

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/05/2021	Time of Crash 13:04 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 36 GREYLOCK RD				Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street _____				
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				Landmark _____				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000904		
License # --- St RI DOB/Age ---			Reg # R46465 Reg Type CON Reg State MA			Sex M Lic. Class B 18 D 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2014 Veh Make MACK Veh Config. 97 20		
Operator CORDON NORBIN HARLODO			Owner WASTE MANAGEME			Address 100 HILL ST			City NORTON State MA Zip 02766		
Address 165 PETTEYS AVE (apt. FL3)			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2		
City PROVIDENCE State RI Zip 02909			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
Insurance Company ACE AMERICAN INSURANCE			Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility			Operator See Above --- 99 4 4 0 0 10 1		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped		
License # --- St MA DOB/Age ---			Reg # 2GHG71 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2021 Veh Make HONDA Veh Config. 1 20		
Operator LEWIS JANE			Owner (Same as operator)			Address _____			City _____ State _____ Zip _____		
Address 99 NEEDHAM ST (apt. 1120)			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2		
City NEWTON State MA Zip 02461			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
Insurance Company AMICA MUTUAL			Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility			Operator/Non-Motorist See Above --- 99 4 4 0 0 10 1		

→ Direction

ie: → 1 → 2 →

1 Vehicle 1 2 Vehicle 2

→ Pedestrian

Crash Diagram:

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

On Friday November 5th 2021, at approximately 1304 hours I responded to the area of 36 Greylock Road for a two car motor vehicle accident involving a city contracted Waste Management receptacle truck. At the time of the accident the weather was sunny and the road conditions were dry. Greylock Road is owned and maintained by the City of Newton.

Upon arrival I spoke with the operator of the garbage truck identified by RI License 9898223, as Norbin Cordon. Norbin stated he was operating the garbage truck and travelling westbound on Greylock Rd. Due to cars parked on both sides of the road he stopped to let another vehicle go by him coming from the opposite direction. The other vehicle stopped at the bend to let the garbage truck go by. Norbin stated it was a tight squeeze and when he tried to make his way through his rear drivers side tires made contact with the drivers

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

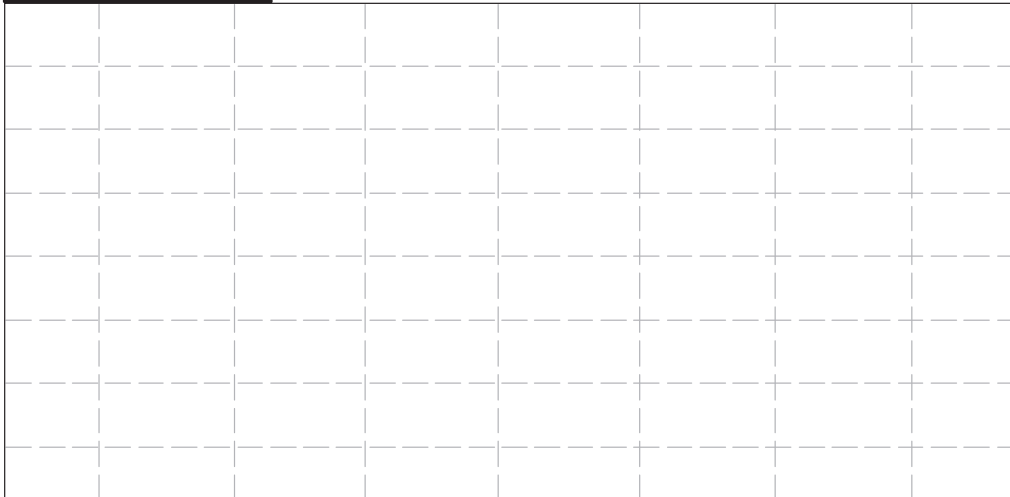
Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



If Crash Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

side panel of the other vehicle. The only damage to the garbage truck was a smudge on the tire. Norbin reported no injuries.

I then spoke with the operator of the other vehicle involved, identified by Mass Lic as Jane Lewis S79838916. Jane stated she was traveling eastbound on Greylock Road and stopped in the road to let the garbage truck pass. As the truck attempted to pass it struck her rear drivers side panel causing moderate body damage. Jane reported no injuries. Several photographs of both vehicles were taken and submitted to the IT Bureau. Jane's vehicle was able to drive and she left without further incident.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

ANDREA M FERGUSON

NEWTON POLICE DEPART

11/05/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date