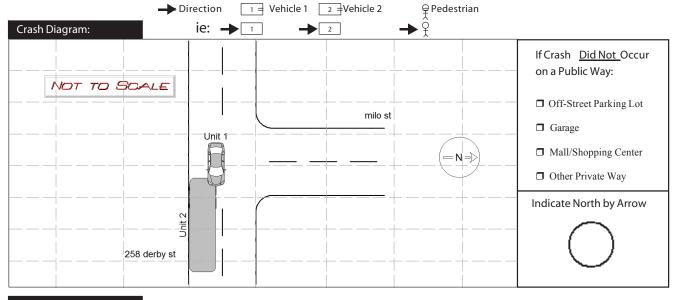
	Poli	ice Use Only		Commonwea	lth o	f Massa	achu	isetts	\$		RMV	/ Docum	ent Number	
	Date of Crash 10/15/2021	Time of Crash 08:04 24HR	City/Tow NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		l Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	Xi
			RSECTION:		OCAT		>		NO	ΓАТ	INTI	ERSEC	TION:	
	EAST	Γ DERBY	ST											2
1 1	Route# Direc	tion		oadway/Street	I	Route# Direction	on Ad	ldress #		Na	me of R	loadway/S	Street	_ 2 ¹
	At NORTH MILO ST				Feet NSEW of • or									
	Route# Direc	etion N	Name of Intersecting		<u> </u>	Foot 7	N S E	w of	Mile I	Marker			Exit Number	\dashv
			Also at Interse	ction with	-				Route	-	Intersec	ting Road	way/Street	3
1	Route# Direc	tion	Name of Intersect	ing Roadway/Street		Feet [N S E	w of			Tan	- dos outs		_ 3
3	W Validate	1 #0		D Manad	Landmark									7
	Venicie	#Occupants	Hit/Run	Moped Case N	Number		21	100000832	!					4
	License # St MA DOB/Age					7RZ623			Reg Ty			Reg S	State MA 20	-
	Sex_F Lic.	Class	Lic. Restrictions	CDLEndorsment		ear_2012						Veh Con		
4 1	Operator CAI		REBECCA First	Middle		CARUSO	t CENT	MARK	First			Middle		- 1
	Address 2 AD					307 (apt. 1211) CENT	RAL ST				344		-
	City MILFOR		State	e MA Zip 01757		IUDSON						MA Z		-
5	Insurance Com					Action Prior to		1	21 I 22 E	_	a Area		ircle Up to Thre	ee)
3		Direction: N	S X W Respo	nding to Emergency? N		sequence 2	23				\bigcap	$\overline{\mathcal{I}}$	10 Undercarr	iage
	Citation # (If I	· · · · · · · · · · · · · · · · · · ·				Iarmful Event	2	24	24	←	9	$[\ \]$	5 11 Totaled	luge
⁶ 1	1			: ChSec		Contributing Co	ode [:	13	8		7		6	
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed Y 26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Medial Parities								1:
	Name (Last Fir			Address		Age/DOB	Sex 1	Pos. \$ystem	Airbag Airt Status Swi	ag Ejeci tch Code	t Trap Code	Injury Tran Status Cod	le Medical Facili	10
	Operator			See Above				1	4 4	0	0	10 1	NONE	
⁷ 3	Please Select C of the Followi		2 <u>0</u> #Occupants	Non-Motorist A Type	e 1	4 Action 1	Loca	ation	16 Cond	lition	17	☐ Hit/	/Run Mop	ed
	License#		St	DOB/Age	Reg # C13735 Reg Type TR					pe_TR	N			
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL				Veh Ye	eh Year 2008 Veh Make TRAILER Veh Config. 8								
⁸ 2	Operator Last First Middle					Owner SANTANGELO LANDSCAPING Last First Middle								_
	Address					Address 251 (apt. 3) HIGH ST								-
	City State Zip				City WALTHAM State MA						MA Z	Zip <u>02453</u>		
	Insurance Company TRAVELERS				Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)								ee)	
	$ \begin{tabular}{lllllllllllllllllllllllllllllllllll$				Event Sequence 2 22 22 22 22 3 4									
	Citation # (If Issued)				Most Harmful Event 2 23 10 Undercarriage 5 11 Totaled							iage		
	Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec					Driver Contributing Code 1 24 24								
						Underride/Override Z5 Towed Y 8 7 6								
	Pl Name (Last Fi		operator and all o	ccupants involved Address		Age/DOB		26 27 Seat Safety Pos. System		9 ag Eject	31 Trap de Code	32 Injury Tran Status Co		lity
		Non-Motorist		See Above										
											+			



Crash Narrative:

ON 10-15-21 AT APPROX. 0804HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF DERBY AND MILO ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING E-BOUND ON DERBY ST. AS SHE APPROACHED THE INTERSECTION OF MILO AND DERBY SHE WAS BLINDED BY THE GLARE OF THE SUNLIGHT THAT WAS RISING IN THE EAST. DRIVER LOST SIGHT OF THE ROAD AND CRASHED INTO A LANDSCAPING TRAILER THAT WAS PARKED IN FRONT OF 258 DERBY ST. I SPOKE TO THE OWNER OF VEHICLE #2. THEY STATED THEY HEARD THE VEHICLE CRASH BUT DID NOT ACTUALLY SEE THE ACCIDENT. VEHICLE #1 HAD EXTENSIVE FRONT RIGHT END DAMAGE AND WAS TOWED BY PRIVATE TOW. VEHICLE #2 HAD NO DAMAGE AND WAS STILL OPERATIONAL. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED WITHOUT FURTHER INCIDENT.

Witnesses:											
Name (Last, First, Middle)	Address				Phone #	Statement					
Property Damage:		-						1			
Owner (Last, First, Middle)	Phone # 34-Type Des				scription of Damaged Property						
Truck and Bus Information: Registration #(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 Gross	s Vehicle Weight	38									
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	39					
Hazmat Information:											
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #		Release code	42			

THOMAS P WALSH		NEWTON POLICE DEPARTM	10/15/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date