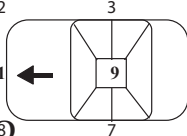
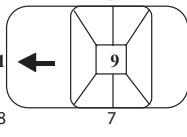


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/01/2022	Time of Crash 08:14 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
<div><div>NORTH</div><div>CRAFTS ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WALTHAM ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>			<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Landmark</div></div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000263			
License # --- St MA DOB/Age ---			Reg # M9951A		Reg Type MVN		Reg State MA			
Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2020		Veh Make FORD		Veh Config. 2 20			
Operator MARQUEZ RODOLFO			Owner CITY OF NEWTON DPW							
Address 61 ELLIOT ST			Address 110 CRAFTS ST							
City NEWTON State MA Zip 02464			City NEWTON State MA Zip 02458							
Insurance Company SELF			Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		1 9		5 11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24		8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N							
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 0 #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 DOB/Age ---			Reg # M4802A		Reg Type MVN		Reg State MA			
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year 2019		Veh Make CFCO		Veh Config. 8 20			
Operator			Owner							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		1 9		5 11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24		8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N							
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			-----		-----					

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/01/2022		Time of Crash 08:14 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street							10
						Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number							
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of _____ Route# Intersecting Roadway/Street							11
2	Route# Direction Name of Intersecting Roadway/Street					Landmark							
3	<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000263						
	License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsement _____					Reg # V58877 Reg Type CON Reg State MA Veh Year 2006 Veh Make FORD Veh Config. 2 20							12
4	Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____					Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)							
5	Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) _____					Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N							13
6	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												
7	Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #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 _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsement _____					Reg # _____ Reg Type _____ Reg State 20 Veh Year _____ Veh Make _____ Veh Config. 20							
8	Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____					Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)							
	Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____					Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____							
	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												

→ 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:

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 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

ANDREA M FERGUSON

NEWTON POLICE DEPART

04/01/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

A blank sheet of white graph paper with a light gray grid. The grid consists of 10 columns and 8 rows of squares. A solid black border runs along the top and left edges of the page.

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:

trailer. Minor damage to the front drivers side was reported. Pictures of the damage to both vehicles were taken and submitted to the IT Bureau. No injuries were reported.

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

Gross Vehicle Weight

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

Hazmat Information:

Placa

Material 1 digit #

Material Name

Material 4 digit #

Release code

42

ANDREA M FERGUSON

NEWTON POLICE DEPARTMENT

04/01/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____