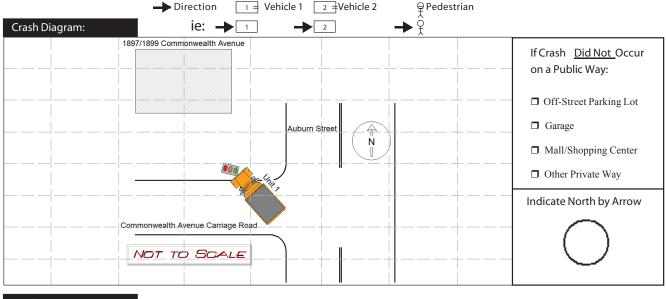
	Pol	ice Use Only		<u>Com</u> monweal	lth o	f Massa	ach	usett	S		RMV	V Docun	nent Number	
	Date of Crash 01/07/2022	Time of Crasl 12:21 24HI	NEWTON			icle Cra Report	sh	Numb Vehicle 1		red Lat	eed Limi titude ngitude_		State Police Local Police - MBTA Police Other:	Xi O
			RSECTION:		OCAT	_	>		N	ОТ АТ	INTI	ERSEC	CTION:	
1					_	NORTH		397	CON			AVENU		
1	Route# Direc	tion	Name of Ros	adway/Street	R	Route# Direction	on A	ddress #				Roadway/	Street	_ 2
	Route# Direc		Name of Intersecting R	1 (0)		Feet	N S E	W of		le Marker		or	Exit Number	
	Koute# Direc	ction	Also at Intersect		-	Feet	N S E	W of	Rou		Intercec	ting Poor	dway/Street	- L
2 4		<u> </u>			-	Feet	N S E	W of	Kot	пся	Intersec	ting Roac	iway/Silect	1
3	Route# Direc		Name of Intersecting	g Roadway/Street							Laı	ndmark		
	XVehicle1	_1_#Occupant	s Hit/Run	Moped Case N	lumber		2	22000022						
	License#	18	18	DOB/Age	Reg#_N					Type_M		Reg S	State MA 20	-
		Class A M	Lic. Restrictions	CDL Endorsment		ar 2010				IATION	AL	_Veh Cor		
⁴ 3	Operator LEE		DONALD First EALTH AVENUE	Middle		CITY OF NEV	l.	DPW	First			Middle		- 3
	City NEWTO		State ¹	MA _{Zin} 02459		EWTON					State	MA 7	Zip 02458	-
	Insurance Com					Action Prior to	Crash	1 1	21				Circle Up to Thre	ee)
5 1	Vehicle Travel	Direction:	(SEW) Respond	ling to Emergency?N_	Event S	Sequence 23 ²	22 2	22 22	22	0	3		4	
_	Citation # (If I	ssued) N/A			Most H	armful Event	23 2	3		0 🛨	9	$\left\{ \mid \cdot \mid \cdot \right\}$	10 Undercarr 5 11 Totaled	iage
5	Violation	1: ChS	ec Violation 2:	ChSec	Driver	Contributing Co		19 ²⁴	24	8	VŢ		6	
⁶ 2	Violation 3: Ch Sec Violation 4: Ch Sec Sec Violation 4: Ch Sec Sec Violation 4: Ch Sec				Underride/Override Towed N						_			
	Please fill out for operator and all occupants involved Name (Last First Middle) Address			Address		Age/DOB	Sex	Pos. Syste	ty Airbag a	Switch Coo	de code	status Co	de Medical Facili	ty 2
	Operator			See Above				1	4	99 0	0	10 1	N/A	
7	Diagram Calacte	D			14		5		16	-	17			
1	Please Select (of the Followi	I Vehic	le# Occupants	Non-Motorist A Type	;	Action		cation	Co	ondition	17	Hit	t/Run Mop	ed
	License#		St	DOB/Age	Reg#_				Reg	Туре		Reg S	State 20	_
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL			CDL		Veh YearVeh Config.								
8 4	Operator Last First Middle				OwnerLast First Middle						-			
	Address				Address						-			
	City State Zip Insurance Company					City State Zip Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)						ee)		
		Direction: N		nding to Emergency?				22 22	22	2	3		4	
	, , , , , , , , , , , , , , , , , , , ,				Most Harmful Event 23 10 Undercarriage 5 11 Totaled						iage			
	Violation 1: ChSec Violation 2: ChSec				Driver Contributing Code 24 24									
	Violation 3: ChSec Violation 4: ChSec				Underri	de/Override	2	Tow		8	7		6	
	Pl Name (Last Fi		or operator and all oc	cupants involved Address		Age/DOB	Sex	26 Seat Safe Pos. Sys	7 28 ty Airbag tem Status	29 Airbag Eje Switch Co	0 31 Trap ode Code	Injury Tra	33 nsp. ode Medical Facil	lity
	Operator/	Non-Motorist		See Above										



Crash Narrative:

On Friday, January 7, 2022, while assigned to Traffic unit N525, I responded to the area of Commonwealth Avenue and Auburn Street, Newton for a report of a City of Newton plow truck that knocked over a traffic signal and left the area. The weather at the time of the crash was overcast and snow. The road surface was wet. Commonwealth Avenue and Auburn Street are both public ways maintained by the City of Newton.

On arrival to this area, I observed a traffic signal resting on the sidewalk in front of 1897 Commonwealth Avenue. The traffic signal was cracked at it's base, and still functioning while resting on the sidewalk.

The traffic signal when operation faces traffic traveling Westbound on the Commonwealth Avenue carriage road at Auburn Street.

An anonymous resident of the area approached me and showed me a picture on their phone of the truck that left

(Continued on next page)

Witnesses:					
Name (Last, First, Middle)	Address			Phone #	Statement
Property Damage:	•				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Dama	ged Property
, CITY OF NEWTON,	1000 COMMONWEALTH AVEN NEWTON,MASSACHUSETTS 0	617-796-1000	3	TRAFFIC SIGNAL	
Truck and Bus Information:	Registration #	(From Vehic	ele Section)		25
Truck and Bus Information: Carrier Name	Registration #	(From Vehic	ele Section)	Carrier Issu	ning Authority Code 35
Carrier Name				Carrier Issu St	ning Authority Code
Carrier Name		City		St	zip
Carrier Name Address US DOT #:		City		St	zip
Carrier Name Address US DOT #: Cargo Body Type Code37 Gro	State Number38	City Issuing State	ICC#:_	St	zip
Carrier Name Address US DOT #: Cargo Body Type Code37 Gro	State Numbersss Vehicle Weight 38	City Issuing State	ICC#:_	St	zip

MICHAEL R GAUDET		1	NEWTON POLICE DEPARTM		01/07/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

→	Direction 1	■ Vehicle 1 2	yehicle 2	Pedestri	ian		
Crash Diagram:	ie: → 1	2	□ →	₽			
		 <u> </u> 			I	Crash <u>Did Not</u> On a Public Way:	Occur
						Off-Street Parking	g Lot
						Garage	
						Mall/Shopping Ce	enter
						Other Private Way	7
					Inc	dicate North by A	rrow
				 		\bigcirc	
Crash Narrative:							
the area after crashing in							
with a plow affixed to the						·	
see the number 48 on it's s	side to identi	fy it. I req	uested Newton	Dispatch	contact the	DPW to identi:	fy who
the operator of the vehicle		age was left	for Mr. Perry	Cacciola	(Newton DPW)	for	
information about the crash							
On Monday, January 10, 2021	l, I spoke wit	h Mr. Cacciol	a. Mr. Caccio	ola state	d Donald Lebl	anc (S00405419	9)
was the operator of the plo	ow responsible	for the dama	ge to the traf	fic signa	al. Mr. Cacc	iola stated he	could
not provide any information	about the ve	hicle used in	the crash, ex	cept that	t it was numb	er 48.	
I then spoke with Mr. Lebla	anc. Mr. Lebl	anc stated he	was operating	the City	y of Newton	plow involved	in the
(Continued or	n next page)						
Witnesses:		Address			Dlasses	- "	Ct-t
Name (Last, First, Middle)		Address			Phone	2 #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	naged Property	
Truck and Bus Information:	Registration #		(From Vehi	icle Section)			35
Carrier Name					Carrier Is	ssuing Authority Cod	
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:		Interstate	36
Cargo Body Type Code 37 Gros	s Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length		
Hazmat Information:						_	
Placard 40 Material 1 digit #	Material N	lame		_ Material 4 d	ligit #	Release code	42

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

-	→ Direction	1 = Vehicle 1	2 =Vehicle 2	Pedestri	an	
Crash Diagram:	ie: →[1 -	2	₽ ♀		
					If Crash <u>Did</u> — — on a Public W	
			L <u></u>		—	arking Lot
					☐ Garage	
					□ Mall/Shopp	ing Center
		_			Other Privat	
		_	+		Indicate North	by Arrow
		 -				
					()
						_
Crash Narrative:						
	ed the snow at	the time of	the crash was	packed dov	vn and the plow made co	ontact with
the traffic signal while	he was clearin	g the snow in	front of 189	7 Commonwea	alth Avenue. Mr. Leblan	nc stated he
contacted his supervisor,	Perry Cacciol	a, sometime a	fter the the	incident to	reprot the damage. I	Mr. Leblanc
reported no injuries.						
Photos were taken of the	damaged traffi	c signal and	submitted to	the IT Bure	eau.	
Witnesses						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Dua sa antis i Da sa a sa a						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Propert	y
Truck and Bus Information:	Registration #		(From V	ehicle Section)		
Carrier Name				,	Carrier Issuing Authorit	ty Code 35
Address			City		St Zip	
US DOT #:	_ State Number		Issuing State	ICC #:	Interstate	e 36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	iler Length 39	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material	Name		Material 4 d	igit # Release co	ode 42
1						

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)