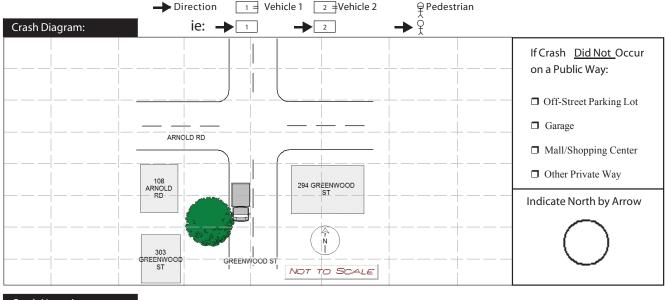
	Poli	ice Use Only		Commonwea	lth o	of Mas	sach	iuse	tts			RMV	V Doc	umen	t Number	
	Date of Crash 11/03/2021	Time of Crash 11:32 24HR	City/Tov NEWTON	MIOTOI		icle Cr Report				Number Injured 0	Latit	ed Limi tude gitude_		St La M O	tate Police ocal Police IBTA Police ther:	N N
			SECTION:		LOCAT	_	>			NOT	AT	INTI	ERSI	ECT.	ION:	\Box $-$
		GREEN	WOOD ST													2
1 1	Route# Direc			Roadway/Street		Route# Direc	tion	Address	#		Na	me of R	Roadwa	ay/Stre	eet	_ 2
	At ARNOLD RD				Feet NSEWof or									$ \frac{2}{}$		
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number									_	
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street									- _	
2 1	D	<u></u>	NI CIt	tion Decilorate	Feet NSEW of								1			
3	Route# Direction Name of Intersecting Roadway/Street				Landmark									_		
	XVehicle1	Number 2100000897														
	License#		StSt		Reg#	T71848				Reg Tyj	e CO	N	Re	eg Stat	е МА	
	Sex M Lic. Class D Lic. Restrictions 1 CDL				Veh Ye	ear_2017	\	eh Mal	ke_ISU	ZU			Veh (Config	6 20	
4	Operator SWI		MASSIMO	A Endorsment		B & G SER				First			Міч	Idle		- 3
1	Address 189 W		rust	winddle		100 (apt. 2)				1 1151			WIIO			. F
	City ASHLAND State MA Zip 01721				City HOPKINTON State MA Zip 01748									_		
	Insurance Company COMMERCE INSURANCE				Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									æ)		
5	Vehicle Travel	Direction: N	X E W Respo	onding to Emergency? N	Event Sequence 21 22 22 22 2 3 4											
	Citation # (If I	ssued)			Most I	Harmful Event	21	23	•	1	—	9	$\left \cdot \right $		10 Undercarri 11 Totaled	age
	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing		1 2	4	24		VŢ				
⁶ 1	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed Y 8 7 6										
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex	26 Seat S Pos. S	27 Safety Ai System St	28 29 rbag Airba tatus Swite	g Eject h Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facilit	ty 2
				See Above								0	10 1			
	FRANCY - WEBER, JAYDON, BRYCE 4 DYNASTY D MILFORD, MA			YNASTY DR .FORD, MA 01757			M	3	1 4	4	0	0	10	1		
																_
7	Please Select C)ne —		T	1	4	15		16	1		17				_
1	of the Followi	Vehicle	# Occupants	Non-Motorist A Typ	ne	Action		ocation		Condi	tion	1,		Hit/Ru	ın Mop	ed
	License#StDOB/Age				Reg#_	Reg # Reg Type Reg State										
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL				Veh Ye	Veh Year Veh Make Veh Config. 20										
8 1	Operator					Owner Last First Middle									_	
_	Address					Address								-		
	CityStateZip					City State Zip								-		
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								:е)		
	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 22 22 22 22 3 4										
	Citation # (If Issued)				Most Harmful Event 23 10 Undercarriage 5 11 Totaled								age			
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24										
	Violation 3: ChSecViolation 4: ChSec					ride/Override			owed_	8		7		6		
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB	Sex	26 Seat Pos.	27 Safety Ai System S	28 29 rbag Airba Status Swit	g Eject ch Cod	Trap Code	32 Injury Status	33 Transp. Code	Medical Facil	ity
		Non-Motorist		See Above												



Crash Narrative:

On Wednesday at approximately 1132 hours while assigned to marked unit n499 I was dispatched to the intersection of Arnold Rd. and Greenwood Street for a report of a construction vehicle that took down a tree and was blocking the Road.

Upon arrival I observed a large city tree on top of a box truck owned by 1-800-got junk completely blocking

Greenwood Street. Newton Forestry responded to the scene and removed the tree from the vehicle and from the Road.

Prior to the tree being cleared I spoke with the operator of the truck, SWEET Massimo, who states he was travelling Southbound on Greenwood Street toward Dedham Street when he attempted to pull to the side of the road. Prior to making it to the side of the road the top of the truck struck the city tree that was leaning

(Continued on next page)

(Continued of	n next page)						
Witnesses:							
Name (Last, First, Middle)	Address		Phone	Phone #			
Property Damage:							
Owner (Last, First, Middle)		Phone #	34-Type	Description of Dama	aged Property		
Truck and Bus Information:	Registration #		(From Vehic	ele Section)			
Carrier Name					Carrier Iss	suing Authority Coo	35 le
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
37	ss Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr			
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	Release code	42

-	→ Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestri	ian	
Crash Diagram:	ie: → 🗆	→ □	2	Ŷ		
					If Crash Did Not on a Public Way:	Occur
					☐ Off-Street Parking	g Lot
					☐ Garage	
					☐ Mall/Shopping Co	enter
				+	- — —	
					☐ Other Private Way	y
					Indicate North by A	rrow
		i	-	-		
					\ \ /	
Crash Narrative:	-	-	'	-	,	
	it from its roo	ts and landin	ng on top of th	e truck	My observations indicate	that
					ll in the roadway when the	
		-			ld be accessed at a later	
	- CHE VEHICLE HA	s a dasii came		and co.	The accessed at a later of	date by
the owner of the company.	-					
Five pictures were taken of	or the crash sc	ene and emai.	red to policere	corasenev	wtoniiia.gov.	
Witnesses:		1.11			DI #	16
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Туре	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Veh	· · · · · ·		35
Carrier Name					Carrier Issuing Authority Coc	le
Address			City		St Zip	
US DOT #:	_ State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	
Hazmat Information:					-	
Placard 40 Material 1 digit	# 41 Material N	lame		Material 4 d	ligit # Release code	42
AI AN IR RICHARD SOI OMAN	<u> </u>				11/03/2	

ID/Badge #

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)

Signature