

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/07/2022		Time of Crash 12:30 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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	
DRUID HILL RD												2	
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10	
UPLAND AVE						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	
Route# Direction Name of Intersecting Roadway/Street						Landmark						1	
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000496							
License # --- St RI DOB/Age ---				Reg # V42946		Reg Type CON		Reg State MA					
Sex M Lic. Class B 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2020		Veh Make MACK		Veh Config. 13 20					
Operator PERDOMO SAMUEL				Owner WASTE MANAGEME									12
Address 60 COTTAGE ST				Address 100 HILL ST									
City CENTRAL FALLS State RI Zip 02863				City NORTON		State MA		Zip 02766					
Insurance Company ACE AMERICAN				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 97 22 22 22 22		2 3 4		10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 97 23		1 24 24		5 11 Totalled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		Underride/Override 25 Towed N		8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
Please fill out for operator and all occupants involved													13
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		97	
Operator				See Above		-----		---		1 4 4 0 0 10 1			
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 _____				Reg # _____		Reg Type _____		Reg State _____					
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____		Veh Make _____		Veh Config. 20					
Operator _____				Owner _____									
Address _____				Address _____									
City _____ State _____ Zip _____				City _____		State _____		Zip _____					
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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:

Upland Ave

Druid Hill Rd

Unit 1

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

On 06/07/2020 the operator of vehicle 1 was driving southbound on Upland Ave approaching Druid Hill Rd when the top of the truck caught a low hanging wire. As a result two utility poles were pulled from the ground and a third was damaged. The truck being operated was a Waste Management garbage truck which was contracted by the City of Newton. All utility companies were notified and responded. The operator of the truck reported no injuries and no damage to the vehicle. I took several digital images of the scene.

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

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

MICHAEL ANTHONY IAROSSO

NEWTON POLICE DEPART

06/07/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date