[	Poli	ice Use Only		Commor	ıwealth	of M	assa	chus	etts			RM	V Docu	ıment	Number		
	Date of Crash 09/17/2021	Time of Crash	n City/To	own M	otor V	ehicle (	Cras	sh \bigs_\cdot \bi	Number Vehicles	Num Inju		eed Limi		Sta	te Police cal Police 3TA Police	N Xi	
Į	03/11/2021	24HR				e Repo	rt		2	0		ongitude_		Otl	her:		
		AT INTE	RSECTION:	<	LOC	CATION	>			N(	)T A	ΓΙΝΤΙ	ERSE	CTI	ON:	╛	
						1	NORTH	100		ELM	ST					┢	
	Route# Direc	tion	Name o	f Roadway/Street		Route#	Direction	Addr	ess#		N	Name of I	Roadwa	y/Stree	et	=	
$\dashv$			Feet NSEW of or									┈					
	Route# Direc	etion		Mile Marker Exit Number													
				Feet NSEW of Route# Intersecting Roadway/Street									-				
2				Feet NSEW of													
	Route# Direc	tion		Landmark										_			
	XVehicle1	_1_#Occupants	s Hit/Run	Moped	Case Num	ber		2100	0000719								
	License#		St M	A DOB/Age	Re	g # M3732A				Reg '	Туре М	IVN	Red	g State	MA		
	Sex_M Lic. 0	18	18 Lic. Restrictio	19		h Year 2019		Veh N	<sub>Jako</sub> FC				Veh C		20	-	
	Operator LAN		BENJAMIN	Endorsm	nent	<sub>vner</sub> PUBLI			CITY C				_ ven e	onng.		F	
1	Address 11 CA	AROUSEL DR.	First	Middle			Last			First			Midd	le		-	
	City MILLBU			ate_MA Zip_01527		Address 110 CRAFTS ST  City NEWTON State MA Zip 02458									-		
	Insurance Com		5			hicle Action		Crash	2	1					Up to Thr	ee)	
		1 2	S F W Per	ponding to Emergenc			22		22	22	2	3		4	•		
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	Operator			See Abo	ve				- 99	4	4 0	0	10	1		_	
1	Please Select C of the Followi		le2 1_#Occupar	Non-Motori	st A Type	14 Action	15	Location	on	16 Co	ndition	17	  -	lit/Rur	Мор	ed	
	License#		St_M	A DOB/Age	Re	Reg#_T40779					Reg Type CON				Reg State MA		
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 CDL					Veh Year 2018 Veh Make ISU						_ Veh Config. 1					
L	Operator WII	LKEY	DUANE	Endorsm <b>HYKEEM</b>	Ov	Owner RYDER TRUCK RENT									_		
-	Address 545 A	DAMS ST (apt	First <b>t. 22)</b>	Middle	Ad	Address 329 JEFFERSON RD Hast First Middle											
	City BOSTON		City ROCHESTER State NY Zip 14623														
	Insurance Com	Ve	Vehicle Action Prior to Crash  1 Damaged Area Code: (Circle Up to Three)										ee)				
	Vehicle Travel	cy? <b>N</b> Ev	Event Sequence 2 22 22 22 22 22 20 10 Undercarriage														
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		n 1: Ch S	Driver Contributing Code 1 24 24 1 5 11 Totaled														
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ľ	Name (Last Fi	rst Middle) Non-Motorist		Addre See Abov		Age	DOB	Sex Po		Status	Switch C	ode Code	Status	Code 1	Medical Faci	lity	
	Орегатот/	on-motorist		Sec A00					99	**	z   U	U	10	1			
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On Friday September 17th, 2021 at approximately 0849 hours I responded to the area of the Elm Street municipal lot for a motor vehicle accident involving a city owned vehicle. At the time of the accident the weather was cloudy and the road surface was dry. Elm Street is a public way owned and maintained by the City of Newton.

Upon arrival I spoke with the operator of the City of Newton Parks and Recreation truck, identified as

Benjamin Langkopf (S08711384). Benjamin stated his vehicle (MA REG; M3732A) was parked on the

side of the road on Elm Street when a Ryder box truck pulled into the parking space in front of him and

sideswiped his front drivers side area with the trucks rear passenger side. No injuries were reported and the

city vehicle sustained minor damage. Photographs of the damage were taken and submitted to the IT Bureau.

(Continued o	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	:	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Туре	Descript	ion of Damag	ged Property	
	•		<del>-</del>	-				
Truck and Bus Information:	Registration #		(From Vehic	cle Section)				35
Truck and Bus Information:  Carrier Name	-		•	cle Section)		_ Carrier Issu	ing Authority Cod	le 35
								le
Carrier NameAddress			City			St	Zip	le
Carrier Name Address US DOT #:	State Number		City			St	Zip	le
Carrier Name  Address US DOT #: Cargo Body Type Code37 Gro	State Numberss Vehicle Weight	38	_ City Issuing State	ICC#:_		St	Zip	le
Carrier Name Address US DOT #:	State Numberss Vehicle Weight	38	_ City Issuing State	ICC#:_		St	Zip	le
Carrier Name  Address US DOT #: Cargo Body Type Code37 Gro	State Numberss Vehicle Weight	38	_ City Issuing State	ICC#:_		St	Zip	36
Carrier Name	State Numberss Vehicle Weight Reg Type	38 Reg State	_ City Issuing State	ICC#:Tr	railer Leng	St	ZipInterstate	le

ANDREA M FERGUSON NEWTON POLICE DEPARTN 09/17/2021

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

-	→ Direction	1 =	Vehicle 1	2 = Vehicle 2	₽Pec	lestrian		
Crash Diagram:	ie: <b>→</b> [	1	<b>→</b>	. 2	<b>→</b> $\hat{P}$			
							If Crash <u>Did Not</u> on a Public Way:	Occur
		_		<u> </u>	<u> </u>	_	Off-Street Parkin	g Lot
							☐ Garage	
					<del></del>		☐ Mall/Shopping C	enter
		_ _			<u> </u>	- + -	Other Private Wa	
		_ -		 - <del> </del>	<u> </u>	- <del> </del> -	Indicate North by A	
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Crash Narrative:	. Doub. 1. b		: 4		. D 17	11	(07.5500004)	
The operator of the Ryder he was operating a Ryder								.ea
space on the street when								o damage
was reported and the oper								
-								
Witnesses:								
Name (Last, First, Middle)		1	Address				Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address			Phone #	34-Ty	no Do	scription of Damaged Property	
Owner (Last, First, Middle)	Address			Priorie #	34-19	pe De	scription of Damaged Property	
Truck and Bus Information:	Registration #			(From	m Vehicle Secti	on)		35
Carrier Name							Carrier Issuing Authority Co	
Address				City			St Zip	26
US DOT #:	_ State Number			Issuing State	eIC0	C#:	Interstate	36
Cargo Body Type Code 37 Gi	ross Vehicle Weight	3	38					
Trailer Reg #:	Reg Type		Reg State	Reg Y	ear	_ Trailer	· Length 39	
Hazmat Information:								
Placard 40 Material 1 digi	# 41 Materia	l Nam	ie		Materi	al 4 digit	t# Release code	42
ANDREA M FERGUSON					NEWTON POLICE D	EPARTN	09/17/2	2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)