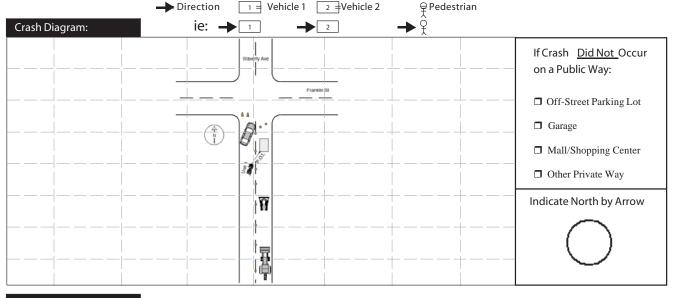
	Poli	ice Use Only		Commonwea	lth o	of Mass	achı	usetts	\$		RMV	/ Docui	ment Number	
	Date of Crash 05/26/2020	Time of Crash 13:19 24HR	City/Town NEWTON	MIOTOI		icle Cra Report	ash	Number Vehicles 1		l Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	, XI
			SECTION:		LOCA		>		NO	ΓАТ	INTI	ERSE	CTION:	$\sqsupset$ $\vdash$
	EAST	Γ FRANK	ILIN ST											2
<b>1</b>	Route# Direc	tion		padway/Street		Route# Directi	on A	ddress #		Na	me of R	loadway	/Street	1
	At NORTH WAVERLEY AVE				Feet NSEW of • or							_		
	Route# Direc	etion N	Jame of Intersecting	Roadway/Street					Mile I	Marker			Exit Number	_
			Also at Intersec	ction with			N S E		Route	<del>-</del>	Intersec	ting Roa	dway/Street	- <u> </u>
<b>1</b>	Route# Direc	tion	Name of Intersecti	ng Roadway/Street		Feet	N S E	W of						1
3			I _ I								Lar	ndmark		$\dashv$
	Vehicle1	1_#Occupants	Hit/Run	Moped Case	Number		2	000000305	i					_
	License#	18 1	St MA	DOB/Age 19	Reg#	DX7477			Reg T	pe_MC	CN	Reg	State MA 20	_
	Sex_M_ Lic.	Class M	Lic. Restrictions	G CDL	Veh Y	ear_2014	Ve	h Make_H	ONDA			Veh Co	onfig. 3	
<sup>4</sup> <sub>3</sub>	Operator SAI		PHILIP First	Middle	Owner	(Same as ope	erator)		First			Middle	2	
ـــّـــ		GALEN ST (apt. 4			Address								-	
	City WATER			MA Zip 02472	City_								Zip	
[5	1	pany QUINCY N				e Action Prior t		7		Damage	ed Area	Code: (	Circle Up to Th	ree)
5 <b>1</b>				ding to Emergency? N	Event	Sequence 97	22 2		22 2		$\bigcap$		10 Undercar	rriaga
	,	ssued) T1269531			Most I	Harmful Event	97	24	24	<b>←</b>	9		5 11 Totaled	nage
<sup>6</sup> 1	1			ChSec		Contributing C	ode 25	8	\		7		6	
1	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved					Underride/Override Towed N								
	Name (Last Fir		ator and an occupa	Address		Age/DOB	Sex	26 27 Seat Safety Pos. System	Airbag Airl Status Swi	ag Ejec ch Code	) 31 t Trap c Code	32 Injury Tra Status Co	ansp. ode Medical Faci	0.7
	Operator			See Above				5	5 3	3	0	10 1		_
										_				
<sup>7</sup> <b>2</b>	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A Typ	pe 1	Action	15 Loc	ation	16 Cond	lition	17	Пні	it/Run Mo	ped
	License#StDOB/Age				Reg#	eg#Reg TypeReg State							_]	
	Sex Lic. Class				Veh Y	ch Year Veh Make Veh Config.								
8 <b>1</b>	Operator	Last	First	Endorsment	Owner	La	st		First			Middle		_
	Address					SS								_
	City State Zip				City State Zip								_	
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ree)
	Vehicle Travel Direction: NSEW Responding to Emergency?													
	Citation # (If I	Citation # (If Issued)				Most Harmful Event 23 10 Undercarriage 5 11 Totaled							riage	
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24								
	Violation 3: ChSec Violation 4: ChSec					ride/Override	25	Tower		0 1 2	/	1 22 1	6	
	Pl Name (Last Fi		operator and all o	ccupants involved Address		Age/DOB	Sex	26 Seat Safety Pos. System	28 Airbag Airl m Status Sw	9 30 pag Ejec itch Coo	31 Trap de Code		33 ansp. Code Medical Fac	cility
	Operator/	Non-Motorist		See Above										



## Crash Narrative:

Operator 1 stated he was driving northbound in the southbound lane on Waverly Ave due to construction in the northbound lane. Operator 1 stated as he approached the intersection of Franklin St he was confused on which side of the cones he should be on and crossed over the marked lanes and past the cones and subsequently drove into a 2ft X 2Ft X 8 inch deep construction hole. Operator 1 stated he sustained no injuries and was checked out by medic 3 in which he signed a patient refusal. MV1 sustained minor damage, scuffs, to the right side leather saddle bag.

The northbound lane was coned off for more than a block due to a Feeney Brothers construction detail with

Officer Edrehi manning the post. A backhoe, a bobcat and a generator all occupied the northbound lane that

was clearly blocked off. Officer Edrehi stated that due to Feeney Brother construction detail Waverly Ave

(Continued on next page)

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Witnesses:										
Name (Last, First, Middle)	Address		Phone	Phone #						
Property Damage:										
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	scription of Damaged Property				
Truck and Bus Information:  Carrier Name	Registration #			,	Carrier Is	ssuing Authority Cod	e 35			
Address			City		St	Zip				
US DOT #: Issuing State ICC #: Interstate 36										
Cargo Body Type Code Gross Vehicle Weight 38										
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr						
Hazmat Information:						_				
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	Release code	42			

•	Direction 1	1 = Vehicle 1	2 =Vehicle 2	₽Pedestr	ian	
Crash Diagram:	ie: → 🛚	<b>→</b> □	2	<b>₽</b>		
					If Crash _	Did Not_Occur ic Way:
					□ Off-Stre	eet Parking Lot
					Garage	
				į	☐ Mall/Sh	nopping Center
						rivate Way
				+	Indicate N	orth by Arrow
						$\overline{}$
					(	)
		<u> </u>				
Crash Narrative:						
was diverted to 1 way tra observed Operator 1 follo						
1 crossed over the market						
Due to the statements pro						
violation (warning).		opening - in				
Operator 1 was assisted i	ın lifitna his m	notorcycle and	d drove off wit	hout fur	ther issues	
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		-			,	<u>'</u>
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Pro	pperty
Truck and Bus Information:	Pagistration #		(From Vehi	iala Saction)		
Carrier Name	Registration #		(170111 Ven		Carrier Issuing Au	thority Code 35
Address			City		St	Zip
US DOT#:						36
37	ross Vehicle Weight	38				
		D = - St=t=	D V	Т	39	
Trailer Reg #:  Hazmat Information:	reg 1ype	keg state	Keg Year	1ra	mei Lengui	
Placard 40 Material 1 digi	t # 41 Material N	Name		Material 4 o	ligit#Relea	se code 42
JUSTIN M LAU			NEWTO	ON POLICE DEPARTS		05/26/2020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)