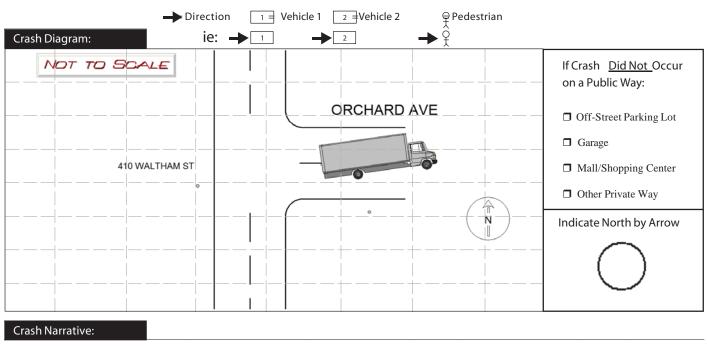
	Police Use Only		wealth	or massac	nuscits		20.27 27	ocument Number
	Date of Crash Time of Crash Cit 04/25/2020 07:24 NEWTON		otor Vel	nicle Crash	Number Vehicles		Speed Limit 30 Latitude	State Police Local Police MBTA Police
l	24HR	'		Report	1		Longitude	Other:
	AT INTERSECTIO	N: <	LOCA	TION >		NOT A	AT INTERS	SECTION:
	EAST ORCHARD AVE							
	Route# Direction Nam	me of Roadway/Street		Route# Direction	Address #		Name of Road	way/Street
\dashv	NORTH WALTHAM ST	At		Feet N S	EW of		• or	
		secting Roadway/Street		rect [11] s	E (1) 01 -	Mile Mai	eker or _	Exit Number
		Intersection with		Feet N S	E W of			
				Feet N S	E W of	Route#	Intersecting	Roadway/Street
4	Route# Direction Name of In	tersecting Roadway/Street					Landma	nrk
	XVehicle 1 1 #Occupants Hit/I	Run Moped	Case Number	r	2000000277			
	License#S	St RI DOB/Age	Reg#	S20197		_Reg Type	CON	Reg State_MA
	Sex_M Lic. Class B 18 18 Lic. Restri	ictions 19 CDL	Veh	Year_2020	Veh Make_FC	RD	Vel	13 20 13
	Operator ALVAREZ LUIS	A Endorsme	ent	waste manac				<u> </u>
_	Address 36 GLENBRIDGE AVE	Middle		ess 100 HILL ST		First	N	fiddle
		State_RI Zip_02909		NORTON			State_MA	Zip 02766
	Insurance Company ACE			cle Action Prior to Cr	ash 3	_		le: (Circle Up to Three
\exists		Responding to Emergency		t Sequence 22 22	22 99 22	22 2	3	4
4	Citation # (If Issued)	1 8 8 7		Harmful Event 22	23			10 Undercarria
	Violation 1: ChSec Viol	lation 2: Ch Sec		er Contributing Code	19 24	24 1	- 9	5 11 Totaled
	Violation 3: Ch Sec Viol			rride/Override	25 Tower	1 Y 8	7	6
4	Please fill out for operator and all of		Unde	inde/Overnde			30 31 32 Eject Trap Injury	2 33
-	Name (Last First Middle)	Address		Age/DOB Sex	Pos. \$ystem	Status Switch	Code Code \$tatu:	s Code Medical Facility
ŀ	Operator	See Abov	/e		1	4 4	0 0 10	1
7	Please Select One			14		16	17)
4	of the Following: Vehicle# Occi	upants Non-Motoris	t A Type	Action	Location	Condition	on L	Hit/Run Mope
	License #S		Reg #	ŧ		_Reg Type	1	
	Sex Lic. Class			Year	Veh Make		Vel	n Config.
1	Operator	Endorsme	ent Owne	erLast		First		fiddle
		Middle		Last		First	N	liddle
	Address		Addr	ess				
	Address	StateZip					State	Zip
		_	City_			_		ZipZip
	City Insurance Company	_	City Vehic			_		
	City Insurance Company Vehicle Travel Direction: NSEW		City _ Vehic y? Event	cle Action Prior to Cr	ash 2	1 Dar	maged Area Cod	le: (Circle Up to Three
	City Insurance Company Vehicle Travel Direction: N S E W Citation # (If Issued)	Responding to Emergence	City_ Vehic y? Event Most	cle Action Prior to Cr t Sequence 22 Harmful Event	ash 22 22 22	1 Dar	naged Area Cod	le: (Circle Up to Three
	City Insurance Company Vehicle Travel Direction: NSEW Citation # (If Issued) Violation 1: Ch Sec Vio	Responding to Emergency	City _	cle Action Prior to Cr t Sequence 22 Harmful Event cr Contributing Code	22 22 22 23 24 25 25 25 24 25 25 26 27 27 27 27 28 27 27 27 27 27 27 27 27 27 27 27 27 27	Dar 22 2 2 2 2 4 8	maged Area Cod	le: (Circle Up to Three
	City Insurance Company Vehicle Travel Direction: N S E W Citation # (If Issued)	Responding to Emergency olation 2: ChSec olation 4: ChSec	City _ Vehic y? Event Most Drive Unde	cle Action Prior to Cr t Sequence 22 Harmful Event	22 22 22 23 24 25 Towed	Dar 22 2 2 2 4 8	maged Area Cod	4 10 Undercarria 5 11 Totaled
	City Insurance Company Vehicle Travel Direction: NSEW Citation # (If Issued) Violation 1: Ch Sec Vio Violation 3: Ch Sec Vio Please fill out for operator an Name (Last First Middle)	Responding to Emergence plation 2: ChSec plation 4: ChSec d all occupants involved Address	City _ Vehic y? Event Most Drive Unde	cle Action Prior to Cr t Sequence 22 Harmful Event cr Contributing Code cr Contributing Code cr Contributing Code cr	22 22 22 23 24 25 Towed 26 27 Seat Safety	Dar 22 2 2 2 4 8 8 29 Airbag Airbag Airbag	naged Area Cod	de: (Circle Up to Three 4 10 Undercarria 5 11 Totaled 6
	City Insurance Company Vehicle Travel Direction: NSEW Citation # (If Issued) Violation 1: Ch Sec Vio Violation 3: Ch Sec Vio Please fill out for operator an	Responding to Emergency plation 2: ChSec plation 4: ChSec d all occupants involved	City _ Vehic y? Event Most Drive Unde	cle Action Prior to Cr t Sequence 22 Harmful Event cr Contributing Code rride/Override	22 22 22 23 24 25 Towed 26 27 Seat Safety	Dar 22 2 2 2 4 8 29 Airbag Airbag Airbag	naged Area Cod	de: (Circle Up to Three 4 10 Undercarria 5 11 Totaled 6
	City Insurance Company Vehicle Travel Direction: NSEW Citation # (If Issued) Violation 1: Ch Sec Vio Violation 3: Ch Sec Vio Please fill out for operator an Name (Last First Middle)	Responding to Emergence plation 2: ChSec plation 4: ChSec d all occupants involved Address	City _ Vehic y? Event Most Drive Unde	cle Action Prior to Cr t Sequence 22 Harmful Event cr Contributing Code cr Contributing Code cr Contributing Code cr	22 22 22 23 24 25 Towed 26 27 Seat Safety	Dar 22 2 2 2 4 8 29 Airbag Airbag Airbag	naged Area Cod	de: (Circle Up to Three 4 10 Undercarria 5 11 Totaled 6



ON 4-25-20 AT APPROX. 0724HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF WALTHAM AND ORCHARD AVE. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING N-BOUND ON WALTHAM ST. DRIVER STATES HE TURNED RIGHT ONTO ORCHARD AVE. WHEN HE FELT SOMETHING TUG AT THE TOP OF HIS TRUCK. GIVEN THE AVAILABLE INFORMATION, I WAS UNABLE TO DETERMINE THE HEIGHT OF VEHICLE #1. DRIVER STATES HE THEN SAW A WIRE FROM OVERHEAD HAD LATCHED ONTO THE TOP OF HIS TRUCK AND WAS PULLING DOWN TWO TELEPHONE POLES. THE FIRST POLE IN FRONT OF 410 WALTHAM WAS LEANING TOWARD FALLING ON WALTHAM ST. THE SECOND POLE WAS ON ORCHARD AVE AND WAS UPROOTED. IT WAS RESTING ON THE DRIVERS VEHICLE. THERE WAS A CITY OF NEWTON TREE IN FRONT OF 410 WALTHAM ST. THAT HAD BEEN UPROOTED AS A RESULT OF THE ACCIDENT. CITY OF NEWTON ARRIVED ON SCENE AND DETERMINED THE TREE DESTROYED. FORESTRY ARRIVED TO REMOVE THE TREE. DRIVER STATES

Witnesses:

Name (Last, First, Middle)

Address

Phone #

Statement

(Continued on next page)

Property Damage:

Owner (Last, First, Middle)

Address
Phone # 34-Type Description of Damaged Property

100 CALVARY ST

EVERSOURCE,

WALTHAM, MASSACHUSETTS

TELEPHONE POLE (40/42)

TELEPHONE POLE (40X)

, EVERSOURCE,	WALTHAM, MASSACHUSETT	3	TELEI1	IONE LOLE (40%)
Truck and Bus Information:	Registration #	(From Vehi	cle Section)		35
Carrier Name				_ Carrier Issui	ing Authority Code
Address		City		St	Zip
US DOT #:	State Number	Issuing State	ICC #:		_ Interstate 36
Cargo Body Type Code 37 Gro	ss 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

Police Officer Name (Please Print)

Signature

ID/Badge # Department Precinct/Barracks Date

	Direction 1	Vehicle 1 2	≠Vehicle 2	₽ Pedesti	ian		
Crash Diagram:	ie: →□	2	□ →	₽ ĝ			
						If Crash <u>Did Not</u> on a Public Way:	Occur
						☐ Off-Street Parking	g Lot
						☐ Garage	
			+			☐ Mall/Shopping C	ontor
		 				☐ Other Private Way	
						Indicate North by A	rrow
Crash Narrative:							
HE HAS BEEN COLLECTING	TRASH FOR WASTE MA	ANAGEMENT IN	THIS AREA FOR	SEVERAL	YEARS. HE	DOES NOT RECALL	SEEING
ANY WIRES THAT LOOK LIK	E THEY WERE HANGIN	NG LOW PRIOR	TO THE ACCIDE	NT. EVERS	OURCE EMER	GENCY LINE WAS N	OTIFIED.
EVERSOURCE CREWS ARRIVE	D ON SCENE TO REPA	AIR THE DAMAG	E.				
W itnesses:							
Name (Last, First, Middle)		Address			Р	hone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address 1000 COMMON		Phone #	34-Type	·	Damaged Property	
, CITY OF NEWTON,	NEWTON,MASS	SACHUSETTS (617-796-1000	3	TREE		
Truck and Bus Information:	Designation #		(From Vol	iolo Continu)			
Carrier Name	Registration #		(From Veh		Carr	ier Issuing Authority Cod	35 le
			City				
							36
US DOT #:		38	Issuing State	ICC #:_		Interstate	
	Gross Vehicle Weight					39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length		
Hazmat Information: Placard 40 Material 1 d	igit # 41 Material N	ame		_ Material 4	digit #	Release code	42
THOMAS P WALSH			NEWT	ON POLICE DEPART	N	04/25/2	.020

CDP1 11 ·24·00

Police Officer Name (Please Print)