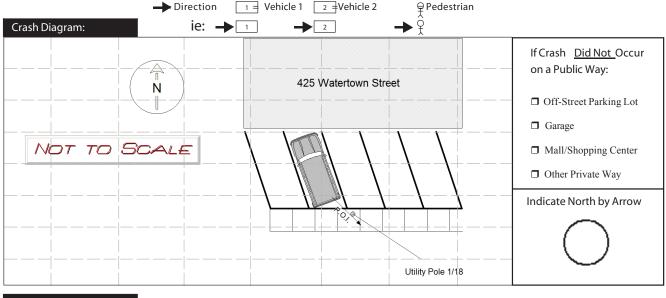
	Poli	ice Use Only		Commonwea	lth o	f Massa	achu	setts			RMV	Docum	nent Number	
	Date of Crash 06/01/2021	Time of Crash 15:26 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 1		d Latit	d Limit ude gitude_		State Police Local Police MBTA Police Other:	N N
			RSECTION:		LOCAT		>		NO	T AT	INTE	ERSEC	CTION:	
						EAST	425		WATE	RTOWN	I ST			
1 <b>1</b>	Route# Direction Name of Roadway/Street  At				Route# Direction Address # Name of Roadway/Street									
					Feet NSEW of or Exit Number								-	
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with				Feet N S E W of									
2 <b>1</b>						Feet 1	N S E	W of	Route	# In	ntersect	ting Road	lway/Street	
	Route# Direction Name of Intersecting Roadway/Street				Landmark									
3	XVehicle1 1 #Occupants  Hit/Run  Moped Case						21	00000395						
	License#		St MA	DOB/Age	Reg#8	97RG4			Reg T	vpe PAN	J	Reg	State MA	-
		Sex M Lic. Class D 18 18 Lic. Restrictions 1 CDL				Reg #         897RG4         Reg Type         PAN         Reg State         MA           Veh Year 2003         Veh Make         CHEVROLET         Veh Config.         2								_
4	Operator DO		JAMES First	Endorsment		(Same as oper						Middle		_   7
1	Address 144 H	IIGHLAND ST	rust	Middle	Owner (Same as operator)  Last First Middle  Address									_
	City WATER			2 MA Zip 02472									_	
_	Insurance Company SAFETY INSURANCE												ee)	
5 <b>1</b>	Vehicle Travel	Direction: N	S X W Respon	nding to Emergency? N	Event S	Sequence 22	22 22 23	22	22 2		$\frac{3}{1}$	$\overline{\mathcal{A}}$	4 10 Undercarr	riaga
	`	ssued)				armful Event	22	24	24	<b>←</b>	9		5 11 Totaled	lage
1	1			: ChSec		Contributing Co	ode 9	9			4		6	
1	Violation 3: ChSecViolation 4: ChSec  Please fill out for operator and all occupants involved					Underride/Override  Towed N  26 27 28 29 30 31 32 33  Seat Safety Airbag Airbag Eject Trap Injury Transp.  Medical Facility								
	Name (Last Fir			Address See Above		Age/DOB	Sex S	os. \$ystem	Status Sw	itch Code	Code :	Status Coo	nsp. de Medical Facili	ity 2
	Operator			See Above				1	4 4	0	0	10 1		_
														_
														_
7														
1	Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist A Typ	pe 97	Action 97	5 Loca		Con	dition g	17 07	Hit	:/Run	ed
	License# St DOB/Age DOB/Age				Reg#_	Reg # Reg Type Reg State								_
	Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL				Veh Ye	Veh Year         Veh Make         Veh Config.								
8 <b>2</b>	Operator FRANCHI LOUIS  Last First Middle				Owner Last First Middle								_	
	Address 182 W CENTRAL ST (apt. 303)				Address								_	
	City NATICK State MA Zip 01760					CityStateZip								_
	Insurance Company					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)								ee)
	Vehicle Travel Direction: NSEW Responding to Emergency?				Event Sequence 22 22 22 22 2 3 4 10 Undercarriage							riage		
	Citation # (If Issued)				Most Harmful Event 9 5 11 Totaled							ge		
	Violation 1: Ch Sec Violation 2: Ch Sec Violation 2: Ch Sec Sec Violation 4: Ch Sec				Driver Contributing Code 25 8 7 6									
			r operator and all o	4: ChSec	Underri	de/Override		Towed		29 30 bag Eject	31 Trap I	.32	33	_
	Name (Last Fi	irst Middle)		Address		Age/DOB	Sex 1	Pos. System	Airbag Air Status Sv	bag Eject vitch Code	Code	njury Trai Status Co	nsp. ode Medical Faci	lity
	Operator/	Non-Motorist		See Above								10 1		$\dashv$
				<del></del>										



## Crash Narrative:

A grey older model trailblazer backed into utility pole 1/18, causing a power surge at 425 Watertown Street. Fire responded to the building for smoke inside, when they arrived the witness told them what had happened. Eversource was notified. There were no other witnesses. The vehicle involved had damage to the rear passenger side tail light. Unknown registration. Description provided was a grey older model chevy trailblazer.

At approximately 2000hrs the owner of the vehicle contacted NPD. The operator stated he was backing out of the parking spot and struck the untility pole. He stated he observed his rear passenger side tail light cracked and did not know there was damage to any wires or the utility pole. He proceeded eastbound on Watertown Street.

(Continued on next page)

w itnesses:							
Name (Last, First, Middle)		Address			Phone #	!	Statement
PARTISELLI , MARK,		444 WATERTON,MA					Y
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ged Property	
, EVERSOURCE,	,			4	UTILITY POLE 1/18		
Truck and Bus Information:  Carrier Name	Registration #				Carrier Issu	ing Authority Cod	35
Address					St		
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr			
Hazmat Information:							
Placard 40 Material 1 digit s	# 41 Material Na	me		Material 4	digit #	Release code	42

-	→ Direction 1	■ Vehicle 1	2 =Vehicle 2	₽Pedestrian		
Crash Diagram:	ie: → 🗆	<b>→</b> □	2	→Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					☐ Off-Street Parking	g Lot
					☐ Garage	
					☐ Mall/Shopping C	enter
					Other Private Wa	
 		 		- — — — —		
	į		į	į	Indicate North by A	MIOW
Crash Narrative:	I	1				
The owner of the building	/property where	the accident	c occured con	ntacted NPD. I	spoke to Mr. Franchi a	nd
provided him the accident						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						-
Owner (Last, First, Middle)	Address		Phone #	34-Type De	scription of Damaged Property	
Truck and Bus Information:						
Carrier Name				Vehicle Section)	Carrier Issuing Authority Coc	35 le
Address						
US DOT #:						36
37		38	issuing state	1CC#	Interstate	
	oss Vehicle Weight				39	
Trailer Reg #:Hazmat Information:	Reg Type	Reg State	Reg Year	Trailer	Length	
40	41					42
Placard Material 1 digit	# Material N	ame		Material 4 digit	# Release code	
Police Officer Name (Please Print)	Siamat			EWTON POLICE DEPARTM	06/01/2 Precinct/Barracks Date	
i once officer mattie (riease Print)	Signature	-	ID/Badge #	Department	Precinct/Barracks Date	· ·

CDP1 11 ·24·00