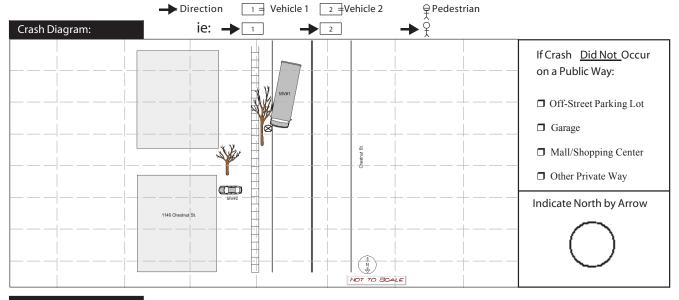
	Poli	ice Use Only		Commonw	ealth	of Massa	achu	setts			RMV	/ Docu	ment Nu	ımber			
	Date of Crash 04/21/2022	Time of Crash 06:15	City/Town	Moto	or Vel	nicle Cra	sh	Number Vehicles			ed Limi tude		State I Local	Police Police A Police	N X		
	04/21/2022	24HR	NEWTON	P	olice	Report		2	0		gitude_		Other:	A Police			
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						NORTH	114	4	CHES	INUT S	ST .				F		
1 [Route# Direc	tion	Name of R		Route# Direction	n Ado	dress #		Na	me of R	loadway	/Street					
_			At		Feet NSEW of or									_ L			
	Route# Direc	etion N	Vame of Intersecting		Mile Marker Exit Number												
				Feet NSEW of Route# Intersecting Roadway/Street													
1					Feet NSEW of												
	Route# Direc	tion	Name of Intersecti		Landmark												
1	XVehicle1	#Occupants	Hit/Run	Moped Ca	se Numbe	r	220	000325							П		
	License#		St MA	DOB/Age	Pea t	+ PWL2072			Reg T	vne AP	PORTI	ONper	State Ol	Н			
	Sex_M Lic. 0	18 1		19	Reg # PWL2072 Reg Type APPORTION Reg State OH Veh Year 2022 Veh Make MACK Veh Config. 7												
	1		DANIEL	Endorsment A	nent								_				
1	Operator DEV	APLE ST (apt. 3	First	Middle	Addr	Owner RENTAL PREMIER RENTAL Last First Middle UNKNOWN											
	City SOMERS			MA Zip 02726													
		_{ipany} UNKNOW		Z.ip		Valida Astica Prima to Const. 21 Damaged Area Code: (Circle Up to Three											
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	Name (Last Fir			Address		Age/DOB	Sex Po	os. \$ystem	Status Sw		e Code	Status C		lical Facilit	y		
	Operator			See Above				99	4 9	9 0	0	10 1	L				
1	Please Select C of the Followi	IX Vahida	2 <u>0</u> #Occupants	Non-Motorist A	Туре	14 Action 1	5 Loca	tion	16 Con	dition	17	Пн	it/Run [Море	ed		
	License#		St	DOB/Age	.ge Reg # 1KXP62			Reg Type_PAN									
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1					Owne	Owner PUPA ALGERT Last First Middle								_			
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	operator/			200110010													
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		ice Use Only			monwea			_	setts					Number			
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Route# Direction Name of Intersecting Roadway/Street						Landmark											
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┨			ecViolat				Contributing Co	ode 25		8		7					
_	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved						de/Override		Towe	d 28 29 Airbag Airba	30 g Eject	31 32 Trap Injury	33				
	Name (Last Fir	st Middle)			Address		Age/DOB		os. System	Airbag Airba Status Swite	g Eject h Code	Frap Injury Code Status	Transp. Code	Medical Facility			
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	ease Select C the Followi	I Vehic	le#Occup	ants Non	n-Motorist A Typ	pe 97	Action 97	5 Loca	tion 5	Condi	tion 1		Hit/Rui	n Moped			
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Operator GURGURI BASHKIM Last First Middle					Owner	Owner Last First Middle											
	ddress 1146 CHESTNUT ST						Address										
Ci	City NEWTON State MA Zip 02459						CityStateZip										
1	Insurance Company						Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Front Sequence 22 22 22 22 2 3 4										
1	, , , , , , , , , , , , , , , , , , , ,						event Sequence 10 Undercarriage										
Cı	`	· /						Most Harmful Event 1 4 9 5 11 Totaled									
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	Name (Last Fi	Non-Motorist	1	- 9	Address See Above		Age/DOB		Pos. System	Status Swi	ch Code	Code Statu		Medical Facility			
	Operator/	WIOTOITSI						-				10	1				
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Crash Narrative:

At 0630 hrs.on 4/21/22, Newton Police and Fire were dispatched to the area of 1146 Chestnut St. for a motor vehicle collision into a tree. Upon arrival, MV#1 was observed with damage to its front end and cracked/broken front windshields. The operator of MV#1 stated he had worked all night and had fallen asleep causing the garbage truck he was operating to veer off of the roadway and into the city owned tree in front of 1146 Chestnut St. The tree itself had been knocked over and was across the roadway. A second tree on the property of 1146 Chestnut St. suffered damage. Further, several large tree limbs had fallen a top of MV#2 which was parked in the driveway of 1146 Chestnut St, but no visible damage was observed. The operator of MV#1 declined medical attention and contacted a private tow to remove MV#1 from the roadway. The operator of MV#2 as well as the homeowner of 1146 Chestnut St. were apprised of the situation. Pictures of the damage

(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** Registration # PWL2072 Truck and Bus Information: (From Vehicle Section) 35 Carrier Name PREMIER TRUCK SALES RENTAL Carrier Issuing Authority Code Address 7700 WALL ST City VALLEY VIEW Zip 44125 St OH US DOT #: 00036429 Issuing State OHIO ICC#: State Number Cargo Body Type Code Gross Vehicle Weight Trailer Reg #: ____ Reg State ____ Reg Year___ Trailer Length Reg Type____ Hazmat Information: _____ Material 4 digit # _____ Placard Material 1 digit # Material Name Release code

-	Direction 1 = \	Vehicle 1 2	+Vehicle 2	Pedestrian		
Crash Diagram:	ie: → 1	-	_	₽Ŷ		
					If Crash Did Not (on a Public Way: Off-Street Parking Garage Mall/Shopping Co Other Private Way Indicate North by A	g Lot enter
Crash Narrative:						
were taken on the N498 car	mera and attached	to this r	eport.			
W itnesses: Name (Last, First, Middle)		ddress			Phone #	Statement
Name (Last, First, Middle)	^	luuless			FIIOTIE #	Statement
2						
Property Damage:			T a			
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	cription of Damaged Property	
Truck and Bus Information:	Registration #		(From Ve	ehicle Section)		35
Carrier Name					Carrier Issuing Authority Cod	le
Address			City		St Zip	
						36
US DOT #:	38		issuing State	1CC#:	Interstate	
Cargo Body Type Code Gro	oss Vehicle Weight					
Trailer Reg #:	Reg Type_	Reg State	Reg Year	Trailer	Length 39	
Hazmat Information:						
40	41			Maked 4 4 9 5	# D.1	42
Placard Material 1 digit	# Material Name			Material 4 digit	# Release code	
DANIEL SOHN			NEW	TON POLICE DEPARTM	04/21/20	022
Police Officer Name (Please Print)	Signature		ID/Badge # De	epartment	Precinct/Barracks Date	e

CDP1 11 ·24·00