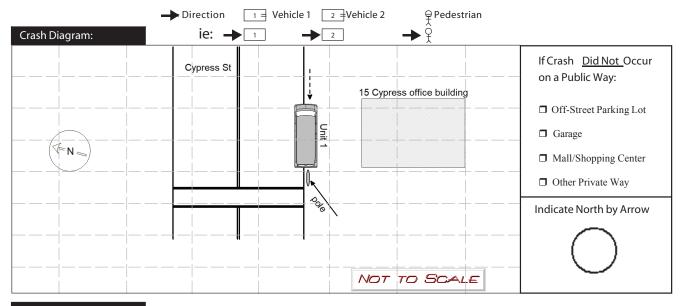
	Poli	ce Use Only		Commonweal	lth o	f Mass	achı	usetts	5		RMV	/ Docui	ment Number	
	Date of Crash 04/07/2022	Time of Crash 11:35 24HR	City/Town NEWTON	1410101		icle Cra Report	sh	Number Vehicles		ed Lat	ed Limi itude ngitude_		State Police Local Police MBTA Police Other:	XI E
			RSECTION:		OCAT		>		NC				CTION:	
1						SOUTH			CYPR	ESS ST				
1	Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street									
	Route# Direc	tion N	Name of Intersecting R	oadway/Street	[Feet	N S E	W of		Marker	<u> </u>	or	Exit Number	_
	Route# Birec	1011	Also at Intersecting I		-	Feet	N S E	W of	Rout		Intersec	ting Roa	dway/Street	-
² 2	Route# Direct	tion	Name of Intersectin	a Poodway/Street	-	Feet	N S E	W of						1
3			т т		Landmark								\dashv	
2	XVehicle1	_1_#Occupants	X Hit/Run	Moped Case N	lumber		2:	2000278						4
	License#	_ 18 1	St MA_	DOB/Age	Reg # 4970874 Reg Type PAS Reg State NH									
4	Sex_M Lic. Operator CAT		Lic. Restrictions MATTHEW	CDL Endorsment GUY		ear_2021 RYDER TRU			КП1			Veh Co	onfig. 2	
4		Last ACH ORCHAR	First	Middle		S 143 FRONT			First			Middle		- 7
	City BURLING		State_	MA Zip 01803		IANCHESTER					State	NH	Zip 03103	
	Insurance Com	pany_UNKNOW	/N		Vehicle	Action Prior to	o Crash	10	21	Damag	ed Area	Code: (Circle Up to The	ree)
5 1		Direction: N		ding to Emergency? N	Event S	Sequence 23			22	2	3	$\overline{}$	4	
		rsued) T2080658		19/75 -		Iarmful Event	23	24	24	—	9		10 Undercar 5 11 Totaled	rnage
⁶ 1				ChSec		Contributing Contr	ode 25	19		3	7		<i>)</i> 6	
	Violation 3: ChSec Violation 4: ChSec 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.							—		
	Name (Last Fire Operator	st Middle)		Address See Above		Age/DOB	Sex	Pos. System	1 Status Sv	vitch Coc	le Code 0	Status Co	ode Medical Faci	lity 2
•														
7 1	Please Select C of the Followin	Vehicle	e# Occupants	Non-Motorist A Type	e 14	4 Action	Loc	ation	16 Con	ndition	17	Пні	it/Run Mo	ped
	License#	18 1	St	DOB/Age	Reg #									
	Sex Lic. (Class	Lic. Restrictions	CDL Endorsment		ear		h Make				Veh Co		
⁸ 1	Operator	Last	First	Middle		Las	st		First			Middle		-
	Address		State	Zin		S					State		7in	-
	City State Zip Insurance Company				City State Zip Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)							ree)		
	Vehicle Travel Direction: N S E W Responding to Emergency?				Event Sequence 22 22 22 22 3 4									
	Citation # (If Issued)				Most Harmful Event 23 10 Undercarriage 5 11 Totaled							rriage		
	Violation						Driver Contributing Code 24 24 7 6							
ļ				: ChSec	Underr	ide/Override		Towe	d		0 31] 32	33	_
	Name (Last Fi	rst Middle)	operator and all oc	Address		Age/DOB	Sex	Pos. Syste	Airbag A m Status S	witch Co	0 31 Trap de Code	Injury I'r:	ansp. Code Medical Fac	cility
	Operator/	Non-Motorist		See Above						-	+			
											-			



Crash Narrative:

Mv#1, observed by a witness, had just backed up and knocked over a City flashing beacon crosswalk sign pole in front of 15 Cypress St. The witness observed #1, a Ryder truck, drive forward, bearing NH reg 497 0874 and turn around. The witness stated she saw the operator stop across the street and stare at the downed pole for a few moments. The operator was then observed drive away onto Centre St. #1 operator was soon after identified as a delivery driver who had just made a delivery at 15 Cypress at a neighboring office. I made contact with the driver from on scene and he returned to the scene. Photos of damage taken by Traffic Ofc Gaudet. #1 operator issued citation for 90/24 Leaving the Scene of Property Damage and CO 19/75 Failure to Use Care Backing. See incident report #22012337 for more details.

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
POWER LANGUANDRA	15 CYPRESS ST NEWTON,MA 02459		N
	NEW TOTAL GENERAL GENE		

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property 1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0, 617-796-1000 3 FLASHING BEACON CROSSWALK POLE

Truck and Bus Information:	Registration #	(From Vehic	cle Section)		25
Carrier Name				_ Carrier Issu	ting Authority Code
Address		City		St	Zip
US DOT #: S	State Number	Issuing State	ICC #:		Interstate 36
Cargo Body Type Code Gross	s Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

ADAM D GABRIEL		25117	NEWTON POLICE DEPARTM		04/07/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date