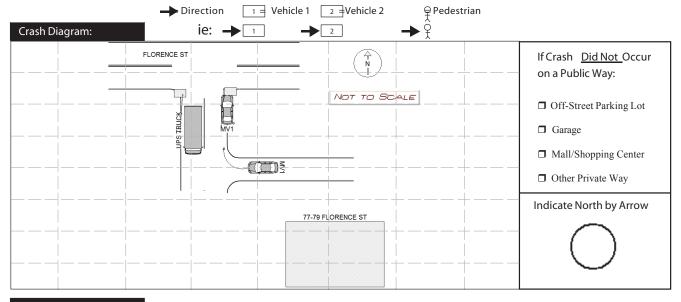
| | ce Use Only | | Common | | | | | | | | | t Number | |
|------------------------------------|------------------------|----------------------|----------------------|------------|-----------------------------|------------|-------------------|---|---------------------|------------------------------------|---------------|---|---------------|
| Date of Crash 09/22/2021 | Time of Crash 10:56 | City/Tow NEWTON | n Mo | | hicle Cra | sh N | lumber ehicles | Number Injured | Speed I Latitude | | | tate Police ocal Police IBTA Police | X |
| .,,, | 24HR | | | | Report | | 1 | 1 | Longitu | ıde | O | ther: | _ |
| | AT INTER | RSECTION: | < | LOCA | ATION : | > | | NOT | AT IN | TERS | ECT. | ION: | |
| | | | | | NORTH | 79 | | FLOREN | CE ST | | | | |
| Route# Direct | tion | | oadway/Street | | Route# Directio | n Addre | ess# | | Name | of Roadw | ay/Stre | eet | _ |
| _ | | A | t | | Feet N | SEW | of – | | • _ | _ or | | | _ |
| Route# Direc | tion N | Name of Intersecting | Roadway/Street | | | | 1 . | Mile Ma | arker | | E | xit Number | |
| | | Also at Interse | ction with | | Feet N | SEW | of | Route# | Inte | rsecting R | loadwa | y/Street | _ |
| Route# Direct | | Nama of Intercept | ing Roadway/Street | | Feet N | SEW | of | | | | | | |
| Route# Direct | non | Name of intersect | ing Koadway/Street | | | | | | | Landmar | k | | $\overline{}$ |
| XVehicle1 | #Occupants | Hit/Run | Moped | Case Numbe | er | 2100 | 000740 | | | | | | |
| License# | | St MA | DOB/Age | - Reg | # 2CG488 | | | Reg Typ | e PAN | R | eg Stat | e MA | |
| Sex_F_ Lic. 0 | Class D 18 1 | 8 Lic. Restrictions | B 19 CDL_ | Veh | Year_2011 | Veh M | lake_SA | AB | | Veh | Config | 1 20 | |
| Operator SCH | IUMAN | JOAN First | Endorsme | ent | er (Same as oper | | | First | | | ddle | | _ |
| Address 79 FL | ORENCE ST (ap | pt. 102S) | Middle | | ress | | | | | | aaie | | _ |
| City NEWTO | N | State | MA Zip 02467 | City | | | | | S | tate | Zip_ | | _ |
| Insurance Com | pany AMICA M | | | | cle Action Prior to | Crash | 1 21 | Da | ımaged A | rea Code | : (Circ | le Up to Thre | ee) |
| Vehicle Travel | Direction: | S E W Respo | nding to Emergency | ?N Ever | at Sequence 23 ² | 2 23 22 23 | 3 22 | ²² O | | 3 | 4 | | |
| Citation # (If Is | ssued) | | | | Harmful Event | 23 | | | _ \ | 9 | | 10 Undercarr | iage |
| Violation | 1: ChSec | Violation 2 | : ChSec | Driv | er Contributing Co | de 7 | 24 9 | 24 0 | - / | ۲V | | 11 Totaled | |
| Violation | 3: ChSec | Violation 4 | : ChSec | Und | erride/Override | 25 | Towed | 8) | | 7 | 6 | | |
| | | ator and all occupa | | | 4 /000 | 20 Seat | 6 27 Safety | 28 29 Airbag Airbag Status Switch | 30 Eject Tr | 31 32 rap Injury ode \$tatus | Transp. | W.F. I.F. T | |
| Name (Last First Operator | st Middle) | | Address See Above | | Age/DOB | Sex Pos. | | 1 4 | O O | | Code 1 | Medical Facili | ty |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | \perp | | | | _ |
| Please Select C of the Followin | \/obiclo | e#Occupants | Non-Motorist | A Type | Action 1 | Locatio | on 1 | Condit | ion | 17 | Hit/Ru | ın Mop | ed |
| License# | | St | DOB/Age | Reg | # | | | Reg Tyn | e | R | eg Stat | e | _ |
| Sex Lic. 0 | 18 1 | 8 Lic. Restrictions | 19 CDL | | Year | | | | | | | 20 | - |
| Operator | | | Endorsme | ent | | | | | | | | | |
| 1 | Last | First | Middle | | er | | | | | Mi | ddle | | - |
| 1 | | | eZip | | | | | | | tate | Zip | | - |
| Insurance Com | | | r | | cle Action Prior to | | 21 | _ | | | | le Up to Thre | _ |
| Vehicle Travel | | | onding to Emergency | | at Sequence 2 | | 22 | <u>22</u> 2 | | 3 | 4 | | |
| Citation # (If Is | | 1000 | | | t Harmful Event | 23 | | | | | | 10 Undercarr | iage |
| ` | · | ec Violation | 2: Ch Sec | | er Contributing Co | de | 24 | 24 1 | ← / | 9 | 5 | 11 Totaled | |
| | | | 4: Ch Sec | | erride/Override | 25 | Towed | | | 7 | 6 | | |
| | | | ccupants involved | | | 26 Seat | | 28 29 Airbag Airbag | 30 Fiect Fr | 31 32 rap Injury | 33 Transp. | | |
| Name (Last Fi | | · I | Address See Above | s | Age/DOB | Sex Pos | System | Status Swite | h Code C | Code Status | Code | Medical Facil | lity |
| Operator/ | 1 NOII-IVIOTOFIST | | See Above | | | | - | | + | | | | |
| | | | | | | | | | ++ | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |



Crash Narrative:

On September 9, 2021 at approximately 10:56 hours I,Officer Guarino, responded to 79 Florence St for a report of a single vehicle crash into a gate and pole.

Upon arrival, I observed MV1 with heavy front end damage crashed against a brick structure that holds the iron gate of the property. The gate was detached from the structure and on the sidewalk. The operator of MV1 told me that she was driving northbound towards Florence St when she observed a UPS truck entering the property. Operator of MV1 thought the UPS truck entered her lane of travel and swerved to the right which caused her to crash into the gate and brick structure.

The operator of the UPS truck was on scene and had no damage on his vehicle. Multiple witnesses observed the crash who said that the UPS truck was traveling slow and stayed within its lane of travel. A witness said

(Continued on next page)

| Witnesses: | | | |
|----------------------------|---------------------------------|---------|-----------|
| Name (Last, First, Middle) | Address | Phone # | Statement |
| DELLASALA , ANTHONY, | 16 AKESON RD WOBURN,MA 01801 | | N |
| | | | |

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property 77-79 FLORENCE ST NEWTON,MASSACHUSETTS 0; 617326100 97 GATE AND BRICK STRUCTURE

| Truck and Bus Information: Registration | n# | (From Vehic | ele Section) | | 25 |
|--|------------|---------------|--------------------|--------------------|-----------------|
| Carrier Name | | | Carrier Issui | ing Authority Code | |
| Address | | City | | St | Zip |
| US DOT #: State Number_ | | Issuing State | ICC #: | | _ Interstate 36 |
| Cargo Body Type Code Gross Vehicle Weigh | nt 38 | | | 39 | |
| Trailer Reg #: Reg Type_ | Reg State | Reg Year | Trailer Lengt | | |
| Hazmat Information: | | | | | |
| Placard 40 Material 1 digit # 41 Mat | erial Name | | Material 4 digit # | | Release code 42 |

| → | Direction 1 | Vehicle 1 2 | Vehicle 2 | Pedestria | an | |
|---|------------------|---------------|----------------|------------------|--|-----------|
| Crash Diagram: | ie: → 🔟 | 2 | □ → | Ŷ | | |
| | | | | | If Crash <u>Did Not</u> On a Public Way: | Occur |
| | | | | | Off-Street Parking | g Lot |
| | | | | | ☐ Garage | |
| | İ | | İ | | ☐ Mall/Shopping Ce | enter |
| | | | | + | Other Private Way | |
| | | | | + | Indicate North by A | rrow |
| | | | | | | |
| | | | | | | |
| | | | | + | | |
| | | | | | | |
| Crash Narrative: that the operator of MV1 v | was "flying" th | rough the na | rking lot and | ewerwed i | nto the date and structure | |
| I observed the video footag | | | | | | |
| it appeared that the UPS to | | | | | | |
| the gate and Brick structu | re. I emailed | the property | manager to hav | e the foo | tage emailed to me, so I | can |
| attach it to this report. | | | | | | |
| Witnesses, Rich (781)351-0 | 172 and Mario | (615) 981-489 | 0 left their i | nformatio | on with the UPS driver | |
| but I was unable to make co | ontact. The wit | tness I spoke | with on scene | wanted t | o remain anonymous. | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Witnesses: | | | | | | |
| Name (Last, First, Middle) | | Address | | | Phone # | Statement |
| | | | | | | |
| | | | | | | |
| Property Damage: | | _ | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Description of Damaged Property | |
| | | | | | | |
| | | | | | | |
| Turnels and Drive lands were added to | | | | | | |
| Truck and Bus Information: Carrier Name | Registration # | | (From Vehi | | Carrier Issuing Authority Cod | 35 |
| | | | | | | |
| AddressUS DOT #: | | | | | | 36 |
| 37 | s Vehicle Weight | 38 | Issuing State | 1CC#: | Interstate | |
| | | D. Ci. | D. W | | 39 | |
| Trailer Reg #: Hazmat Information: | кед Гуре | Keg State | Keg Year | Trai | ner Lengtn | |
| Placard 40 Material 1 digit # | 41 Material M | ame | | Material / di | igit# Release code | 42 |
| r iacaiu iviateriai i digit # | Wiaterial N | amc | | 1v1at511a1 4 Q1 | gii π Release code | |
| CHARLES P GUARINO | | 38802 | NEWTO | V BOLICE DEBLINE | 09/22/20 | 121 |

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)