	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descr	ription of Dama	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)				
Truck and Bus Information: Carrier Name	-		(From Vehic			Carrier Issu	uing Authority Co	35 de
			·					de
Carrier Name			City			St	Zip	de
Carrier NameAddressUS DOT #:			City			St	Zip	ode
Carrier NameAddressUS DOT #:	State Numberss Vehicle Weight 38	(City Issuing State	ICC#:_		St	Zip	ode
Carrier Name Address US DOT #: Cargo Body Type Code 37 Gros	State Numberss Vehicle Weight 38	(City Issuing State	ICC#:_		St	Zip	ode
Carrier NameAddressUS DOT #: Grown Trailer Reg #:	State Numberss Vehicle Weight Reg Type	Reg State	City Issuing State	ICC #:_	railer Le	St	Zip Interstate	ode

JEREMY L WILSON		25227	NEWTON POLICE DEPARTM		06/24/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction 1	Vehicle 1 2	≠Vehicle 2	₽Pedestrian		
Crash Diagram:	ie: → 🛚	2	→	Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parking	g Lot
					Garage	
	į				☐ Mall/Shopping C	enter
	-				☐ Other Private Wa	y
		 		+-	Indicate North by A	rrow
Crash Narrative:						
proceeded to drive northbo	und on Adams S	treet. While	doing so, the	left side	double claw retracted	back
outward after it was close	d by him. The	claw then st	ruck parked M/	7 # 2 which	was parked in a legal	spot in
front of 140 Adams Street.	The claw str	ck the drive	r's side rear l	oumper/taill	light area and scraped	along
until the driver's side re	ar passenger d	oor. Mr. Lop	es then stoppe	ed the truck	after noticing. This	caused
scrapes and dents to the r	ear bumper, rea	ar quarter pa	nel, and the re	ear door to	that driver's side are	a.
After, I was showed that t	he truck's cla	v feature was	having mechan	ical failure	as mentioned above.	The
claw was manually pushed i	n and secured.	The truck w	as then put out	t of service	.	
M/V # 2 is a 2013 Jeep Com	pass color blue	e bearing MA	reg. # 3055GB.	The owner	Joseph Cedrone (MA D/L	#
S50190711) was parked and	inside his veh	icle at the t	ime of the acc	ident. No i	injuries were reported	by
(Continued o	n next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		'				
Owner (Last, First, Middle)	Address		Phone #	34-Type Desc	cription of Damaged Property	
Truck and Bus Information:	ē <u> </u>		(From Vehic	ele Section)		35
Carrier Name						le
Address						36
US DOT #:	State Number	38	Issuing State	ICC #:	Interstate	
Cargo Body Type Code Gro	ss Vehicle Weight		Pog Voor	Trailer I	ongth 39	
Hazmat Information:	Nog Type	Reg state	Reg 1 cal	1141151 1	Zongui	
Placard 40 Material 1 digit #	# 41 Material N	ame		Material 4 digit #	# Release code	42
L .						

25227

Signature

ID/Badge #

NEWTON POLICE DEPARTM

Department

06/24/2021

Date

Precinct/Barracks

JEREMY L WILSON

Police Officer Name (Please Print)

•	Direction 1 =	Vehicle 1 2	_≠Vehicle 2	Pedestrian	1	
Crash Diagram:	ie: 🕕 🛚	2	□ ⊣	> ♀ ♀		
					If Crash Did Not on a Public Way: Off-Street Parkin Garage Mall/Shopping Company of the Private Way Indicate North by A	eg Lot Center
	ii-		+			
Crash Narrative:						
him.						
Digital photos taken of t	the scene.					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From Ve	hicle Section)		
Carrier Name			(11011170	mere section)	Carrier Issuing Authority Cod	35 de
			C'i			
Address			City		St Zip	36
US DOT#:			_ Issuing State	ICC #:	Interstate	30
Cargo Body Type Code 37 G	ross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	r Length 39	
Hazmat Information:			105 1001_	riunc		
40	41					42
Placard Material 1 digi	t # Material Nan	ne		Material 4 digi	it # Release code	
JEREMY L WILSON		25227	NEW	TON POLICE DEPARTM	06/24/2	2021
Police Officer Name (Please Print)	Signature]	ID/Badge # De	epartment	Precinct/Barracks Dat	te

CDP1 11 ·24·00