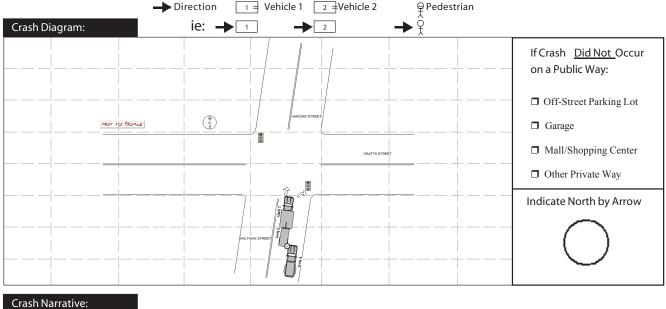
Date of 0 04/01/20	22 08:	e of Crash 14 24HR	City/ NEWTON	/Town	M	otor	Voh	iala (Yma.	ah	Nu	mber	Numb	er Sr	eed Lin	nit 25	S	tate Police	
1 Route#	A7	24HR								SII		nicles	Injure	ed La	titude _			ocal Police IBTA Police	XI
1 Route#	\mathbf{A}							Repor			3		0		ngitude		C	ther:	_
1 Route#		INTER:	SECTION	V:	<	L	OCAT	ION	>	>			NO	T A	ΓINT	ERS	ECT	ION:	-
1 Route#	NORTH	CRAFTS	ST																F
	Direction		Name		adway/Street		I	Route# Di	rection	n A	ddres	s #		N	lame of	Roadw	/ay/Str	eet	
		WALTH	AM ST	At				Fe	et N	SE	E W	of –			•	or			_
Route#	Direction	Na	ame of Interse	cting R	oadway/Street		╌┞				_		Mile	Marke	r		E	xit Number	-
			Also at Ir	ntersect	ion with			Fe	eet N	SE	E W C	of	Route		Interse	cting R	Roadwa	y/Street	-
2 3 Route#	.		N 07		D 1 (0)			Fe	eet N	SE	E W	of							
Route	Direction		Name of Inte	ersecting	g Roadway/Street										La	andmar	·k		_
3 XVeh	icle1 <u>1</u> #	Occupants	Hit/Ru	un	Moped	Case N	lumber			2	220002	263							
License			St	MA	DOB/Age		Reg#1	M9951A					Reg T	ype M	IVN	R	eg Sta	te_MA	
	Lic. Class	A 18 18			19 CDL			ear 2020		V	ah Ma	_{ko} FO	_				Config	20	
			RODOLFO	ı	Endorsm			CITY OF								_ v cii	Comi	ş. <u> </u>	_
	MARQU Last 61 ELLIOT		First		Middle			110 CRA	Last				First			Mi	ddle		- L
City NE				Stata I	MA Zip 02464			EWTON							Stat	MA	7in	02458	-
'	Company			_State_	Zip <u>02101</u>				ior to	Crock		21					_ ^	le Up to Thi	ree)
					·	- N		Action Pr	21		22	22	22 2		3		4	ор ю т	
1 Venicie			S E W R	tespond	ling to Emergence	y?		Sequence	1	2	3							10 Undercar	riage
	(If Issued				ar a			Iarmful Ev		1		4	24	4			5	11 Totaled	
6.					ChSec			Contributii	_		1					<u> </u>	\mathcal{I}_{6}		
					ChSec		Underr	ide/Overrio	de			Towed		20	30 31	32	22		_
	ast First Mic		tor and all oc	cupan	Addres	S		Age/DC	В	Sex	Seat Pos.	27 Safety A System	28 Airbag Ai Status Sw	rbag Ej ritch Co	30 31 ect Trap ode Code	32 Injury Status	Transp Code	Medical Facil	lity
Ope	rator				See Abo	ve						99	4 4	0	0	10	1		
														+					
7 Places S	la et On a						1	<u> </u>	15	<u> </u>		1	16		17	1			
of the Fe	lect One llowing:	X Vehicle?	2 <u>0</u> #Occup	pants	Non-Motoris	st A Type	;	Action	10	Lo	cation	,	Con	dition	17		Hit/R	un Mor	ped
License			St		DOB/Age		Reg# I	M4802A					Reg T	ype M	IVN	R	eg Sta	te_MA	
	Lic. Class	18 18			19 CDL		-	ear 2019		V	eh Ma	ke CF					Config	20	
8 Operator	Last		_		Endorsm	nent										_		,	
			First		Middle			s					First			Mi	ddle		
				State	Zip											е	7in		_
	Company			_buite_	Zip		-	e Action Pr				21						le Up to Thi	_
- 1		tion:	e F W	Dagnar	ding to Emorgana	N			22		22	22	22 2		3		4		
		7.	J E W	respor	nding to Emergeno	y! <u> </u>		Sequence		2	3					$ \nearrow $		10 Undercar	riage
	f (If Issued				CI C			Iarmful Ev		1		24	24	-	· [5	11 Totaled	
					: ChSec			Contributir	Ī		1				<u>/</u>		\mathcal{I}_{6}		
V	olation 3: C				: ChSec		Underr	ide/Overrio	de _		Т	owed		29	30 31	32	33	1	_
Name (Please ast First Mi		operator and	all oc	cupants involve			Age/D	ов	Sex	26 Seat Pos.	27 Safety 2 System	Airbag Ai Status S	29 rbag Ej witch C	30 31 Frap Code Code		Transp S Code	Medical Fac	ility
Ope	rator/Non-	Motorist			See Abov	ve													
								1			1	ı 1				1	1	1	

	ice Use Only		Commonwea									ent Number	
Date of Crash 04/01/2022	Time of Crash 08:14	City/Town NEWTON	1410101		icle Cra	ısh	Number Vehicles	Numbe Injured	Latitu	ide	25	State Police Local Police MBTA Police	XI XI
	24HR				Report		3	0		itude_		Other:	_
	AT INTER	RSECTION:	< I	LOCAT	ION	>		NOT	'AT I	NTE	RSEC	TION:	_
Route# Direc	ction	Name of Ro	adway/Street	R	oute# Direction	on Addi	ress #		Nam	e of Ro	oadway/S	treet	
		At			Feet [N S E W	of -		•	o	r		_
Route# Direc	ction N	Mile Marker Exit Number Feet N S E W of											
		Route# Intersecting Roadway/Street									-		
Route# Direc	etion	Name of Intersectin	g Roadway/Street	[-	Feet [N S E V	of						
1		т т	ng Road way/Bricet							Land	dmark		\dashv
XVehicle3	0_#Occupants	Hit/Run	Moped Case N	Number		220	00263						
License#	18 1	St	DOB/Age	Reg#_	758877			_Reg Ty	pe_CON	Ī	Reg S		_]
Sex Lic.			19 CDL	Veh Yea	ar_2006	Veh 1	Make_FC	RD			Veh Cont	fig. 20	
Operator	Last	First	Endorsment	Owner _	Las	st		First			Middle		_
ll .			Middle		S								_
City		State_	Zip	City						State_	Zi	p	_
Insurance Com	npany			Vehicle	Action Prior to	o Crash	3 2		amaged	Area (Code: (Ci	rcle Up to Th	ree)
Vehicle Travel	l Direction: N	S X W Respond	ding to Emergency?_N	Event S	Sequence 1	22 22	22	22 2		3			
Citation # (If I	Issued)			Most H	armful Event [1 23		1	←	9	/	10 Undercar 5 11 Totaled	riage
Violation	1: ChSec	Violation 2:	ChSec	Driver (Contributing Co		24	24		<u> </u>	إللا		
Violation	n 3: ChSec	Violation 4:	ChSec	Underri	de/Override	25	Towe				(
Please Name (Last Fir		ator and all occupar	nts involved Address		Age/DOB	Sex Pos	26 27 st Safety s. System	28 29 Airbag Airba Status Swite	g Eject ch Code	31 Trap II Code S	32 3 njury Trans status Code	Sp. Medical Faci	lity
Operator			See Above										
Please Select (One Dynam	"0 '		14		15		16		17			
of the Followi	ing: Vehicle	e# Occupants	Non-Motorist A Type	e	Action	Locati	on	Cond	tion		Hit/	Run Mo	ped
License#	18 1	St	DOB/Age	Reg#_				_Reg Ty	pe		Reg S	tate	_
Sex Lic.	Class	Lic. Restrictions	CDL Endorsment	Veh Yea	ar	Veh 1	Make				Veh Cont		
Operator	Last	First	Middle	Owner _	Las	st		First			Middle		-
Address				Address	S								-
City		State_	Zip	City						State_		p	_
Insurance Com					Action Prior to		22		amaged	Area (ا Code: (Cı	rcle Up to Thi	ree)
	Direction: N	S E W Respon	nding to Emergency?		sequence [22 22 23	22	22 2		Ť.		10 Undercar	riage
Citation # (If I	·				armful Event		24	24	←	9	. !	5 11 Totaled	J.
			: ChSec		Contributing Co	ode 25		8	<u> </u>	7	ر لا	5	
		operator and all oc	: ChSec	Underri	de/Override	Sea	Towed		30	31	32 3	3	\dashv
Name (Last F	irst Middle)	operator and an oc	Address		Age/DOB	Sex Po	s. System	28 29 Airbag Airba Status Swi	g Eject ch Code	31 Trap II Code	32 3 njury Trans Status Coo	sp.	ility
Operator/	/Non-Motorist		See Above				-				\perp		
							1						



On Friday April 1st 2022 at approximately 0814 I responded to Crafts Street and Waltham Street for a minor motor vehicle accident involving a City of Newton DPW vehicle. At the time of the accident the weather was rainy and the road surface was wet. Crafts Street and Waltham Street are both owned and maintained by the City of Newton.

The operator of the city vehicle (MV1) identified as Rodolfo Marquez stated he was stopped at the red light on Waltham Street at Crafts Street waiting to go straight onto Harding Street. Marquez stated he was struck from behind by MV2. Minor damage was reported from the rear passenger side corner of the trailer that was attached to the city vehicle. The operator of MV2 identified as Theodore Tsacoyianis stated he was behind MV1 on Waltham Street and was trying to take the right onto Waltham Street and struck the corner of the

(Continued o	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	#	Statement
Property Damage:								1
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desci	ription of Dama	ged Property	
Truck and Bus Information:	Pagistration #		(F V.1:	la Castion)				
Carrier Name			(From Vehic	e Section)		Carrier Issu	uing Authority Cod	35 le
Carrier Name							-	le
			City			St	Zip	le
AddressUS DOT #:	State Number		City			St	Zip	le
AddressUS DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	le
AddressUS DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	le
AddressUS DOT #:	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC#:Tr	railer L	St	Zip Interstate	le

•	→ Direction	1 =	Vehicle 1	2 =Vehicle 2	₽ Pedestr	ian		
Crash Diagram:	ie: →[1	→[2	→ 🤅			
							If Crash <u>Did Not</u> Con a Public Way:	Occur
							☐ Off-Street Parking	Lot
							☐ Garage	, 201
		_ _		++			☐ Mall/Shopping Ce	enter
		_ _					Other Private Way	
		_		 				
		į			ĺ		Indicate North by A	ITOW
				++				
		- -						
Crash Narrative:								
trailer. Minor damage to taken and submitted to the					ctures of t	he damag	e to both vehicles	were
	e ii buleau. N	10 11	ijuiies we	ere reported.				
Witnesses: Name (Last, First, Middle)		Α	Address				Phone #	Statement
Property Damage:								
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description	n of Damaged Property	
Truck and Bus Information:	Registration #			(F V	Inlain Continu			
Carrier Name				*	Vehicle Section)	(Carrier Issuing Authority Code	e 35
Address				City			St Zip	
US DOT #:								36
Cargo Body Type Code 37 G	ross Vehicle Weight	38	8					
Trailer Reg #:			Reg State	Reg Year	Tr	ailer Length	39	
Hazmat Information:						Č		
Placard 40 Material 1 digi	t # 41 Material	Name	e		Material 4	digit#	Release code	42
ANDREA M FERGUSON				N	EWTON POLICE DEPART		04/01/20)22

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)