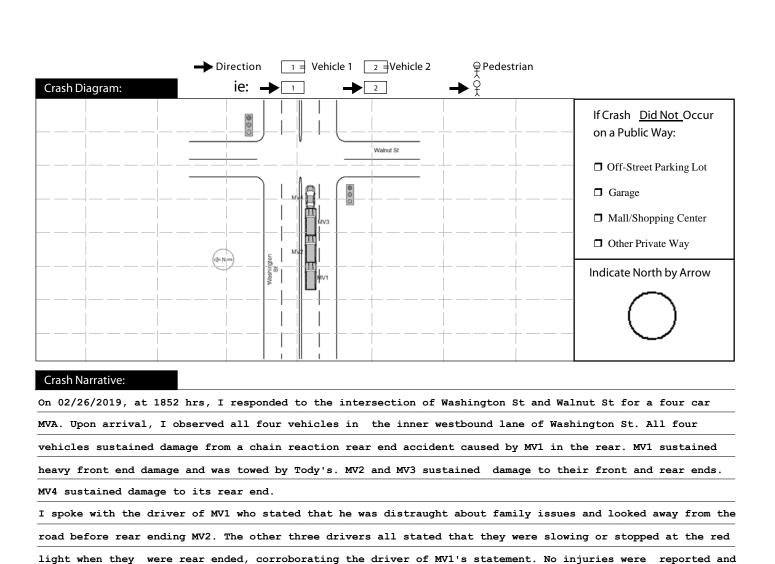
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Date of Crash 02/26/2019	Time of Crash	City/ NEWTON	Town	Mo	tor Veh	icle Cra	ısh t	Number /ehicles	Numbe Injured		Limit <u>35</u>	$ \begin{vmatrix} S \\ L \end{vmatrix}$	tate Police ocal Police IBTA Police
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	AT INTER	LOCA	TION		NOT AT INTERSECTION:								
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Route# Direc	tion	Name of Inter	1	<u> </u>							Landma	rk	
XVehicle 3	#Occupants	Hit/Ru	ın Mo	oped	Case Number		1900	0000217					
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Insurance Com	npany STANDAR	D FIRE INSU	RANCE		Vehicl	e Action Prior t	Crash	2 21		amaged	Area Cod	e: (Circ	le Up to Three
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of the Followin		4 <u>1</u> #Occup	ants Non	n-Motorist A	A Type	Action	Locati	on	Cond	tion		Hit/Ru	un Mope
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Witnesses:
Name (Last, First, Middle)

Address
Phone # Statement

Cataldo received patient refusals.

Placard

Material 1 digit #

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 _____ City____ Address_ ____ Issuing State _____ ICC #:____ US DOT #: ___ _State Number__ Gross Vehicle Weight Cargo Body Type Code Trailer Reg #:_ Reg Type_____ Reg State _____ Reg Year____ Trailer Length Hazmat Information:

ALEXANDER C SPINNEY

24734

NEWTON POLICE DEPARTS

02/26/2019

Police Officer Name (Places Print)

Signature

ID/Dedge # Department Project (Parcelle Department)

Material Name____

_____ Material 4 digit # _____ Release code