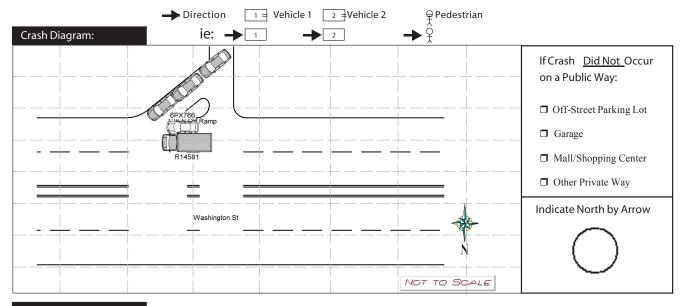
	Poli	ice Use Only		Commonwo	ealth	of Mas	ssacl	huse	etts			RM	V Doc	umen	t Number	
	Date of Crash 10/06/2021	Time of Crash 07:59 24HR	NEWTON	MIULU		nicle Ci Report		Nu Vel 2	mber hicles	Numbe Injured	Latit	ed Limi tude gitude_		St Lo M O	tate Police ocal Police IBTA Police ther:	Xi D
			RSECTION:	<		TION	>			NO	AT	INTI	ERSI	ECT	ION:	
	EAST	Г WASHI	INGTON ST													2
1 1	Route# Direc	tion	Name o	f Roadway/Street		Route# Dire	ection	Addres	s #		Naı	me of F	Roadwa	ay/Stre	et	_ 2
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2						Route# Intersecting Roadway/Street									- -	
2 1						Feet N S E W of									$ \begin{vmatrix} 4 \end{vmatrix}$	
3	W Vahisla 1	2_#Occupants		Landmark									7			
	Venicie	#Occupants			se Numbe			210000	00786							4
	License#	18 1	St N	OOB/Age		Reg # Reg Type CON Reg State MA										-
	Sex_F_ Lic.		Lic. Restriction	Endorement		Veh Year 2013 Veh Make FORD Veh Config. 13										
4 1	Operator CAI	Last	LEOBARDC First	Middle	Owner SAVETREE LLC Last First Middle FEO PEDECORD RD										- 1	
	Address 65 CI			MA . 01510	Address 550 BEDFORD RD										-	
	City CLINTO	npany_ZURICH A		tate MA Zip 01510		City BEDFORD HILLS State NY Zip 10507 Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)										
5	1	Direction: N		ponding to Emergency? N	22 22 22 23 2 3 4											
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	,	· ————	 Violatio	n 2: ChSec		Most Harmful Event 1 24 24 5 11 Totaled Driver Contributing Code 1 24 24 1 5 11 Totaled										
⁶ 1				n 4: Ch Sec		rride/Override		25	 Towed	N 8		7		6		
	Please fill out for operator and all occupants involved					- Verride				28 2 irbag Airb	9 30 ag Eject ch Code	31 Trap	32 Injury	33 Fransp.		
	Name (Last Fir	st Middle)		Address See Above		Age/DOB			System S	Status Swit	ch Code	Code	\$tatus	Code 1	Medical Facilit	<u>1</u>
	PENA, CYNTI	HIS	I .	CLARK ST			F	3		1 4	0	0	10	1		
			C	LINTON, MA 01510						- -						
⁷ 3	Please Select C of the Followi	IX Vehicle	22 <u>1</u> #Occupa	Non-Motorist A	Гуре	14 Action	15 L	ocation	1	6 Cond	ition	17		Hit/Ru	ın Mope	ed
	License#	License# St MA DOB/Age				Reg # 6PX766 Reg Type PAN Reg State MA								e MA	-]	
	Sex_M_ Lic.	Sex M Lic. Class D 18 18 Lic. Restrictions 19 CDL				Veh Year 2017 Veh Make VOLK Veh Config. 1										
8 1	Operator GLICKSMAN JORDAN Last First Middle					Owner (Same as operator) Last First Middle										-
	Address 44 NEVADA ST					Address										
	City NEEDHA	tate MA Zip 02494	_ City_							_State		_Zip_		.		
	Insurance Company STANDARD FIRE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								e)		
	Vehicle Travel Direction: NSWW Responding to Emergency?N				_ Even	Event Sequence 22 22 22 22 2 3 4 10 Undercarriage								age		
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	Name (Last Fi	irst Middle)	operator and a	l occupants involved Address		Age/DO	B Sex	26 Seat Pos.	Safety A System	irbag Airb Status Sw	ag Eject	Trap Code	Injury Status	Fransp. Code	Medical Facil	ity
	Operator/	Non-Motorist		See Above					1 '	4 4	0	0	10	1		
							\perp	_								\Box



Crash Narrative:

On 10/6/2021 at approx 0759Hrs while assigned to 497 I responded to the area of Washington St and 128N Off
Ramp for a report of a two car crash without injuries. Upon arrival I observed Ma Con Reg R14581 a large
tree removal truck fully in the southern eastbound lane of Washington St. Ma Reg 6PX766, a white VW Jetta
straddling the fog lane and partially into the southern Eastbound lane.I spoke with the operator of the
Jetta, Jordan Glickman who stated he was stopped in traffic when the tree truck struck him. I spoke with the
operator of the tree truck, Leobardo Carrillo Reyes, who stated he was travelling east on Washington St when
the Jetta came up the off ramp, to avoid eastbound traffic backed up on the exit he came up the left turn
lane from the exit, took and illegal right turn onto Washington St and tried to cut into the trucks lane
causing the collision. Leobardo also gave me the card of a witness, Michael Minkoff who had stopped and

(Continued on next page)

Witnesses:										
Name (Last, First, Middle)	Address		Phone #	Statement						
MINKOFF , MICHAEL,	10 HAWI BROOKI	ES PL LINE,MA 02446		N						
Property Damage:										
Owner (Last, First, Middle)	Address	Phone #	34-Type Des	cription of Damaged Property						
Truck and Bus Information: Registration #(From Vehicle Section) Carrier NameCarrier Issuing Authority Code										
Address		City	St Zip							
US DOT #: S		Issuing State	ICC #:	Interstate	36					
Cargo Body Type Code Gross Vehicle Weight 38										
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length										
Hazmat Information:										
Placard 40 Material 1 digit #	41 Material Name		Material 4 digit	# Release code	42					

•	Direction	1 = Vehicle 1	2 = Vehicle 2	₹ Pedestr	ian		
Crash Diagram:	ie: →□	1 -	2				
Crash Diagram:	ie: -> [>	on	Grash Did Not Coa Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way cate North by Al	g Lot enter
corroborated this version	of events.						
							-
Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information:	Registration # _		(From Ve	chicle Section)			35
Carrier Name					Carrier Iss	uing Authority Code	e 33
Address			City		St	Zip	
US DOT#:							36
37		38	issuing state	1CC#		interstate	
Cargo Body Type Code G	ross Vehicle Weight				30		
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	ailer Length 39		
Hazmat Information:							
Placard 40 Material 1 digi	t # 41 Material	Name		Material 4	digit #	Release code	42
					<u></u>		
JO A GOURDEAU			NEW	TON POLICE DEPARTM	1	10/06/20)21

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)