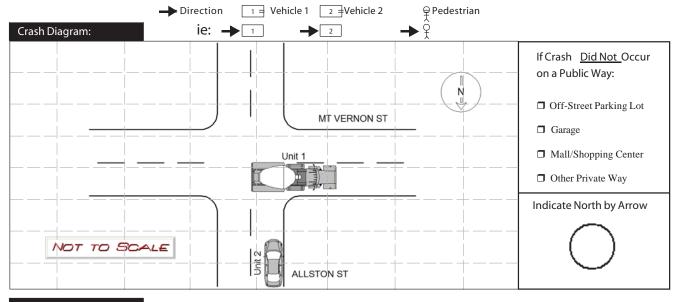
	Poli	ce Use Only		Commonwea	lth (	of Mass	ach	usetí	S		RMV	V Docun	nent Number	
	Date of Crash 05/13/2019	Time of Crash 09:14	City/Tow NEWTON	MIOTOI		icle Cra	sh	Numb Vehicl		1 ^	eed Limi		State Police Local Police MBTA Police	NA NA
	00/10/2019	24HR				Report		2	0	Lo	ngitude_		Other:	
		AT INTER	SECTION:	< I	OCA'	TION	>		N	OT AT	INT	ERSE(	CTION:	2 9
	NOR	TH ALLSTO	ON ST											
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direc	tion		oadway/Street		Route# Direction	on A	ddress #		N	ame of F	Roadway/	Street	2 <sup>10</sup>
	At WEST MT VERNON ST					Feet NSEW of Mile Marker					• — or Exit Number			_
	Route# Direc	tion N	lame of Intersecting			Feet	NSF	w of	IVIII	e marker			Exit Number	$\dashv$
	Also at Intersection with			Feet N S E W of  Route# Intersecting Roadway/Str						lway/Street	- 11			
$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of								$ \begin{vmatrix} 1 \end{vmatrix}$	
3	My v v v v v v v v v v v v v v v v v v v				Landmark								┪.	
	Vehicle1	#Occupants	Hit/Run	Moped Case N	Number		1	19000004	84					_
	License#	18 18	St_RI_	DOB/Age	Reg#	B577			Reg	Type_Co	OR	Reg	State MA 20	_
	Sex_M_ Lic. 0	Class A	Lic. Restrictions	1 CDL TRAVE Endorsment	Veh Y	ear_2000	Ve	eh Make_	ADVA			_ Veh Co	nfig. 13	
<sup>4</sup> <b>2</b>		Last	First	Middle		TRESCA BRO	OTHEI st	RS	First			Middle		- <b>1</b> <sup>12</sup>
		Address 116 METCALF ST. (apt. 2)				Address BX 18								-
	City PROVIDENCE State RI Zip 02904			City MILLIS State MA						•	_			
[_	Insurance Company TRAVELERS				Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to 7						-	ee)		
5	Vehicle Travel Direction: NSEX Responding to Emergency? Event Sequence 97 22 22 22 22 22 2 3 4  Circle 14 (16 Lympt 1) 23 10 Undercarrie													
	Citation # (If I	ssued)			Most 1	Harmful Event	97		24	1	9	<u> </u>	10 Undercarr 5 11 Totaled	1age
6				: ChSec	Driver	Contributing C		19 <sup>24</sup>		8	/ /		6	
<sup>6</sup> 1				: ChSec	Under	ride/Override		Tov	ved Y		20 21	22		12
	Name (Last Fir		ator and all occupa	Ants involved Address		Age/DOB	Sex	26 Seat Safe Pos. Syst	7 28 ty Airbag em Status	29 Airbag Eje Switch Co	30 31 Ct Trap de Code	32 Injury Tra Status Co	33 nsp. de Medical Facili	13 <b>97</b>
	Operator			See Above				1	4	4 0	0	10 1		_
<sup>7</sup> <b>2</b>	Please Select C of the Followi	I X Vehicle	2 <u>0</u> #Occupants	Non-Motorist A Type	e 1	14 Action	Loc	cation	16 Co	ondition	17	Hit	:/Run Mop	ped
	License#	License # St DOB/Age  Sex Lic. Class			Reg # 2DX651				Reg	Reg Type PAN Reg Sta			State_MA	_
	Sex Lic. (				Veh Y	Veh Year 2015 Veh Make SUBAR				20				
<sup>8</sup> <b>2</b>	Endorsment Operator Owner BRYER JOHN								M: 131-		_			
	Address	Last First Middle Last First Middle								_				
	CityStateZip				City NEWTON State MA Zip 02465						Zip <u>02465</u>	_		
	Insurance Company COMMERCE				Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)							ee)		
	Vehicle Travel	Direction: N	S E W Resp	onding to Emergency?	22 22 22 2									
	Citation # (If Issued) Most Harmful Event 97 23						9	10 Undercarriage 5 11 Totaled						
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24													
	Violatio	Violation 3: ChSec Violation 4: ChSec Underride/Override												
	Pl Name (Last Fi		operator and all o	occupants involved		Age/DOB	Sex	26 2 Seat Safe Pos. Sys	7 28 ty Airbag tem Status	29 3 Airbag Eje Switch Co	0 31 Trap ode Code	Injury Tra	33 nsp. ode Medical Faci	ility
		Non-Motorist		See Above		Age/DOB		bys	Sauds			2		
														_



## Crash Narrative:

ON 5-13-19 AT APPROX. 0914HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING W-BOUND ON MT. VERNON. HE STATES HE THOUGHT HE WAS CLEAR OF THE OVERHEAD WIRES BUT THE VERIZON TELEPHONE WIRES GOT CAUGHT ON THE TOP OF HIS CAB AND WERE PULLED. THE DRIVER STAYED IN HIS VEHICLE WHILE THE FIRE PERSONNEL REMOVED THE WIRES FROM THE TOP OF HIS VEHICLE. THE OWNER OF VEHICLE #2 STATES WHEN THE WIRES CAME DOWN THEY LANDED BESIDE HIS VEHICLE BUT ON THE WAY DOWN THEY SCRAPED THE SIDE OF HIS VEHICLE CAUSING SCRAPE MARKS. BOTH PARTIES REPORTED NO INJURIES.

BOTH PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. VEHICLE #2 HAD MINOR SCRAPES ALL ALONG THE RIGHT SIDE OF HIS VEHICLE. VERIZON WAS NOTIFIED OF THE WIRE DAMAGE AND SAID THEY WOULD RESPOND. CLEARED THE AREA WITHOUT FURTHER INCIDENT.

Witnesses:							_		
Name (Last, First, Middle)	Address		Phone	Phone #					
Property Damage:									
Owner (Last, First, Middle)		Phone # 34-Type Des			escription of Damaged Property				
, VERIZON,			4	TELEPHONE WIR	EPHONE WIRES				
	,								
Truck and Bus Information:  Registration #(From Vehicle Section)  Carrier Name Carrier Issuing Authority Code									
Address						Zip			
US DOT#:		Issuing State	Interstate	36					
Cargo Body Type Code Gross Vehicle Weight 38									
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length									
Hazmat Information:									
Placard 40 Material 1 digit #	me		Release code	42					