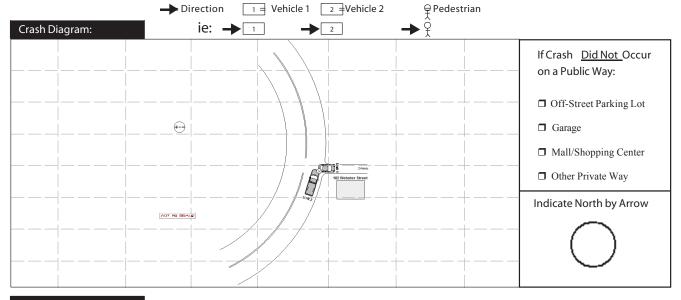
	Poli	ice Use Only		Commonv	vealth	of Mass	sach	use	tts		RM	V Doc	ument	t Number	
	Date of Crash 11/08/2021	Time of Crash 08:55	NEWTON	1710		hicle Cr Report	ash		icles I	njured]	Speed Lin Latitude _ Longitude		Sta Lo M Ot	ate Police ocal Police BTA Police ther:	N XI
			RSECTION:	<		TION	>				AT INT				
						EAST	18	32	W	EBSTER	ST				
$\frac{1}{1}$	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street								et	$ \frac{1}{2}$
	A					Feet NSEW of or Fxit Number								xit Number	
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of									
1 1						Feet	N S I	E W of		Route#	Interse	cting R	oadway	y/Street	3
	Route# Direction Name of Intersecting Roadway/Street					Landmark									
3	XVehicle1	_1_#Occupants	Hit/Run	Moped	Case Numbe	r	:	210000	0914						Т
	License#		St	A DOB/Age	Reg	2SWR49			R	.eg Type_	PAN	Re	eg State	е МА	
	Sex_F_ Lic.	Class D 18 1	Lic. Restrictio	ns I 19 CDL	Veh	Year_2012	V	eh Mak	e_FIAT			_Veh(Config.	20	
4 1	Operator ME		SOPHIA First	Endorsment	Own	Owner MERCADO GERARDO									
1	Address 12 PF	ROSPECT STRE	ET			ess 12 PROSPI	ECT STR	REET							- 1
	City NEWTON State MA Zip 02465					City NEWTON State MA Zip 02465									
5	Insurance Company GOVERNMENT EMPLOYEES				•	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Damaged Area Code: (Circle Up to Three)									e)
1		Direction:	S E W Res	ponding to Emergency?_		Event Sequence 1 10 Undercarriage								age	
	Citation # (If I	·	 c Violation	1 2: ChSec		Harmful Event	1	1 24	4 2	1 4	- <u>F</u>			11 Totaled	
1	Violation		Driver Contributing Code 1 25 Towed N 8 7 6												
	Please fill out for operator and all occupants involved					26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.							1		
	Name (Last First Middle) Address Operator See Above					Age/DOB	Sex	Pos. \$	ystem Stat	us Switch	Code Code 0 0	\$tatus	Code ¹	Medical Facility	y 1
7 1	Please Select C of the Followi		e2 <u>1</u> #Occupar	Non-Motorist A	A Type	14 Action	15 Lo	cation	16	Conditio	n 17		Hit/Ru	n Mope	ed
	License#	License# St MA DOB/Age				Reg # M3116A Reg Type PAN Reg State MA						_e MA			
	Sex_M Lic. Class B 18 18 Lic. Restrictions K 19 CDL											20			
1	Operator CANNISTRARO MICHAEL Last First Middle				Own	Owner NEWTON CITY OF Last First Middle									.
	Address 133 ALDER ST					Address 110 CRAFTS ST									
	City WALTHAM State MA Zip 02453				City	City NEWTON State MA Zip 02459									
	Insurance Company SELF					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Damaged Area Code: (Circle Up to Three) 3 4								e)	
	Vehicle Travel Direction: N S X W Responding to Emergency? N					Event Sequence 1 10 Undercarriage								age	
	Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec					Most Harmful Event 1 24 1 5 11 Totaled Driver Contributing Code 1 24 24									
		Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N 8 7 6									
	Pl	ease fill out for		l occupants involved				26 Seat S	27 2 afety Airb	8 29 ag Airbag	30 31 Eject Trap	32 Injury	33 Fransp.		\dashv
	Name (Last Fi	Non-Motorist		Address See Above		Age/DOB	Sex	Pos.	System Sta 99 4	itus Switch	Code Code 0 0	Status 10	Code 1	Medical Facili	ty



Crash Narrative:

On Monday November 8th, 2021 at approximately 0855 hours I responded to the area of 182 Webster Street for a motor vehicle accident involving a City of Newton DPW truck. At the time of the accident the weather was sunny and the road surface was dry. Webster Street is owned and maintained by the City of Newton.

Upon arrival I spoke with the operator of the city vehicle identified by Mass License as Michael Cannistraro S40721835. Michael stated he was travelling eastbound on Webster Street when the other vehicle involved backed out of the driveway and struck the front passenger side bumper of the truck. Michael reported no injuries and the vehicle was drive able. I then spoke with the operator of other vehicle involved, identified by Mass permit license as Sophia Mercado SA5660670. Sophia stated she was backing out the driveway and stopped, and that is when the DPW struck her rear end. Sophia reported no injuries and minor damage to the (Continued on next page)

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	on of Damag	ged Property	
Truck and Bus Information:	D 1 1 1 1			1 0 0 0				
	Registration #			<i></i>				35
Carrier Name						Carrier Issu	ing Authority Co	de
Address			City			St	Zip	
US DOT #:	State Number		Issuing State	ICC#			Interstate	36
37		38	issuing state	100 #			_ Interstate	
Cargo Body Type Code Gross	s Vehicle Weight							
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Lengt	h 39		
Hazmat Information:		8						
40	41							42
Placard Material 1 digit #	Material Na	me		Material 4	digit #		Release code	72

-	Direction 1	☐ Vehicle 1	2 #Vehicle 2	Pedestrian		
Crash Diagram:	ie: → 1	→ [:	2	₽Ŷ		
Crash Diagram:	ie: → 1			▶ ¥	If Crash Did Not on a Public Way: Off-Street Parking Garage Mall/Shopping C Other Private Way Indicate North by A	g Lot enter
		 		+ -		
Crash Narrative:						
vehicle was reported. The		ive able and	several pictu	ires of the v	ehicles were taken and	
submitted to the IT Bureau	<u>u.</u>					
Witnesses:		1			DI "	lc
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	cription of Damaged Property	
Truck and Bus Information:						
Carrier Name			(From Ve	ehicle Section)	Carrier Issuing Authority Coc	35 le
Address			City			
						36
US DOT #:		38	issuing state	ICC#:	Interstate	
Cargo Body Type Code Gro	oss Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer	Length	
Hazmat Information: 40	41					42
Placard Material 1 digit	# Material Na	ame		Material 4 digit	# Release code	72
						_
ANDREA M FERGUSON				VTON POLICE DEPARTM	11/08/2	021
Police Officer Name (Please Print)	Signature	:	ID/Badge # D	epartment	Precinct/Barracks Date	e

CDP1 11 ·24·00