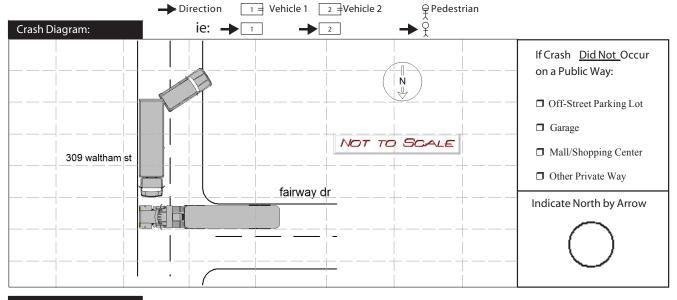
	Poli	ice Use Only		Commonwea	lth o	f Massa	achu	isetts	\$		RMV	/ Docum	ıent Number	
	Date of Crash 08/31/2021	Time of Crash 09:08 24HR	NEWTON	MIUIUI		icle Cra Report	sh	Number Vehicles 2		l Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	N N
			RSECTION:		LOCAT		>		NO	ГАТ	INTI	ERSEC	CTION:	
	NOR	TH WALTE	HAM ST											
$\frac{1}{1}$	Route# Direc	tion	Name of R	oadway/Street t	I	Route# Direction	on Ad	ldress #		Na	me of R	Roadway/	Street	2
	EAST WARWICK RD				Feet NSEW of				• or Mile Marker				-	
	Route# Direc	etion N	Name of Intersecting Also at Interse			Feet [	N S E	W of						
2 <b>1</b>					-	Feet [	N S E	W of	Route	# :	Intersec	ting Road	lway/Street	3
	Route# Direc	tion	Name of Intersect	ing Roadway/Street					-		Lar	ndmark		⇉
3	XVehicle1	1_#Occupants	Hit/Run	Moped Case I	Number		21	100000649	•					
	License#		St_MA		Reg#	719JZ1			Reg Ty	pe_PA	N	Reg S	State MA	
	Sex_M_ Lic.	Class D 18 1	Lic. Restrictions	19 CDL Endorsment	Veh Ye	ear_2012	Vel	h Make_H	ONDA			Veh Cor	nfig. 20	
4 <b>1</b>	Operator MA	Lust	PAUL	Middle	Owner (Same as operator)  Last First Middle  Address									- 1
	Address 20 EL			<b>N</b>										-
		City WATERTOWN State MA Zip 02472  Insurance Company SAFETY				D 14 C 1 (C 1 H ( Th.))								
5	1	Direction: N	Y F W Pasna	nding to Emergency? N		Sequence 2	22 22	10	<b>22</b> 2	Jamage	3	`	4	
		ssued)		numg to Emergency:		Iarmful Event	23				M		10 Undercarr	iage
	`	· · · · · · · · · · · · · · · · · · ·		: ChSec		Contributing Co		19 24	24	<b>—</b>	9		11 Totaled	
<sup>6</sup> 1	Violation	3: ChSec	Violation 4	: ChSec	Underr	ide/Override	25	Towe	ed_Y8		7		6	
	Please to Name (Last Fir		ator and all occupa	ants involved Address		Age/DOB	Sex 1	26 27 Seat Safety Pos. System	28 Airbag Airl	29 30 Dag Eject	) 31 t Trap e Code	32 Injury Tran Status Coo	33 nsp. de Medical Facili	1
	Operator			See Above				1	4 4	0	0	10 1	NONE	
<sup>7</sup> <b>3</b>	Please Select C of the Followi		2 <u>0</u> #Occupants	Non-Motorist A Typ	pe 1	4 Action 1	Loca	ation	16 Cond	lition	17	Hit	:/Run Mop	ed
	License # St DOB/Age 19								g Type CON Reg State MA			_		
0	Sex Lic. Class Lic. Restrictions CDL Endorsment				Veh Year 2019 Veh Make FRHT Veh Config. 13									
<sup>8</sup> <b>2</b>	Operator Last First Middle				Owner RYDER TRUCK  Last First Middle  Address 1 JEFFERSON BLVD.								-	
	City State Zip				City WARWICK State RI Zip 02888							-		
	Insurance Company HARTFORD FIRE				21 Damaged Area Code: (Circle Lin to Three)							ee)		
	Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 2 22 22 22 22 22 4									
	Citation # (If Issued)  Violation 1: ChSecViolation 2: ChSec  Violation 3: ChSecViolation 4: ChSec					Most Harmful Event 2 23 10 Undercarriage 5 11 Totaled							iage	
						Driver Contributing Code 1 24 24								
						Underride/Override 25 Towed Y 8 7								
	Name (Last Fi		operator and all o	eccupants involved Address		Age/DOB		26 27 Seat Safety Pos. System		9 30 Ejectitch Coo	31 Trap de Code	Injury [Fra:	33 nsp. ode Medical Facil	lity
	Operator/	Non-Motorist		See Above										
								$\perp$			_			



## Crash Narrative:

(Continued on next page)

ON 8-31-21 AT APPROX. 0908HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 309 WALTHAM ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING S-BOUND ON WALTHAM ST. HE STATES A TRACTOR TRAILER WAS BACKING INTO FAIRWAY DR. AND BLOCKING THE ROAD. DRIVER DECIDED TO TURN AND HEAD NORTH ON WALTHAM TRAVELING A DIFFERENT ROUTE. WHILE TURNING DRIVER STATES HE MISJUDGED WHERE HE WAS AND BACKED INTO THE RAMP OF VEHICLE #2 THAT WAS PARKED IN FRONT OF 309 WALTHAM ST. DRIVER #1 HAD HIS VEHICLES REAR WINDSHIELD SMASHED AS A RESULT OF HIS CRASH. VEHICLE #2 IS A RYDER BOX TRUCK THAT WAS PARKED IN FRONT OF 309 WALTHAM ST. I SPOKE TO PIECE BY PIECE MOVERS FOREMAN ( PABLERIO RENAS ). HE STATES HIM AND HIS CREW WERE NOT IN THE VEHICLE AT THE TIME OF CRASH. HE SAW THAT VEHICLE #1 HAD BACKED INTO THE RAMP AND HAD REAR WINDSHIELD DAMAGE. RENAS STATES THERE IS NO DAMAGE TO VEHICLE #2. BOTH PARTIES STATED THERE WAS A

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:	(From Vehicle Section)					
Carrier Name				Carrier Issuing Authority Code		
Address		City		St Zip		
US DOT #:	State Number	_ Issuing State	ICC #:_	Interstate 36		
Cargo Body Type Code 37 Gros	s Vehicle Weight 38			39		
Trailer Reg #:	Reg Type Reg State	Reg Year	Tr			
Hazmat Information:						
Placard 40 Material 1 digit #	Material Name		Material 4	digit # Release code 42		

THOMAS P WALSH

Police Officer Name (Please Print)

Signature

ID/Badge # Department Precinct/Barracks Date

<del>-</del>	Direction	1 = Vehic	:le 1 2	_≠Vehicle 2	₽ Pedestri	an	
Crash Diagram:	ie: →[	1	2		→ ♀		
						<b>I</b>	ash <u>Did Not</u> Occur ı Public Way:
						по	Off-Street Parking Lot
							Garage
		_		+	+		Mall/Shopping Center
							Other Private Way
		_  _					
						Indic	rate North by Arrow
						. — — —	
				+			
Crash Narrative:							
TRACTOR TRAILER BACKING I	NTO FAIRWAY DE	R. THAT I	HAD BLO	CKED THE RO	ADWAY AT THI	E TIME OF THE C	RASH. UPON MY
ARRIVAL THERE WAS NO TRAC	TOR TRAILER IN	THE ARE	EA. ALL	PARTIES RE	PORTED NO II	NJURIES. ALL PA	RTIES ADVISED TO
CONTACT THEIR INSURANCE C	OMPANIES. CLEA	ARED WITH	HOUT FUI	RTHER INCID	ENT.		
Witnesses:							
Name (Last, First, Middle)		Addres	SS			Phone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of Damag	ged Property
Truck and Bus Information:	Registration #			(From	Vehicle Section)		
Carrier Name						Carrier Issui	ing Authority Code
Address				City		St	Zip
US DOT #:	_ State Number			_ Issuing State _	ICC #:		Interstate 36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg	State	Reg Yea	ır Tra	iler Length 39	
Hazmat Information:							
Placard 40 Material 1 digit	# 41 Materia	l Name			Material 4 d	ligit #	Release code 42
THOMAS P WALSH				1	NEWTON POLICE DEPARTN		08/31/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)