

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 → Pedestrian

commonwealth ave

Unit 2

Unit 1

valentine st

NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

ON 1-20-19 AT APPROX. 1344HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF COMM AVE AND VALENTINE ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING S-BOUND ON VALENTINE AND STOPPED BEHIND VEHICLE #2. HE STATES WHILE STOPPED, VEHICLE #2 BEGAN BACKING UP. DRIVER OF VEHICLE #1 STATES HE BEEPED AND DESPITE HIS BEEPING VEHICLE #2 BACKED INTO VEHICLE #1 CAUSING EXTENSIVE FRONT END DAMAGE. I SPOKE TO THE OPERATOR OF VEHICLE #2. DRIVER STATES HE WAS STOPPED AT THE STOP SIGN AT VALENTINE AND COMM. AND BEGAN BACKING TO PLOW SOME SNOW. HE STATES HE DID NOT SEE VEHICLE #1 AND WAS NOT AWARE OF HIS PRESENCE UNTIL HE HAD BACKED INTO HIM. VEHICLE #1 HAD EXTENSIVE FRONT END DAMAGE AND WAS TOWED BY TODYS. VEHICLE #2 HAD NO DAMAGE TO HIS VEHICLE AND REPORTED NO INJURIES. VEHICLE #2 WAS PARKED ON THE CARRIAGE LANE WHILE DOMENIC (A COSCO LANDSCAPE REPRESENTATIVE) CAME TO RETRIEVE IT .

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

THOMAS P WALSH

NEWTON POLICE DEPART

01/20/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

