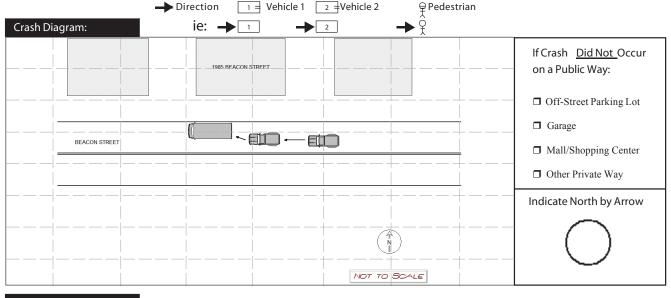
	Polic	ce Use Only		Commo	nwealtl	h of	f Massa	ach	use	tts			RMY	V Docu	ıment	t Number	
	ate of Crash 2/24/2022	Time of Crash 11:30	City/Ton NEWTON	own M	otor V	<b>ehi</b>	cle Cra	sh		nber	Numb		ed Limi itude _		Sta	ate Police ocal Police BTA Police	X
02	72-72022	24HR	NEWTON				eport		2		1		ngitude_		Ot	ther:	
		AT INTER	SECTION:	<	LO	CATI	ION	>			NO	ΓΑΤ	INTI	ERSE	ECTI	ON:	
							WEST	19	985		BEAC	N ST					ŀ
Ro	oute# Direct	ion	Name o	f Roadway/Street		Ro	oute# Direction	on A	ddress	#		N	ame of F	Roadwa	y/Stre	et	_
1				At			Feet 1	N S E	<b>W</b> o	f _			•	or			ŀ
Ro	oute# Direct	tion N	lame of Intersecti	ng Roadway/Street		- -			_		Mile	Marker			Ex	cit Number	_
			Also at Inte	rsection with		_ -	Feet	N S E	W o	f	Route	<del></del>	Intersec	ting Ro	adway	y/Street	-
R						_ -	Feet 1	N S E	W o	f							
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2	Vehicle 1	1_#Occupants	Hit/Run	Moped	Case Nun	nber		2	220001	74							- 1
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- 1	perator CEC	-	MICHAEL	JOSEPH Endorsn	nent		UNITED PAI							_ * 611 C	onng.		ŀ
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- 1	ty MEDFOR		S	ate MA Zip 02155			ATERTOWN						State	MA	Zin (	02472	-
		<sub>pany</sub> LIBERTY N				-	Action Prior to	Crash		21	] :					e Up to Thr	ee)
<b></b>		Direction: N		ponding to Emergenc						11 22	<u>22</u> 2		3		4		
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	ease Select O the Followir		2 <u>1</u> # Occupar	Non-Motori	st A Type	14	Action	Loc	cation	10	6 Cond	lition	17	□·	lit/Ru	п Мор	ed
Lic	cense#		St_ <sup>M</sup>	OB/Age	R	.eg#2E	BRN27				Reg T	pe_PA	N	Re	g State	<sub>e</sub> MA	_
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— Ad	idress 18 CH	IERRY ST (apt. 1	First	Middle		ddress	Las				First			Midd	ile		_
Cit	ty SPENCE	2	S	ate MA Zip 01562	2 C	ity							State		_Zip_		_
Ins	surance Comp	pany COMMER	CE INSURANC	Е	V	ehicle A	Action Prior to	Crash		21	] 1	Damag	ed Area	Code:	(Circl	e Up to Thr	ee)
Ve	ehicle Travel I	Direction: N	S E X Re	sponding to Emergen	cy?N E	vent Se	equence 2	22 2			<u>22</u>		3		4		
		sued) T2012914	1 1 2 4				rmful Event	2.2.	3			_				10 Undercarr 11 Totaled	riage
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	Name (Last Fir	Non-Motorist		Addre See Abo			Age/DOB	Sex	Pos.	System  1	Status Sw	itch Co	de Code	Status	Code	Medical Faci	lity
	Operator/1	1011-110101131		Sec A00						1	4	U	U	o	_		
										$\dashv$	$\perp$						



## Crash Narrative:

On Thursday 2/24/22 at approximately 1130 hours while assigned to marked unit n498 I was dispatched to the area of 1985 Beacon Street for a 2 car motor vehicle crash with injuries.

Upon arrival I spoke to the operator, CECCHINI Michael, of a UPS delivery truck. CECCHINI states he was travelling westbound on Beacon Street and activated his right turn signal, began to slowly pull to the right, activate his 4 way emergency hazard lights and stop in the shoulder/breakdown lane in front of 1985 Beacon Street to make a delivery at that address. Upon stopping he was struck in the rear by motor vehicle #2. After speaking with CECCHINI I spoke to the operator, CHABOT Shane, of motor vehicle #2. CHABOT was in the back of the ambulance being prepared for transport to Newton Wellesley Hospital. CHABOT states he was travelling Westbound on Beacon Street and was looking down at his GPS on his cell phone in the cup holder of

(Continued o	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	Sta	tement
Property Damage:		•					·	
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descrip	otion of Dama	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)				
Truck and Bus Information:  Carrier Name			`	ele Section)		Carrier Issu	ning Authority Code	35
						_		35
Carrier Name			City			St	Zip	
Carrier NameAddressUS DOT #:	State Number		City			St	Zip	
Carrier NameAddressUS DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	
Carrier Name Address US DOT #: Cargo Body Type Code 37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	
Carrier Name	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC#:Tr	railer Len	Stgth39	Zip36	

_	Direction 1	Vehicle 1	2 =Vehicle 2	₽ Pedestrian	
Crash Diagram:	ie: → 1	<b>→</b> [:	2	▶Ŷ	
					If Crash <u>Did Not</u> Occur on a Public Way:
		 			☐ Off-Street Parking Lot
					☐ Garage
					☐ Mall/Shopping Center
					☐ Other Private Way
	- –   – – –				Indicate North by Arrow
	   		 	<del> </del>	
Crash Narrative:					
	sting his radio	o when he str	ruck the rear	of the UPS tru	ick on the side of the road.
A Witness, CERRA Rob, spok	e to Sgt. Pout	as and stated	d he witnessed	the pickup to	ruck travelling westbound on
Beacon Street and observed	the vehicle to	veer to the	right and st	rike the back o	of the parked UPS truck.
Based on the statements gi	ven to me by the	ne operator o	of motor vehic	le #2 , CHABOT	Shane, he is being issued Ma
Uniform Citation T2012914	for C90 S13B u	sing an elect	crical device	while operating	g a motor vehicle and C89 S4A
Marked Lanes Violation. Th	e citation was	mailed to CH	HABOT's addres	s as I was unak	ole to issue it in hand
prior to him being transpo	rted to the ho	spital.			
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:		•			
Owner (Last, First, Middle)	Address		Phone #	34-Type Descrip	tion of Damaged Property
Truck and Bus Information:	Registration #		(From Ve	hicle Section)	
Carrier Name					_ Carrier Issuing Authority Code 35
Address			City		St Zip
US DOT#:	State Number		Issuing State	ICC#:	Interstate 36
	ss Vehicle Weight	38			39
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Len	gth
Placard 40 Material 1 digit	# 41 Material N	ame		_ Material 4 digit # _	Release code 42