

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian
ie: → 1 → 2 →

Crash Diagram:

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:

OPERATOR OF MV 1 STATED HE WAS TRAVELING SOUTHBOUND ON CRAFTS STREET AND AS HE APPROACHED THE INTERSECTION AT ALBERMARLE ROAD HIS VEHICLE WAS STRUCK ON THE DRIVERS SIDE BY MV 2. MODERATE DAMAGE SUSTAINED TO MV 1 AND NO INJURIES WERE REPORTED. MV 1 WAS TOWED BY TODYS TO THEIR LOT AFTER ALL VALUABLES WERE REMOVED BY THE OWNER. OPERATOR OF MV 2 WAS TRAVELING WESTBOUND ON ALBERMARLE ROAD AND AS HE DROVE ACROSS THE INTERSECTION OF CRAFTS STREET AFTER COMING TO A STOP AT THE STOP SIGN, HE STRUCK MV 1 ON THE DRIVERS SIDE. HEAVY DAMAGE SUSTAINED TO MV 2 AND OPERATOR WAS TRANSPORTED BY MEDICS TO NWH TO BE EVALUATED FOR HIS INJURIES. OPERATOR OF MV 2 WAS UNABLE TO PROVIDE A STATEMENT OF HOW THE ACCIDENT OCCURRED AND HIS VEHICLE WAS ALSO TOWED BY TODYS TO THEIR LOT.

A WITNESS TO THE ACCIDENT IDENTIFIED AS BRIAN ABDOW STATED THAT MV 2 WAS AT FAULT. HE STATED THAT MV 2 CAME

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
ABDOW, BRIAN, C	POBOX 1038 CONCORD, MA 01742	-----	Y

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 35

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 _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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:

TO A STOP AT THE STOP SIGN BUT THEN ACCELERATED INTO TRAFFIC ON CRAFTS STREET AND STRUCK MV 1 WHO HAD THE RIGHT OF WAY. OPERATOR OF MV 2 IS BEING ISSUED MA UNIFORM CITATION T1268369 FOR CH.89 S.9 FAILURE TO COMPLY WITH STOP SIGN.

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 35

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 _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42