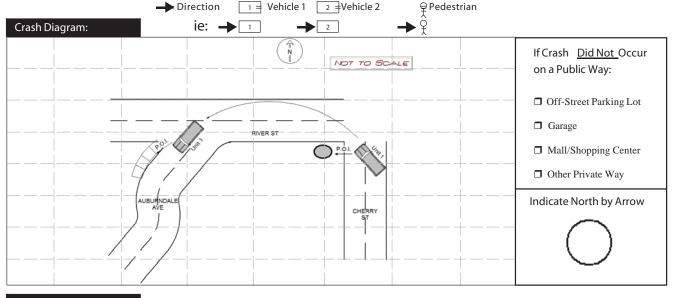
r	Date of Crash 02/03/2019	m: 6 G 1						_					V Docui		
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	Route# Direction Name of Intersecting Roadway/Street					$ \vdash$	Mile Marker Exit Number								er
	Also at Intersection with					_ -	Feet NSEX of Route# RIVER ST Route#								
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+	Please fill out for operator and all occupants involved					Onderrie	26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.								
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Crash Narrative:

On Sunday, February 3rd 2019, at approximately 11:45pm, I, Officer Brooks, responded to a single car MVA at the intersection of River street and Auburndale avenue. Upon arrival I observed MV1(MA REG 7TT558) in the travel lane with both tires broken free from the axle. I spoke with the operator who could not recall how the accident happened, or what was struck. After an investigation the operator was placed under arrest for 90/24 OUI Alcohol.

Officer Boyle was able to assist in the accident investigation. It appears the operator had been traveling westbound on River street and struck a utility pole on the drivers side front tire. The vehicle continued to the intersection of River street and Auburndale avenue and struck a curb here on the passenger side tire.

Both tires were broken free from the axles. The vehicle was towed by Tody's and an inventory form was filed.

(Continued on next page)

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Witnesses:									
Name (Last, First, Middle)	Address			Phone #	Statement				
Property Damage:									
Owner (Last, First, Middle)		Phone #	34-Type	Descrip	tion of Damag	jed Property			
"	,			4					
Truck and Bus Information: Carrier Name	Registration #					_ Carrier Issui	ing Authority Cod	35 le	
Address			City			St	Zip		
US DOT #:	State Number		_ Issuing State	ICC #:_			_ Interstate	36	
Cargo Body Type Code Gross Vehicle Weight 38									
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Leng	gth			
Hazmat Information:									
Placard 40 Material 1 digit # 41 Material Name Mater							Release code	42	

	Direction	1 = Vehicle 1 2	≥ ≢Vehicle 2	₹ Pedestr	rian		
Crash Diagram:	ie: →	1 - 2	2 →	PŶ			
Crash Diagram:	ie: ->					If Crash Did Not Con a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North by A	g Lot enter
Eversource was notified	about the pole.						
Witnesses:					51	"	
Name (Last, First, Middle)		Address			Pho	ne #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Da	amaged Property	
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Carrier Name					Carrier	Issuing Authority Code	e ss
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US DOT #:	State Number		Issuing State	ICC #:_		Interstate	
Cargo Body Type Code 37	Gross Vehicle Weight	38					
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JOSEPH J BROOKS		38339) NEWI	ON POLICE DEPART?	۸	02/04/20)19

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)