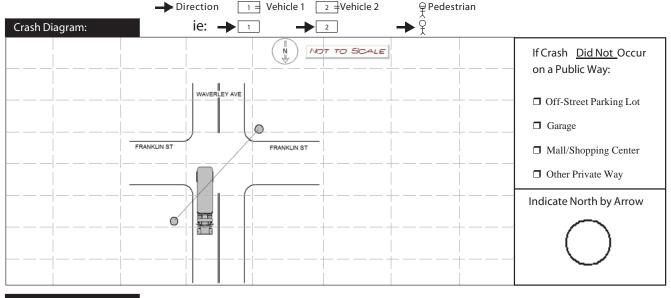
	Poli	ice Use Only		Commonwea	lth	of Ma	ssac	chus	etts			RMV	/ Docu	ment	Number	
	Date of Crash 03/19/2019	Time of Crash 15:27	City/Town	Motor	Vel	icle C	Cras	\mathbf{h} $\begin{bmatrix} N_1 \\ V_2 \end{bmatrix}$	mber	Numbe	1 ^	d Limi		Sta Loc	te Police cal Police BTA Police	□ X ì
	03/19/2019	15:27 24HR	NEWTON	Pol	lice	Repor	t	1		0		gitude_		Oth	BTA Police ner:	
	AT INTERSECTION: < LO				LOCA	OCATION > NOT AT INTERSECTION:						ON:	$\frac{1}{2}$			
	NOR	TH WAVEI	RLEY AVE													
1 1	Route# Direc	tion	Name of R	oadway/Street		Route# Di	irection	Addres	ss #		Na	me of R	loadway	y/Stree	t	$ \begin{vmatrix} - \\ 2 \end{vmatrix}$
_	At EAST FRANKLIN ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet NSEW of • or											
					Mile Marker E						Exi	it Number				
					Feet NSEW of Route# Intersecting Roadway/Stree						/Street	- _				
2 1						Feet NSEW of								1		
	Route# Direction Name of Intersecting Roadway/Street				Landmark											
3	XVehicle1	#Occupants	Hit/Run	Moped Case	Number	•		19000	00300							
	License#		St MA	DOB/Age	Reg#	2789617				Reg Ty	ne AP		Res	State	IN	
	Sex_M Lic.	18 1		19 CDL T	_	ear_2019									20	
4	Operator SAN		ALEANDRO	Endorsment		CENTRA	AL TRA							_		- 1
2	Address 22 PE	Last ENNYBROOK R	First D	Middle		ess 1294 M	Last			First			Middl	le		
	City LYNN State MA Zip 01905 Insurance Company CHEROKEE INSURANCE CO															
													ee)			
5	Vehicle Travel	Direction:	S E W Respon	nding to Emergency?	Event	Sequence	97 22	22	22	22 2		3	\rightarrow	4		
1		ssued)				Harmful Ev		7 23			_	9			0 Undercarri	age
	Violation	1: ChSec	Violation 2	: ChSec	Drive	r Contributii	ng Code	1	24	24	•) 1	1 Totaled	
⁶ 1	Violation	3: ChSec	Violation 4	: ChSec	Under	rride/Overri	de	25	Towed	N 8		7		6		
Please fill out for operator and all occupants involved 26 27 28 29 30 3							31 Trap	32 Injury T	33 ransp.		y 9					
	Name (Last Fir Operator	st Middle)		Address See Above		Age/DC	OB S	ex Pos.	System	Status Swit	ch Code 0	Code	Status C	Code 1	Medical Facilit	y 9
											+					
7																
2	Please Select C of the Followi	Vehicle	Cocupants	Non-Motorist A Typ	be e	14 Action	15	Location		Cond	ition	17	Пн	lit/Run	Мор	ed
		the Following:					D. T.				D. Cut			-		
										Reg Type			20			-
8	Sex Lic. Class Lic. Restrictions CDL Endorsment					Veh Year Veh Make Veh Config.										
⁸ 1	Operator Owner Last First Middle Last First Middle									-						
Address Address City State Zip City									State Zip							
	Insurance Com			Zip				roch [21	_				–	Up to Thre	ee)
		Direction: N		venicie Action Prior to Crash												
		Most Hampful Front 23								age						
	Citation # (If Issued) Most Harmful Event Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code								5 1	1 Totaled						
	Violation 1: ChSecViolation 2: ChSec Underride/Override															
									31 Tran	31 32 33 ap Injury Transp.						
	Name (Last Fi		<u>-</u>	Address See Above		Age/D		Sex Pos.	System	Status Swi	tch Cod	e Code		Code	Medical Facil	ity
	Operator/	1 NOII-IVIOIOIISI		See Auove							+			+		\dashv
														-		
		· · ·		·										T		



Crash Narrative:

The operator of MV1 (Apportioned IN Reg 2789617, Central Transport LLC, US DOT 661173, height 13' 6") stated he was traveling Northbound on Waverley Ave at the intersection of Franklin St when the top of the truck got caught on a bundle of low wires and took them down, creating a loud bang. The wires were hanging diagonally across the intersection from pole 9/24 (NE corner) to pole 9/22 (SW corner), approximately 2 feet off of the ground. Eversource, Verizon and Comcast responded to assess the scene and

they were determined to be Verizon wires.

MV1 didn't appear to have any immediate damage however I was unable to see the top of the truck, and the operator was uninjured. The height of truck is 13'6".

Verizon responded to the area to reattach downed wires.

W itnesses:												
Name (Last, First, Middle)	Address				Phone #	Statement						
Property Damage:												
Owner (Last, First, Middle)		Phone # 34-Type Desc				scription of Damaged Property						
, VERIZON,			4	VERIZ	ON WIRES							
Truck and Bus Information: Registration # 2789617 (From Vehicle Section) Carrier Name CENTRAL TRANSPORT LLC Carrier Issuing Authority Code												
Address_1294 MAXWELL AVE	(City EVANSVILLE	St_IN	Zip_47711								
US DOT #: 661173 State Number Issuing State INDIAN ICC #: Interstate 136												
Cargo Body Type Code 97 Gross Vehicle Weight 3 38 39												
Trailer Reg #: 2789617 Reg Type AP Reg State INDIANA Reg Year 2018 Trailer Length 97												
Hazmat Information:												
Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42												