SEND ONE COPY TO:
REGISTRAR OF MOTOR VEHICLES
100 NASHUA STREET
BOSTON, MASS. 02114

ONE COPY TO:
POLICE DEPARTMENT in whose jurisdiction the accident occurred.

MUST TYPE OR PRINT

COMMONWEALTH OF MASSACHUSETTS
OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT

REGISTRY USE ONLY
2-7
8-10

11-15 Date of Accident: Mo. 7 Day 1 Yr. 74
16 Day of the Week: S M T W T F S — 2
A.M. X P.M. Y
17 Hour: 3
18 Have you completed a Mass. driver education course? YES NO X
Have completed N.J. course
19 Was this Accident investigated by an Officer? If Yes, Check One Box Below
1 Registry 2 MDC 3 Other 4 State Police 5 X Local Police
Badge # 363

VEHICLE 1

Name of Operator Making Report: Douglas Howard Rapkine
20 Number of Vehicles Involved: 1
21-26 Date of Birth: MO. 12 DAY 18 YR. 50
27 Sex: 1 X M 2 F
Street Address: Rm 241, 290 Mass. Ave.
City/Town: Cambridge
State: Ma.
28-29 Driver's License Number and State: R0517 17968 12505 NJ
Owners Name and Address (if same, write "same"): Sam Orenstein, 25-08 169 St., Flushing, NY 11358
Registration Number & State: Lic. Plate # 515-OZM N.Y.
Name of Insurance Company only may be written here: Nationwide Mutual Insurance Co.
Year: 1966
Make: Buick
Type: 4-Door Sedan
Approximate Cost to Repair: $350 or more
Describe Damage to Vehicle: Right control arm torn from frame, frame damaged and perhaps bent.
Parked Car YES NO X

VEHICLE 2

Name of Operator: None
30-35 Date of Birth: MO. DAY YR.
36 Sex: 1 M 2 F
Street Address
City/Town
State
37-38 License Number and State
Owners Name and Address (if same, write "same")
Registration Number & State
Name of Insurance Company only may be written here
Year
Make
Type
Approximate Cost to Repair $
Describe Damage to Vehicle:
Parked Car YES NO

OTHER

Describe Other Property Damage: None
Approximate Cost to Repair $
Name of Property Owner
Address

WITNESSES

Other Witnesses or Persons Present	Address	Phone
Toby Sommer	4 Ames Street, Cambridge, Ma.	Bus. 253-1000 Res. Dorm Line 0643

39 Number Injured. None
To what hospital was injured taken?

INJURED 1

Name of Injured
Street
City/Town
State
40-1 Age
42 Sex: 1 M 2 F
43 Check if wearing Seat Belt 1
44 Check if Wearing Helmet 1
45 Severity — Mark First One That Applies: Killed 1; Visible signs of injury, as bleeding wound, or distorted member; or had to be carried from scene 2; Other visible injury, as bruises, abrasions, swelling, limping, etc. 3; No visible injury but complaints of pain or momentary unconsciousness 4
46 Person Injured: 1 Operator, 2 Passenger (in vehicle No.), 3 Passenger in train, bus, etc., 4 Operator, 5 Passenger (On Motorcycle), 6 Pedestrian, 7 Bicyclist, 8 Other

INJURED 2

Name of Injured
Street
City/Town
State
47-8 Age
49 Sex: 1 M 2 F
50 Check if wearing Seat Belt 1
51 Check if Wearing Helmet 1
52 Severity — Mark First One That Applies: Killed 1; Visible signs of injury, as bleeding wound, or distorted member; or had to be carried from scene 2; Other visible injury, as bruises, abrasions, swelling, limping, etc. 3; No visible injury but complaints of pain or momentary unconsciousness 4
53 Person Injured: 1 Operator, 2 Passenger (in vehicle No.), 3 Passenger in train, bus, etc., 4 Operator, 5 Passenger (On Motorcycle), 6 Pedestrian, 7 Bicyclist, 8 Other

INJURED 3

Name of Injured
Street
City/Town
State
40-1 Age
42 Sex: 1 M 2 F
43 Check if wearing Seat Belt 1
44 Check if Wearing Helmet 1
45 Severity — Mark First One That Applies: Killed 1; Visible signs of injury, as bleeding wound, or distorted member; or had to be carried from scene 2; Other visible injury, as bruises, abrasions, swelling, limping, etc. 3; No visible injury but complaints of pain or momentary unconsciousness 4
46 Person Injured: 1 Operator, 2 Passenger (in vehicle No.), 3 Passenger in train, bus, etc., 4 Operator, 5 Passenger (On Motorcycle), 6 Pedestrian, 7 Bicyclist, 8 Other

NOTE: Mark all items which apply. The diagram and description of what happened (below) need not be completed if separate 8½ x 11 size sheet with same detailed information is attached. Please sign report in space provided below.

LOCATION

City or Town Where Accident Occurred: Cambridge, Ma.

Nearest Mile Marker:

Reserved for Registry:

Street Name and/or Route Number: Ames Street

at intersection with Main Street

or 500 ± feet N. S. E. W. [X] Of nearest intersection, bridge, mile marker, railroad.

Other Landmarks: Driveway of 3 Ames St on West.

Which direction was each vehicle traveling? Vehicle No. 1 N. S. E. W. [X]; No. 2 N. S. E. W.

54: 1 [ ] On ramp from route ____ 2 [ ] Off ramp from route ____ 3 [ ] At rotary

55: 1 [X] Area built up 2 [ ] Area not built up

TYPE

56 Accident Involved Collision With:

1 [ ] Pedestrian
2 [ ] Motor Vehicle in Traffic
3 [ ] Motor Vehicle Parked
4 [ ] Railroad train
5 [ ] Ran off roadway hit fixed object ____ feet from road
6 [ ] Bicycle
7 [ ] Overturned in road
8 [ ] Ran off roadway — non-collision
9 [ ] Fixed object on shoulder, sidewalk or island
A [X] Other

57 If collision involved two or more vehicles mark one of the following:

1 [ ] Rear end 2 [ ] Angle 3 [ ] Head on

SITUATION

What were vehicles doing prior to accident? Mark appropriate box. 58-60

	Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2
1			Making right turn	8		Skidding	F		Parked
2			Making left turn	9		Slowing or stopping	G		Stalled or disabled
3			Making U turn	A		Crossing median strip	H		Stalled or disabled with flasher on
4	X		Going straight ahead	B		Driverless moving vehicle	J		In process of parking
5			Passing on right	C		Backing	K		Entering or exiting from alley or driveway
6			Passing on left	D		Starting in traffic	L		Other
7			Stop sign	E		Starting from parked position			

Where was pedestrian located at time of accident? Mark appropriate box. 61

	X		X	
1		At intersection	7		Getting on/off vehicle
2		Within 300 feet of intersection	8		Working on vehicle
3		More than 300 feet from intersection	9		Working in street
4		Walking in street with traffic	A		Playing in street
5		Walking in street against traffic	B		Not in street
6		Standing in street	C		Other

CONDITIONS

62 Light Conditions

	X	
1		Daylight
2		Dawn or dusk
3	X	Darkness — road lighted
4		Darkness — road unlighted

63 Traffic Controls

	X		X	
1		Stop sign	6		Railroad crossing gate
2		Yield sign	7		Railroad automatic signal
3		Warning sign	8		Control device not working
4		Signal light	9	X	No control present
5		Officer or flagman			

64 Weather Conditions

	X	
1	X	Clear
2		Foggy
3		Cloudy
4		Rain
5		Snow
6		Sleet

65 Road Surface

	X	
1	X	Dry
2		Wet
3		Snowy
4		Icy
5		Other

76 Road Conditions

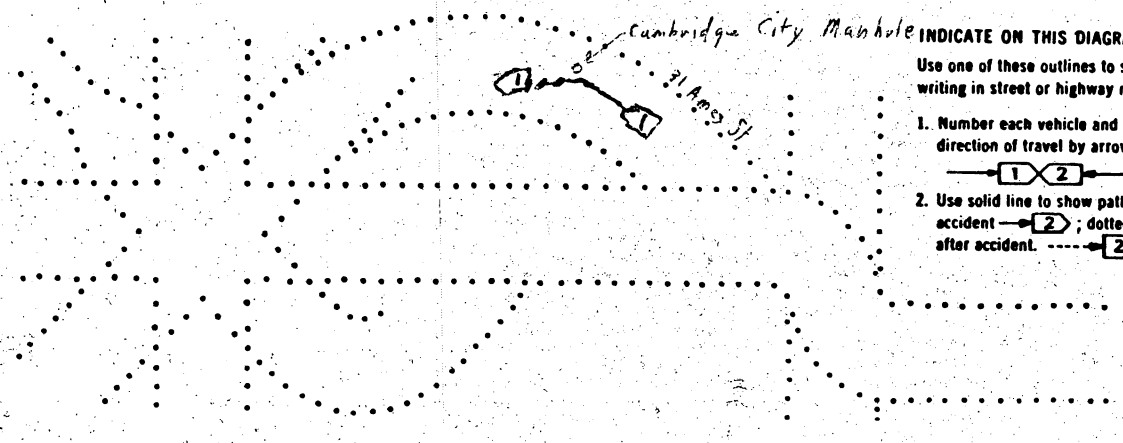
	X	
1		No Defects
2	X	Holes, ruts, bumps
3		Foreign matter on surface
4		Defective shoulder
5		Road under construction
6		Other

COLLISION

66 See description below

	X			X			X			X			X	
1		Entered median	4		Hit guard rail	7		Hit signpost	A		Embankment	D		Stone wall
2		Crossed median	5		Hit curbing	8		Hit utility or light pole	B		Ditch	E		Other post
3		Hit median barrier	6		Hit abutment	9		Hit tree	C		Rock ledge	F		Bridge rail

DIAGRAM



INDICATE ON THIS DIAGRAM WHAT HAPPENED

Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers.

1. Number each vehicle and show direction of travel by arrow: 1 2
2. Use solid line to show path before accident — 2 ; dotted line after accident. ---- 2
3. Show pedestrian by: ——o
4. Show railroad by: +++++++++
5. Show distance and direction to landmarks; identify landmarks by name or number.
6. Indicate north by arrow, as:

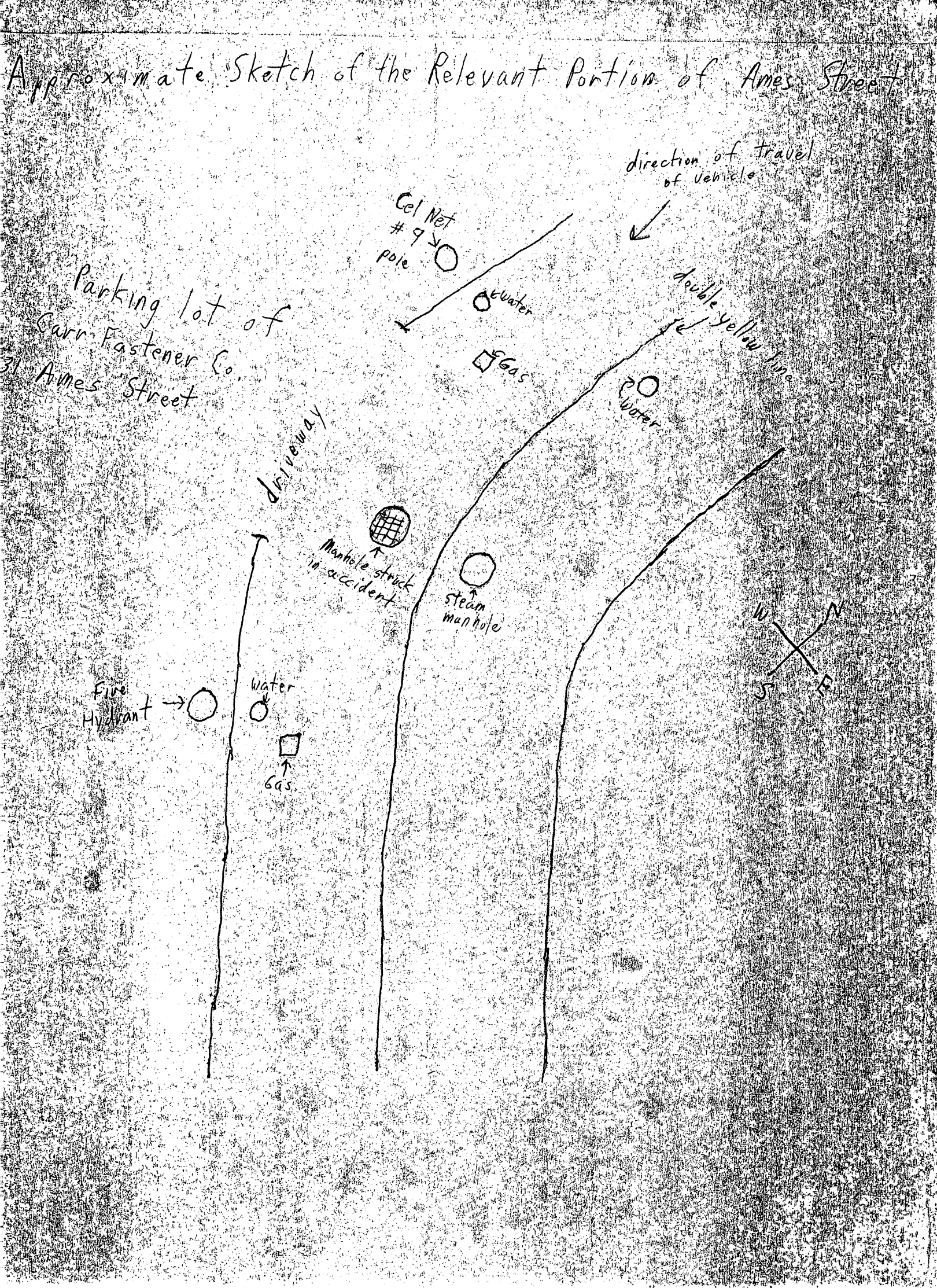
INDICATE NORTH BY ARROW

Describe What Happened: (Refer to Vehicles by Number) Vehicle 1 was travelling south on Ames St, at between 20 and 25 MPH. As vehicle 1 began rounding a curve, its right control arm (on the front suspension) and its frame struck a protruding City of Cambridge Manhole. Vehicle 1 then came to an immediate stop within 10 to 15 feet of manhole. (See detailed ~~of street~~ sketch of street surrounding manhole, included with form) Note: manhole + street surrounding manhole were repaired by the city 2 days after the accident.

My speed immediately prior to the accident was approximately 20-25 m.p.h.

Signature of operator making report: Douglas Mount Caplins Date: July 3, 1974

Approximate Sketch of the Relevant Portion of Ames Street



Cambridge, August 23, 1974

To the Honorable, the City Council of the
City of Cambridge:

The undersigned respectfully pray

that I be awarded 450 dollars compensation for my car, Buick Special 1966, which was damaged beyond repair in a collision with a manhole owned by the City of Cambridge. The car, which prior to the accident was in very good condition and had been driven only 35,000 miles, was registered in the name of my father, Sam Orenstein.

The accident occurred at 3:00 AM on July 1, 1974, on Ames St. near #31. The manhole which was protruding approximately eight inches from the surrounding street level, struck the control arm of the right front wheel and severed it from the frame. In addition the frame was severely distorted so that repair would have involved its partial replacement. Letzelter Bros. of 2495 Massachusetts Avenue, Cambridge estimated the cost of repair at over 2000 dollars. Enclosed is a copy of the accident report and a sketch of the scene of the accident.

Joseph Orenstein

Joseph Orenstein
c/o Douglas Rapkine
290 Mass. Ave. Rm 241
Cambridge, Ma. 02139
494 0266

145. 344

PETITION

of Joseph Orenstein

for damages to car in a collision with manhole owned by the City

No.

~~Sept. 9, 1974 19:~~

Referred to Committee on Claims
Copy sent to Claims Committee 9/11/74 dl.

In City Council, 19:

Referred to the Committee on

Attest:

City Clerk.