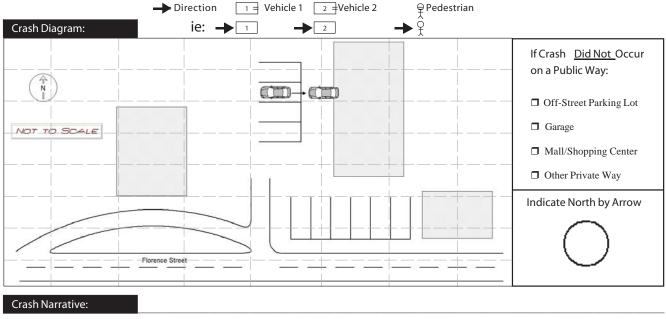
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Roade Direction Name of Readway/Street Al	Ì		AT INTER	RSECTION:				>		NO	т Ат	INTI	ERSE	CTION:	\exists
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City BOSTON State MA Zip 02120 City State Zip Damaged Area Code: (Circle Up to Three)				First		Owner	(Same as ope	rator)		First			Middle	,	— з
Insurance Company_GEICO Vehicle Action Prior to Crash 11 21 Durnaged Area Code: (Circle Up to Three)					MA 7: 02120										- [
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Operator See Above Operator O	⁶ 1	Violation 3: ChSec Violation 4: ChSec					Underride/Override Towed N								
Please Select One of the Following: Vehicle #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped License # St DOB/Age Reg # Reg Type Reg State Sex_ Lic. Class 18 18 Lic. Restrictions 19 CDL Veh Year Veh Make Veh Config. Owner Veh Config. Address Address Address City State Zip City State Zip Insurance Company Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 22 22 22 22 22 23 3 4 10 Undercarriage Citation # (If Issued) Most Harmful Event 23 Towed 8 7 6 Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override 25 Towed 8 7 6 Please fill out for operator and all occupants involved Name (Last First Middle) Address Please fill out for operator and all occupants involved Name (Last First Middle) Address AgeDOB Sex Post Sequence Seq				ator and all occupa			Age/DOB	Sex		28 Airbag A n Status S	29 3 irbag Eje witch Coo	0 31 ct Trap le Code	Janjury Tra Status Co	33 ansp. ode Medical Facil	I۸
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Operator/Non-Motorist See Above				operator and all oc	*		Age/DOB	Sex	26 Seat Safety Pos. System	28 Airbag A Em Status S	29 Switch Co	0 31 ct Trap de Code	Injury Tra	ansp.	ility
		Operator/	Non-Motorist		See Above										
											_				



On Saturday 6/27/20 at approximatly 0700 hours while assigned to marked unit n499 I was dispatched to the parking lot of 188 Florence Street (Heathwood Rehab) for a report of a motor vehicle that backed into a pipe comng from the building.

Upon arrival I observed the vehicle had backed from a parking spot at 188 Florence Street into the rear building of 160 Boylston Street striking the gas meter. I could hear and smell gas coming from the meter and immediately cleared the reporting party from the area and requested the assistance of Sgt. McNeil, Fire Dept, National Grid and Maintenence from the Avalon (160 Boylston Street). Fire arrived on scene and was able to slow the leak of the gas and I was able to speak with the reporting party identified as SANFORD Troy.

(Continued or	n next page)					
Witnesses:						
Name (Last, First, Middle)	A	ddress			Phone :	# Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property
Truck and Bus Information:	Registration #		(From Vehic	cle Section)		35
Truck and Bus Information:			`	,	Carrier Issu	uing Authority Code
					Carrier Issu	uing Authority Code
Carrier Name			City		St	uing Authority Code Zip
Carrier Name Address US DOT #:	State Number38		City		St	uing Authority Code Zip
Carrier Name Address US DOT #:	State Number		City		St	uing Authority Code Zip
Carrier Name Address US DOT #:	State Number	3	City Issuing State	ICC#:_	St	uing Authority Code Zip
Carrier Name Address US DOT #: Cargo Body Type Code 37 Gross	State Number	3	City Issuing State	ICC#:_	St	uing Authority Code Zip
Carrier Name	State Number	Reg State	City Issuing State	ICC #:_ Tr	Stailer Length 39	Zip Interstate 36

	→ Direction 1	Vehicle 1 2	Vehicle 2	₽Pedestrian	1	
Crash Diagram:	ie: → 1	2] →	> ĝ		
					If Crash <u>Did Not</u> O	ccur
					Off-Street Parking	Lot
		 			Garage	
			į		☐ Mall/Shopping Cer	nter
					Other Private Way	
					Indicate North by Ari	row
				 -		
Crash Narrative:						
Troy states that he is a	n employee at 18	8 Florence St	reet and got	to work a 1	ittle early this morning.	He
states that he stayed in	his car awaitin	g the start o	f his shift an	nd must have	e fallen asleep with his	foot on
the brakle and the trans	mission still in	reverse. Wh	en he fell as	leep he sta	tes his foot must have co	ome off
the brake causing him to	back into the g	as meter of 1	60 Boylston S	Street. The	e impact not only damaged	the
gas meter, but also did	damage to the r	ear center of	Troy's vehic	le. Through	h my observations of Troy	's
demeanor and actions he	did not appear	to be impaire	d in any way.	Troy state	ed that he did not get mu	ch
sleep last night and was	tired. He also	stated that	he did not nee	ed any medi	cal attention	
Fire remained on location	n awaiting the a	rrival of Nat	ional Grid. A	After inter	viewing Troy and confirming	ng the
area was secured I clear	ed the location	without furth	er incident			
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		-				
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From Veh	icle 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 37	Gross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	r Length 39	
Hazmat Information:						

Material 4 digit #_

42

Release code

Placard

Material 1 digit #

Material Name_