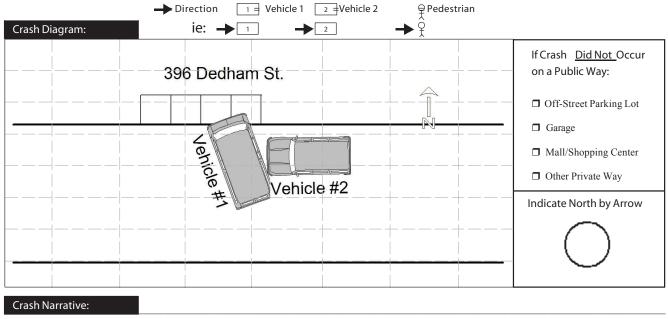
	Poli	ice Use Only		Commonwe	alth o	of Mass	achi	isetts	8		RM	V Docun	nent Number	
	Date of Crash 05/25/2022	Time of Crash 08:10 24HR	NEWTON	1410101		icle Cra Report	sh	Number Vehicles		red La	eed Lim titude _ ngitude		State Police Local Police MBTA Police Other:	XI D
			RSECTION:		LOCA		>						CTION:	2
						WEST	396	5	DED	HAM S	Г			
1 <b>1</b>	Route# Direction Name of Roadway/Street  At				Route# Direction Address # Name of Roadway/Street								_ 2	
						Feet NSEW of or Exit Number								_
	Route# Direc	etion		ng Roadway/Street		Feet	N S E	W of					Exit i valiloci	_
<sup>2</sup> <b>1</b>						Feet	N S E	W of	Rou	ite#	Intersec	ting Road	lway/Street	3
1	Route# Direc	tion	Landmark											
3	XVehicle1 1_#Occupants						22	2000445						
	License#		St X	OOB/Age	Reg#	W13695			Reg	Type Co	ON	Reg	State_MA	
		Sex_M Lic. Class D 18 18 Lic. Restrictions 19 CDL					Vel	h Make_C				Veh Cor	20	
4	Operator RO		IRINALDO	Endorsment		PRIMOS			TRUC	TION		Middle		- 1
1	Address 33 BE	ETTINSON AV	E	widdle		SS 33 BETTINS	ON AV	E	rirsi			widdle		-
	City EVERET	T	Si	ate MA Zip 02149	City_	EVERETT							Zip <u>02149</u>	_
	Insurance Com	pany TRAVELI	LERS		Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)									ee)
5	Vehicle Travel	Direction: N	S E X Res	ponding to Emergency? N	Event	Sequence 1	$\frac{22}{23}$		22	2	<u></u>	<b>,</b>	4 10 Undercarr	inan
	Citation # (If I	/			Most 1	Harmful Event	1	24	24	1	9	$( \mid \mid \mid )$	5 11 Totaled	lage
5 1	1			1 2: ChSec		Contributing C	ode 25			8	7		6	
1	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved					Underride/Override  Towed N  26 27 28 29 30 31 32 733  Seat Safety Autoa Bridge Fords Code Stript Code								_
	Name (Last Fir			Address		Age/DOB	Sex 1	Pos. \$yster	n Status	Switch Co	de code	Status Co	nsp. de Medical Facili	1 1
	Operator			See Above				1	4	99 0	0	10 1		
7														
1	Please Select C of the Followi	I X Vehicl	e2 <u>1</u> #Occupar	Non-Motorist A Ty	ype 1	Action S	Loca	ation	16 Co	ondition	17	Hit	:/Run	ed
	License# St MA DOB/Age DOB/Age				Reg#	Reg # 2JZ212 Reg Type PAN Reg State MA							State MA	_
	Sex_M Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2016 Veh Make CHEV Veh Config. 20								
8 1	Operator WICHIAN-ROCHE TOSPAUL  Last First Middle  Middle				Owner (Same as operator)  Last First Middle								_	
	Address 116 FLORAL ST					Address								-
	City         NEWTON         State         MA         Zip         02461					CityStateZip								-
	Insurance Company GOVT EMPLOYEE					Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)								ee)
	Vehicle Travel Direction: NSEX Responding to Emergency? N				Event Sequence 1 1 2 1 10 Undercarriage								riage	
	Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec					Most Harmful Event 1 9 5 11 Totaled								
		Driver Contributing Code 5												
			Sec Violation	on 4: ChSecl occupants involved	Under	Underride/Override Towed N					33			
	Name (Last Fi	rst Middle)		Address See Above		Age/DOB	Sex	Pos. Syste	m Status	Switch Co	ode Code	Status Co	nsp. ode Medical Faci	lity
	Operator	Non-Motorist		See Above				1	4	99 0	0	10 1		
									+					
									1					



Operator of vehicle #1 stated that he was travelling Westbound on Dedham St. Operator # 1 stated he used his right turn signal to make a right turn into the driveway of 396 Dedham St. when vehicle #2 collided with Vehicle #1. Operator of vehicle #1 stated that due to the vehicle carrying ladders and construction equipment operator # 1 had to make a wide turn to enter the driveway. Operator # 2 stated he was travelling west bound on Dedham St. behind vehicle #1. Operator #1 stated that vehicle #2 suddenly slowed and attempted to make a right turn into the driveway of 396 Dedham St. Operator #2 stated he did not see a turn signal from operator #1. Operator #1 stated he could not stop in time and collided with vehicle #1. Operator of vehicle #1 had a valid Brazilian license.

Witnesses:								
Name (Last, First, Middle)		Address			Phone #	Statement		
Property Damage:	•							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descr	iption of Dama	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)				
Truck and Bus Information:  Carrier Name			`	cle Section)		Carrier Issu	uing Authority C	ode 35
			`					
Carrier Name			City			St	Zip	ode
Carrier Name  Address  US DOT #:	State Number		City			St	Zip	ode
Carrier Name  Address  US DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	ode
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Gross	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	ode

DANIEL NARDELLI		NEWTON POLICE DEPARTM	05/25/2022		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date