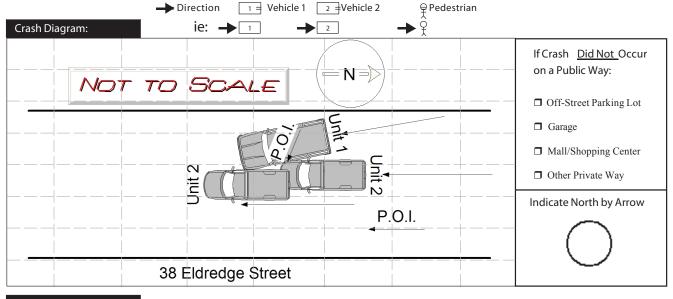
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AT INTERSECTION: ACCATION SOUTH 38 ELDREDGEST
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Operator LANGSTON ELIZABETH A Endorsment Address 26 CHASE AVE Address 26 CHASE AVE Address 26 CHASE AVE City NEWTON State MA Zip 02465 City State Zip Insurance Company SAFETY INSURANCE Vehicle Travel Direction: NX EW Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 19 24 24
Address 26 CHASE AVE City NEWTON State MA Zip 02465 City NEWTON Insurance Company SAFETY INSURANCE Vehicle Travel Direction: NXEW Responding to Emergency? N Event Sequence Vehicle Action Prior to Crash Most Harmful Event Vehicle Travel Direction: NXEW Responding to Emergency? N Event Sequence Vehicle Action Prior to Crash Most Harmful Event Vehicle Travel Direction: NXEW Responding to Emergency? N Event Sequence Vehicle Action Prior to Crash Vehicle Travel Direction: Notation 1: Ch Sec Violation 2: Ch Sec Underview Violation 3: Ch Sec Violation 4: Ch Sec Underview Please fill out for operator and all occupants involved Name (Last First Middle) Name (Last First Middle) Noperator See Above Non-Motorist A Type Veh Year 2019 Veh Make FORD Veh Config 2 Veh Config 2 Veh Config 2 Operator Veh Config 2 Operator Veh Config 2 Operator Veh Config 2 Operator Non-Motorist State MA Zip 02458 Non-Modelle Name Veh Year 2019 Veh Make FORD Veh Config 2 Non-Motorist State MA Zip 02458 Non-Modelle Name Veh Zibe MA Zip 02458 Non-Modelle Name Veh Zibe MA Zip 02458 Non-Motorist State MA Zip 02458
City NEWTON State MA Zip 02465 City State Zip Insurance Company SAFETY INSURANCE Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: NXEW Responding to Emergency? N Event Sequence 1 22 22 22 22 22 2 2 2 2 2 2 2 2 2 2 2
Insurance Company SAFETY INSURANCE Vehicle Travel Direction: NX EW Responding to Emergency? N Vehicle Travel Direction: NX EW Responding to Emergency? N Citation # (If Issued) Violation 2: Ch Sec Violation 2: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Operator See Above Please Select One of the Following: License # — St MA DOB/Age — Reg # M3106A Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL License # — Reg # M3106A Operator LEONE RICHARD Operator State MA Zip 02458 City NEWTON Damaged Area Code: (Circle Up to Three) Bandaged Area Code: (Circle Up to Three) Event Sequence I 22 22 22 22 22 22 22 22 22 22 22 22 2
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Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Undergraph of the Following: Please fill out for operator and all occupants involved Name (Last First Middle) Operator See Above Please Select One of the Following: Vehicle 2 1 # Occupants Non-Motorist A Type
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 19 24 24 24 24 24 24 24 24 24 24 24 24 24
Please fill out for operator and all occupants involved Name (Last First Middle) Operator See Above Age/DOB Sex Posset Safety urbag surbag gieget Trap urbag gieget Trap ur
Please fill out for operator and all occupants involved Name (Last First Middle) Operator See Above Age/DOB Sex Possur Status Wirther givet from the property of the Following: Operator Please Select One of the Following: License # St MA DOB/Age
Operator See Above
of the Following: Venicle 2 1 # Occupants Non-Motorist A Type Action Location Condition Hit/Run Moped License # St MA DOB/Age Reg # M3106A Reg Type MVN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2019 Veh Make FORD Veh Config. 2 Operator LEONE RICHARD Owner PUBLIC WORKS CITY OF NEWTON Last First Middle Address 110 CRAFTS ST City NEWTON State MA Zip 02458 City NEWTON State MA Zip 02458
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Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2019 Veh Make FORD Veh Config. 20 Poperator LEONE RICHARD Owner PUBLIC WORKS CITY OF NEWTON Address 110 CRAFTS ST City NEWTON State MA Zip 02458 City NEWTON State MA Zip 02458
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Vehicle Travel Direction: NXEW Responding to Emergency? N Event Sequence 1 22 22 22 22 22 22 22 24 22 22 22 22 22
Citation # (If Issued) Most Harmful Event 1 23
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24 1 5 11 Totaled
Violation 3: ChSec Violation 4: ChSec Underride/Override
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 First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility Operator/Non-Motorist See Above



Crash Narrative:

On 06/22/22 at 13:32 hours, I (Traffic Unit 523) was dispatched to 38 Eldredge Street for a two car motor vehicle crash involving a City of Newton Dept. of Public Works truck. Sgt. Mclean called in the crash to Dispatch after seeing it occur. Eldredge Street is a public way owned and maintained by the City of Newton. The weather conditions were clear and sunny and the road conditions were dry at the time of the crash.

On arrival, I spoke to the operator of M/V # 1 identified as Elizabeth Langston (MA D/L # S89458234)
who was operating a 2013 Nissan Rogue color black bearing MA reg. # 3BMK31. Ms. Langston states that she
was parked across the street from 38 Eldredge Street. When she went to pull out in to the travel lane going
southbound, she never saw another vehicle going by her and struck M/V # 2 on it's passenger side. She

(Continued on next page)								
Witnesses:								
Name (Last, First, Middle)	A	Address			Phone i	#	Statement	
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property		
Truck and Bus Information: Registration #(From Vehicle Section) Carrier NameCarrier Issuing Authority Code								
					Carrier Issu	uing Authority Cod		
Carrier Name					Carrier Issu	,	e	
Carrier Name	_ State Number		_ City		St	Zip	e	
Carrier NameAddressUS DOT #:			_ City		St	Zip	e	
Carrier NameAddressUS DOT #:	State Number	8	_ City Issuing State	ICC#:_	St	Zip	e	
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Gr	State Number	8	_ City Issuing State	ICC#:_	St	Zip	e	
Carrier Name	State Number	8 Reg State _	_ City Issuing State	ICC #:_ Tr	St	ZipInterstate	e	

JEREMY L WILSON		25227	NEWTON POLICE DEPARTM		06/22/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

→	▶ Direction 1	Vehicle 1 2	=Vehicle 2	Pedestriaı	า	
Crash Diagram:	ie: → 1	2	□ →	₽ Ŷ		
					If Crash <u>Did Not</u> Occur on a Public Way:	
					Off-Street Parking Lot	
					☐ Garage	
					☐ Mall/Shopping Center	
	_			+-		
					Other Private Way	_
				+-	Indicate North by Arrow	
				 - + -		
Crash Narrative:						
further stated that she bel	lieved it was a	a blind spot	in her side v	lew mirror.	I observed damage to her	
driver's side door handle a	and driver's si	ide bumper.	As a result of	f the crash	, the entire bumper was	
dislodged from the vehicle	. Langston cal	lled for a pr	ivate tow (Pro	-Tech Walt	cham) to have her vehicle	
removed.						
Next, I spoke to the operat	tor of M/V # 2	Richard Leon	e (MA D/L # S	51672498) w	who works for the City of	
Newton Department of Public	Works. At th	ne time, he w	as operating a	a 2019 Ford	1 350 color white bearing MA	
Official reg.# M3106A. He	stated that he	e was traveli	ng straight al	nead (SB) c	on Eldredge Street when M/V	
# 1 pulled out and struck h	nim on the pass	senger side.	I observed so	crapes to t	the passenger side door that	
extend down to the wheel we	ell of the cab	to the truck	. I also obs	served a de	ent on the truck between the	
(Continued or	n next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone # State	ment
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type D	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)		35
Carrier Name					Carrier Issuing Authority Code	
Address			City			_
US DOT #:	State Number		_ Issuing State	ICC #:	Interstate 36	
Cargo Body Type Code Gros	s Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length 39	
Hazmat Information:						
Placard 40 Material 1 digit #	Material Na	ame		_ Material 4 dig	it # Release code 42	
JEREMY L WILSON		25227	·	ON POLICE DEPARTM	06/22/2022	
Police Officer Name (Please Print)	Signature			oartment	Precinct/Barracks Date	

-	→ Direction	1 = Vehi	icle 1 2	⊻ ≠Vehicle 2	₽ Pedestri	ian	
Crash Diagram:	ie: →	1	→ 2	<u> </u>	₽Ŷ		
						on a Pub	
						□ Off-St	reet Parking Lot
		_				Garage	e
						☐ Mall/S	Shopping Center
		-		+		Other	Private Way
	— — — — ·	_	+	+		Indicate N	North by Arrow
		-	— — — +		<u> </u>	(
Crash Narrative:							
passenger side door and b	ed of the tru	ck.					
No injuries reported by e	ither operato	r. Phot	os take	n of the sce	ne and subr	mitted to the I.T.	Bureau.
Witnesses:							
Name (Last, First, Middle)		Addre	ess ess			Phone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of Damaged Pr	roperty
Truck and Bus Information:	Registration #				ehicle Section)	Carrier Issuing A	authority Codo
Carrier Name						-	
Address							Zip
US DOT#:		38		Issuing State	ICC #:	In	terstate
Cargo Body Type Code G	ross Vehicle Weight					39	
Trailer Reg #:	Reg Type	Re	g State	Reg Year_	Tra	ailer Length	
Hazmat Information: 40	A1						42
Placard Material 1 digit	# 41 Materia	al Name			Material 4 d	ligit#Rele	ease code 42
JEREMY L WILSON			25227	7 NEV	WTON POLICE DEPARTS		06/22/2022

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)