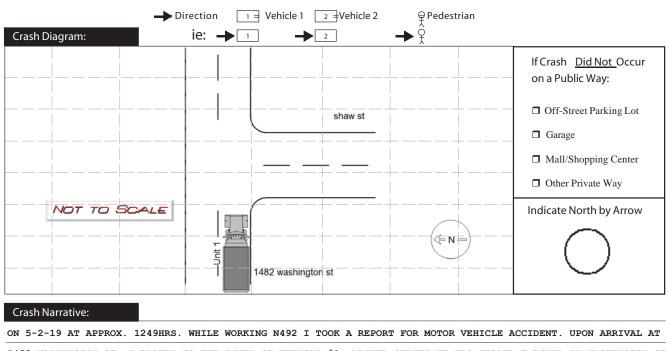
| | Poli | ice Use Only | | Commonweal | th o | f Massa | achu | setts | | | RMV | / Docun | nent Number | |
|-----------------------|--|--------------------------------|---------------------------------------|------------------------------|---|--|----------|------------------------------------|--------------------------------|--------------------------------|----------------------------|-------------------------------|---|-----------------|
| | Date of Crash 05/02/2019 | Time of Crash 12:49 24HR | NEWTON | MIOTOI | | icle Cra Report | sh | Number Vehicles | Number Injure | d Lati | ed Limi tude gitude_ | | State Police Local Police MBTA Police Other: | XI XI |
| | | | RSECTION: | | OCAT | | > | | | | | | CTION: | \neg \vdash |
| | | | | | П | EAST | 1450 |) | WASH | INGTO | ON ST | | | 2 |
| 1 | Route# Direc | tion | Name of Ro | padway/Street | R | Route# Direction | on Ado | lress # | | Na | me of R | loadway/ | /Street | |
| | | | At | | | Feet 1 | N S E V | W of | | • | · ، | or | | |
| | Route# Direc | etion N | Name of Intersecting I | Roadway/Street | _ | | | | | Marker | | | Exit Number | _ |
| | | | Also at Intersec | tion with | _ - | Feet [1 | N S E V | W of | Route | # | Intersec | ting Road | dway/Street | - - |
| ² 2 | Route# Direc | | Name of Intersection | ng Poadway/Street | - | Feet | SE | W of | | | | | | 1 |
| 3 | | | | ig Koadway/Street | | | | | | | Lar | ndmark | | \dashv |
| | XVehicle1 | #Occupants | Hit/Run | Moped Case Nu | umber | | 190 | 00000443 | | | | | | |
| | License# | 18 1 | St MA | | Reg#_ | Γ81426 | | | _Reg T | ype_CO | N | Reg | State MA | _ |
| | Sex_M_ Lic. | Class D 18 1 | Lic. Restrictions | 19 CDL Endorsment | Veh Ye | ar_2007 | Veh | Make_FC | ORD | | | Veh Co | nfig. 20 | |
| ⁴ 3 | Operator BO | NO Last | JOSEPH First | Middle | Owner | (Same as open | rator) | | First | | | Middle | | - 1 |
| | Address 290 P | | | | Address | s | | | | | | | | - |
| | City REVERE | | State | MA Zip 02151 | City | | | | | | | | Zip | |
| [_ | Insurance Com | pany GEICO | | | Vehicle | Action Prior to | | 1 | | U | | Code: (0 | Circle Up to Thi | ree) |
| 5 1 | Vehicle Travel | Direction: N | S X W Respon | ding to Emergency? | Event S | Sequence 26 | 22 22 23 | 22 | 22 2 | | 3 | | 4 | |
| | , | ssued) | | | Most H | Iarmful Event | 26 | 24 | 24 1 | ← | 9 | | Undercar 5 11 Totaled | Tiage |
| ⁶ 1 | 1 | | | | Driver | Contributing Co | ode 1 25 | | | | 7 | | 6 | |
| 1 | | | C Violation 4: ator and all occupa | | Underri | ide/Override | | Towe | d <u>Y</u> | |) 31 | 32 | 33 | _ |
| | Name (Last Fir | | ator and an occupa | Address | | Age/DOB | Sex Po | 26 27 eat Safety os. System | 28 Airbag Air Status Swi | 29 30 bag Eject tch Code | 31 Trap Code | 32 Injury Tra Status Co | nsp. ode Medical Facil | 1 24 |
| | Operator | | | See Above | | | | 1 | 4 4 | 0 | 0 | 10 1 | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| ⁷ 3 | Please Select C of the Followi | Vehicle | e# Occupants | Non-Motorist A Type | 14 | 4 Action 1 | Locat | | Cone | lition | 17 | Hi | t/Run Mo | ped |
| | License# | | St | | Reg # Reg Type Reg S | | | | | State | _] | | | |
| | Sex Lic. | Class 18 1 | Lic. Restrictions | CDL Endorsment | Veh Ye | ar | Veh | Make | | | | Veh Co | | |
| ⁸ 2 | Operator | Last | First | Middle | Owner | Las | t | | First | | | Middle | | _ |
| | Address | | | | Address | s | | | | | | | | - |
| | City State Zip | | | | City | | | | | | _State | 2 | Zip | - |
| | Insurance Company | | | | | Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) | | | | | | | ree) | |
| | Vehicle Travel Direction: NSEW Responding to Emergency? Even | | | | Event Sequence 22 22 22 22 3 4 10 Undercarriage | | | | | | riage | | | |
| | Citation # (If I | ssued) | | | Most H | Iarmful Event | 23 | 24 | 24 1 | ← | 9 | | 5 11 Totaled | nage |
| | Violation 1: ChSec Violation 2: ChSec | | | | | Driver Contributing Code 24 24 7 6 | | | | | | | | |
| | | | | | Underri | ide/Override | | Towed | | |) _ 31 | 32 [| 33 | |
| | Name (Last Fi | | operator and all oc | ccupants involved Address | | Age/DOB | | 26 27 eat Safety Pos. System | 28 Airbag Air Status Sw | pag Eject | Trap le Code | Injury Tra | nsp. dode Medical Fac | ility |
| | Operator/ | Non-Motorist | | See Above | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |



ON 5-2-19 AT APPROX. 1249HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 1482 WASHINGTON ST. I TALKED TO THE OWNER OF VEHICLE #1. DRIVER STATES HE WAS HEADED E-BOUND ON WASHINGTON ST WHEN HIS FRONT LEFT TIRE HIT A MANHOLE COVER THAT WAS OFF THE HOLE. DRIVER SHOWED ME THE MANHOLE. THE COVER WAS BACK ON BUT THERE WAS A SINKHOLE FORMING AROUND IT. DRIVER SHOWED ME HIS VEHICLE AND ON THE LEFT SIDE THE TIRE WAS BENT AND THE AXLE WAS BROKEN. DISPATCHED NOTIFIED THE CITY ABOUT THE SINKHOLE. I TOOK PICTURES OF THE SINKHOLE AND VEHICLE #1 AND PLACED THEM IN I.T. DRIVER REPORTED NO INJURIES. ADVISED TO CONTACT INSURANCE COMPANY. DRIVER WAS WAITING WITH VEHICLE ON THE SIDE OF THE ROAD FOR AAA TO RESPOND TO BE TOWED.

| Witnesses: | | | i |
|----------------------------|---------|---------|-----------|
| Name (Last, First, Middle) | Address | Phone # | Statement |
| | | | |
| | | | |
| | | | |
| | | | |
| Property Damage: | | | |

| rioperty Damager | | | | |
|-----------------------------|---|---------|---------|---------------------------------|
| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
| , CITY OF NEWTON, | 1000 COMMONWEALTH AVE. NEWON,MASSACHUSETTS 024 | | 4 | MANHOLE/ SINKHOLE |
| | | | | |

| Truck and Bus Information: Registration # | (From Vehicle Section) | 35 |
|--|------------------------|----------------------------------|
| Carrier Name | | _ Carrier Issuing Authority Code |
| Address | City | St Zip |
| US DOT #:State Number | Issuing State ICC #: | Interstate 36 |
| Cargo Body Type Code Gross Vehicle Weight 38 | | 39 |
| Trailer Reg #: Reg Type Reg State | Reg Year Trailer Leng | |
| Hazmat Information: | | |
| Placard 40 Material 1 digit # 41 Material Name | Material 4 digit # | Release code 42 |

| THOMAS P WALSH | | NEWTON POLICE DEPARTM | 05/02/2019 | | |
|------------------------------------|-----------|-----------------------|------------|-------------------|------|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |