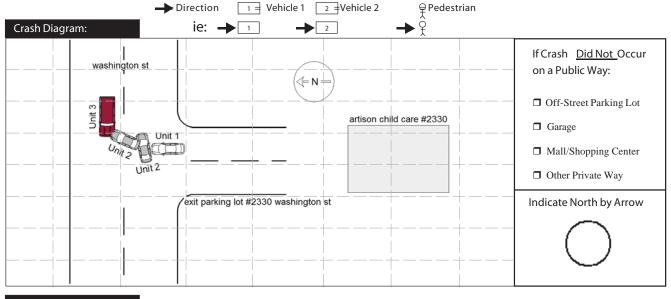
Feet   N   S   E   W   of   Mile Marker   Or   Exit Number	Pol	ice Use Only		Comm	onweal	th o	of Massa	ichi	uset	tts			RMV	Docum	ent Number	
AT INTERSECTION:    AT INTERSECTION:   C   IOCATION   S   IOCATION			,	Γown	<b>Motor</b> <sup>1</sup>	Veh	icle Cra	sh							State Police Local Police	Xi
Montest Direction   Name of Roadway/Street   Name of Boodway/Street   Name of Boodway/Street   Name of Intersecting Roadway/Street   Name of Int	0417/2017								3						Other:	е 🔟
Route® Direction Name of Intersecting Roadway/Street Abor at Intersecting Roadway/Street Advanced Intersecting Roadway/Street Advanced Intersecting Roadway/Street Advanced Intersecting Roadway/Street Intersecting R		AT INTI	ERSECTION		< L	OCAT	TION :	>		N	TO	AT I	NTE	RSEC	TION:	
Routed Direction  Name of Intersecting Roadway/Street  Routed Direction  Name of Intersecting Roadway/Street  Routed Direction  Name of Intersecting Roadway/Street    Second Direction   Name of Intersecting Roadway/Street							WEST	23	30	WA	ASHIN	GTON	I ST			ŀ
Routed Direction  Name of Intersecting Roadway/Street  Routed Dire	Route# Direc	ction	Name	<u>-</u>		I	Route# Directio	n A	ddress	#		Name	e of Ro	oadway/S	Street	
Rouge   Direction   Name of Intersecting Roadway/Street   Feet   N S E   W of   Routes   Intersecting Roadway/Street   Feet   N S E   W of   Routes   Intersecting Roadway/Street   Feet   N S E   W of   Routes   Intersecting Roadway/Street   Feet   N S E   W of   Routes   Intersecting Roadway/Street   Feet   N S E   W of   Routes   Intersecting Roadway/Street   ARTISON CHILD CARE CENTER   Landmark   Lan	_			At			Feet N	SE	W of			_ • .	— oı	r		
Foot   No.   Sec.   Direction   Name of Intersecting Roadway/Street   ARTISON CHILD CARE CENTER	Route# Dire	ction ——	Name of Intersec	ting Roadway/Stree	t	— -				N					Exit Number	
Post   Note   Direction   Nume of Intersecting Roadway/Street   Landmork			Also at In	ersection with		-	Feet N	SE	W of		oute#	——Int	tersecti	ng Road	way/Street	-
Electron   Case Number   196000392   Electron   Electron   Case Number   196000392   Electron   Electron   Case Number   196000392   Electron   Electron   196000392   Electron   19	Route# Direc					-	Feet N	SE	W of	AR	RTISO			-	-	
License 8 — St M. DOB/Age — Reg # ING187 Reg Type PAN Reg State MA  Sex_M Lic Class D 18 B Lic Restrictions 1 DOL Veh Year 2018 Veh Make ACURA Veh Config. 1 20  Operator ABBLETT MITCHELL  Address 61 DEDHAM ST  City NEWTON State MA Zip 02464  City NEWTON State MA Zip 02464  City NEWTON State MA Zip 02464  City Operator # Crist Direction: NS E N Responding to Emergency?  Citation # (If Issued)  Vehicle Travel Direction: NS E N Responding to Emergency?  Please fill out for operator and all occupants involved  Name data Fiss Middle)  Address  Age DOB Sex_M Lic. Class D 18 B Lic. Restrictions B 19 CDL  Operator MRLFY CLINT Elaboraneral  Operator MRLFY CLINT Elaboraneral  Operator MRLFY CLINT Elaboraneral  Address State NY Zip 14618  City ROCHESTER State NY Violation 2: Ch. Sec Underridee Override  Please fill tout for operator and all occupants involved Note that for the September 1 2 Damaged Area Code: Citricle Up to Three)  Non-Motorist A Type 1 Action 15 Location 16 Condition 17 Damaged Area Code: Citricle Up to Three)  Sex_M Lic. Class D 18 B Lic. Restrictions B 19 CDL  Operator MRLFY CLINT Elaboraneral  Address 600 KELLY WAY  Address 600 KELLY WAY  Address 600 KELLY WAY  City ROCHESTER State NY Zip 14618  City ROCHESTER State NY Zip 14618  City ROCHESTER State NY Zip 14618  City HOLYOKE  Please fill out for operator and all occupants involved Adense Age-DOB Sex Size Size Not National Code (Citricle Up to Three)  Five of Sequence 1 2 Towed N. State NA Zip 01040  Vehicle Action Prior to Crash 1 Towed N. State NA Zip 01040  Vehicle Action Prior to Crash 1 Towellows Prior Finisph Transphase Age Dob Sex Size Size Nation Liver Finisph Transphase National Code Made National Code Size Size Size Nation Liver Finisph Transphase National Code Made National Code National Code Size Size Size Nation Liver Finisph Transph Transph Transph Transph Transph Transph Transph Transph Transph Tra	Route# Direc	ction	Name of Inter	secting Roadway/St	treet								Land	lmark		4
Sex_M_Lie_Class   District   Size   District	XVehicle 1	_1_#Occupar	nts Hit/Ru	n Mope	d Case N	umber		1	900000	392						
Sex_M_Lie_Class   District   Size   District	License#		St <sup>1</sup>	MA DOB/Age		Reg#1	ING187			Re	eg Type	PAN		Reg S	state MA	
Operator ABBLET MITCHELL Endorsment Address of DEDHAM ST Address  City NEWTON State MA Zip 02464 Insurance Company NORFOLK DEDHAM MUTUAL Vehicle Travel Direction: N S E N Responding to Emergency?  Citation # (If Issued) Operator  Please fill out for operator and all occupants involved Name Law First Middle Operator  Please Select One of the Following:  Please Select Cone		18	18	19											20	
Address of DEDHAM ST  City NEWTON  State MA Zip 02464  City Sevent Sequence  Vehicle Travel Direction:  NS E N  See Solution 2: Ch  See Violation 2: Ch  See Violation 2: Ch  See Above  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Age-DOB  License # T  See N  Lic Class  See N  Lic Class  Norther Following:  License # Septence  See Above  Please Select One Operator  Norther Following:  License # Septence  Norther Following:  License # T  See N  Lic Class  Norther Following:  License # T  See N  Lic Class  Norther Following:  Location # (If Issued)  Norther Following:  Norther Following:  Location # (If Issued)  Norther Following:  Location # (If Issued)  Norther Following:  Norther Following:  License # T  See Above  Norther Following:  Location   If   Condition   If   Condition			MITCHELI	End	orsment		(Same as oper	ator)								'
City NEWTON  State MA ZIp 02464  City State Zip  Insurance Company NORFOLK DEDHAM MUTUAL  Vehicle Travel Direction:  N S E N Responding to Emergency?  Citation # (if Issued)  Violation 1: Ch. Sec Violation 2: Ch. Sec.  Violation 3: Ch. Sec. Violation 4: Ch. Sec.  Underride Override  Please fill out for operator and all occupants involved  Address ## Lic. Class D ## Is Lic. Restrictions #	Address 61 D	Last EDHAM ST	First	M	liddle		Last							Middle		_
Insurance Company NORFOLK DEDHAM MUTUAL  Vehicle Travel Direction: NSEN Responding to Emergency?  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Diriver Contributing Code 4 24 24 24 3 10 Undervarriage 5 11 Totaled  Please fill out for operator and all occupants involved  Name (Last First Modelle)  Please Select One of the Following:  Description of the Following: Address Sec M Lie. Class D 18 18 Lie. Restrictions B 19 CDL  Operator MERLEY CINT Endorsment Address Address Sed National State Selection Restrictions B 19 CDL  Operator MERLEY CINT Endorsment Address Sed National State Selection Restrictions B 19 CDL  Operator MERLEY CINT Endorsment Address Sed National State Selection Restrictions B 19 CDL  Operator MERLEY CINT Endorsment Address Sed National State Selection Restrictions B 19 CDL  Operator MERLEY CINT Endorsment Address Sed National State Selection Restrictions B 19 CDL  Operator MERLEY CINT Endorsment Address Sed National State Selection Restrictions Responding to Emergency?  Citation # (If Issued)  Owner HONDALEASE TRU:  Address Sed NELLYWAY  City ROCHESTER State NY Zip 14618  City ROCHESTER State NY Responding to Emergency?  Citation # (If Issued)  Vehicle Travel Direction: N S N W Responding to Emergency?  Citation # (If Issued)  Please fill out for operator and all occupants involved Address Address Responding to Emergency?  Please fill out for operator and all occupants involved Address Address Responding to Emergency?  None Hamful Event 1 22 22 22 22 22 22 22 22 22 22 22 22 2				State MA Zip 02	2464									7.	in	
Vehicle Travel Direction: NSEN Responding to Emergency?  Event Sequence 1 22 22 22 22 23 4  Most Harmful Event 1 23  Driver Contributing Code 4 24 24  Violation 3: Ch Sec Violation 4: Ch Sec Underride Override  Please fill out for operator and all occupants involved Address Address Selection of the Following: Address	,					-				21					-	- 1
Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code   4 24 23	_	_									2		3		4	
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 4 2 2 4 3 3 2 4 3 2 3 2		L		-F	,			23	3				$\downarrow \downarrow$	4)		rriage
Violation 3: ChSec Violation 4: ChSec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  AgeDOB  Sex Post Surpe Name Name Name Name Name Name Name Nam	`			on 2: Ch Sec	2		L		<u> </u>	. 24	¶ <b>()</b> ◀	<b>-</b>	9		5 11 Totaled	
Please fill out for operator and all occupants involved  AgeDOB  Sex Pos. System Blanus Switch Code Code Salaus Code  Operator  See Above  Please Select One of the Following:  License # St NY DOB/Age Reg # A11 Reg Type PAN Reg State  Name (Last First Middle)  Non-Motorist A Type  Address  AgeDOB Sex Pos. System Blanus Switch Code Code Salaus Code  Non-Motorist A Type  Address  AgeDOB Sex Pos. System Blanus Switch Code Code Salaus Code  Non-Motorist A Type  Address  AgeDOB Sex Pos. System Blanus Switch Code Code Salaus Code  Non-Motorist A Type  Address  AgeDOB Sex Pos. System Blanus Switch Code Code Salaus Code  Non-Motorist A Type  Address  AgeDOB Sex Pos. System Blanus Switch Code Code Salaus Code  Non-Motorist A Type  Address  AgeDOB Sex Pos. System Slatus Blanus Switch Code Code Salaus Code  Non-Motorist A Type  Address  AgeDOB Sex Pos. System Slatus Blanus Switch Code Code Salaus Code  Address  Non-Motorist A Type  Address  AgeDOB Sex Pos. System Slatus Blanus Switch Code Code Salaus Code  Address  Non-Motorist A Type  Address  AgeDOB Sex Pos. System Slatus Blanus Switch Code Code Salaus Code  Address  Non-Motorist A Type  Address  AgeDOB Sex Pos. System Slatus Blanus Switch Code Code Salaus Code  Address  Non-Motorist A Type  Address  AgeDOB Sex Pos. System Slatus Blanus Switch Code Code Salaus Code  Address  Non-Motorist A Type  Address  NY  Address  NY  Vehicle Condition 17  Address  NY  Veh Condition 17  Address  NY  Non-Motorist A Type  Non-Motorist A Type  Non-Motorist A							ī		7	owed N	8		7		6	
Please Select One of the Following:    Vehicle 2						Cildeir	lac, o verriae					30	31	32 Tran	33	
Please Select One of the Following  License # St NY DOB/Age Reg # A11	Name (Last Fi	rst Middle)		A	ddress				Pos. \$y	stem Statu	s Switch			tatus Cod	Medical Faci	ility
Condition   Cond	Орегию			566 7	100VC				,	4	99	U	0	9 1		
Condition   Cond																
Condition   Cond																
Condition   Cond																
Sex_M_Lic. Class D 18 18 Lic. Restrictions B 19 CDL Veh Year 2016 Veh Make TOYOTA Veh Config. 1  Operator MERLEY CLINT First Middle  Address 401 ANTLERS DR  City ROCHESTER State NY Zip 14618 City HOLYOKE State MA Zip 01040  Insurance Company AMICA Vehicle Travel Direction: N S W Responding to Emergency? Event Sequence 1 22 22 22 22 22 20 4  Violation 1: Ch_Sec_Violation 2: Ch_Sec_Underride/Override Directoride Sec_Underride/Override Directory System Status Switch Code Code Status Code Medical Facility Medical F		I X I Vehi	cle2 1_#Occup	ants Non-Mo	torist A Type	1		Loc	cation	16	Conditi	on	17	Hit/	/Run Mo	ped
Sex_M_Lic. Class D	License #					Reg#_	A 11			Re	g Type	PAN		Reg S	state_NY	_ ]
Operator MERLEY  Last First Middle  Address 401 ANTLERS DR  Address 600 KELLY WAY  City ROCHESTER State NY Zip 14618  Insurance Company AMICA  Vehicle Travel Direction: Vehicle Travel Direction: N S N W Responding to Emergency?  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec  Violation 2: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Owner HONDA LEASE TRU:  Last First Middle  Address  Owner HONDA LEASE TRU:  Last First Middle  Address  MA Zip 01040  Vehicle Action Prior to Crash  1 21 22 22 22 22 22 20 4 10 Undercarriage 5 11 Totaled  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Address  Owner HONDA LEASE TRU:  Last First Middle  Address  Owner HONDA LEASE TRU:  Last First Middle  Address  Output  Name (Last First Middle)  Owner HONDA LEASE TRU:  First Middle  Address  Madress  Most Harmful Event  1 23 10 Undercarriage 5 11 Totaled  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB Sex North Address  Owner HONDA LEASE TRU:  First Middle  Address  Madress  Madress  Madress  Address  Address  Address  Address  Age/DOB Sex North Address  Niddle  Address  Address  Address  Output  Address  Age/DOB Sex North Address  Ad	Sex_M_ Lic.			ons B CD		Veh Ye	ear_2016	Ve	h Mak	е_тоуо	TA			Veh Con		
Address 401 ANTLERS DR  Address 600 KELLY WAY  City ROCHESTER  State NY Zip 14618  City HOLYOKE  State MA Zip 01040  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Travel Direction:  N S X W  Responding to Emergency?  Event Sequence  Violation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec  Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Address	Operator ME	RLEY				Owner	HONDA LEA	SE TR	U!	Fi	ret			Middle		_
Insurance Company AMICA  Vehicle Action Prior to Crash  I 21 Damaged Area Code: (Circle Up to Three)  Event Sequence  Vehicle Action Prior to Crash  I 21 Damaged Area Code: (Circle Up to Three)  Address  Age/Dob Sex System Status Switch Code  Vehicle Action Prior to Crash  I 21 Damaged Area Code: (Circle Up to Three)  Address  Vehicle Action Prior to Crash  I 22 22 22 22 22 22 22 22 22 22 22 22 22	Address 401 A	ANTLERS DR				Addres	s 600 KELLY W	AY								_
Vehicle Travel Direction: NSW Responding to Emergency? Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2	City ROCHE	STER		State_NYZip_14	1618	City H	OLYOKE						State_	MA_Z	ip <u>01040</u>	_
Vehicle Travel Direction: N S W Responding to Emergency? Event Sequence 1	Insurance Con	npany AMICA				Vehicle	Action Prior to	Crash	1	21	Dai	maged	_	Code: (C	ircle Up to Th	ree)
Citation # (If Issued)	Vehicle Travel	Direction:	N S X W	Responding to Emer	gency?	Event S	Sequence 1 2	2 2	2 2	22 22	2		<b>0</b>		4	
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24 Violation 3: ChSec Violation 4: ChSec Underride/Override 25 Towed Y 8 7 6  Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility	Citation # (If	Issued)				Most H	Iarmful Event	1 23	3			_  `		/		rriage
Violation 3: ChSec Violation 4: ChSec Underride/Override	Violatio	on 1: Ch	_Sec Viola	ion 2: ChS	ec	Driver	Contributing Co	de	1 24	2	4	_ /	<u>/</u> Ť		_	
Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System Status Switch Code Code Status Code Medical Facility	Violatio	on 3: Ch	_Sec Viola	tion 4: ChS	ec	Underr	ide/Override	25	То	wed_Y	8		7		6	
			for operator and							27 28 afety Airba	29 Airbag	30 Eject		njury [Fran	ısp.	777.
			t				Age/DOB	Sex							de   Medical Fac	cility
											+					
											+					$\dashv$
											1					

	lice Use Only		Commonwea							MV Doc		
Date of Crash 04/19/2019	Time of Crash 08:00	City/Town NEWTON			icle Cra	sh	Number Vehicles	Number Injured	1 *	_imit <u>30 _</u> e	Stat Loc MB	te Police   cal Police   TA Police
	24HR	<u> </u>			Report		3	3	Longitu		Oth	er:
	AT INTE	RSECTION:	< I	LOCA	ΓION	>		NOT	AT IN	ITERS	ECTIO	ON:
Route# Dire	ction	Name of Roa	adway/Street		Route# Direction	on Add	lress #		Name	of Roadwa	ay/Street	t
					Feet	N S E V	W of -	Mile Ma		— or		t Number
Route# Dire	ection 1	Name of Intersecting R  Also at Intersect		l	Feet 1	N S E V	W of				LA	t i valiloci
1		7130 at Intersect	ion with		Feet [	NSEV	☑ <b>W</b> of	Route#	Inte	rsecting R	oadway/	Street
Route# Dire	ction	Name of Intersecting	g Roadway/Street	[		1-1-1				Landmarl	<u> </u>	
XVehicle	3 1 #Occupants	Hit/Run	Moped Case			400	20000202				-	
	<u> </u>	<u> </u>	_ 1 Case	Number			00000392					
License #	18	18	DOB/Age		2SM712							20
Sex_F Lic		Lic. Restrictions	CDL Endorsment		2008						Config.	2
Operator 20 V	ANG Last VATERTOWN S	First T (apt. 134)	Middle		(Same as open			First			ldle	
Address 25 V			MA Zip 02472		SS						7:-	
'	mpany_GOVT EN		Zip <u>02472</u>		e Action Prior to		21					Up to Three
	el Direction: N		ling to Emergency?		Sequence 1 2	22 22	22	22 2		3	4	-
_	Issued)		g to Emergency:		Harmful Event	1 23						0 Undercarria
,			ChSec		Contributing Co		24	24 1	<b>←</b>   /	9	5 1	1 Totaled
1		c Violation 4:			ride/Override	25	Tower	0 1 N		7	6	
		ator and all occupan				Se	26 27 eat Safety	28 29 Airbag Airbag	30 Eject Tr	31 32 rap Injury	33 Transp.	
Name (Last F			Address See Above		Age/DOB	Sex Po		Status Switch 4 99	O O	oue status	Code N	Medical Facility
Diagram Calast	0				4 1	5		16		17		
Please Select of the Follow	Vehicle	e# Occupants	Non-Motorist A Typ	pe	Action	Locat		Condit	ion		Hit/Run	Море
License#		St	_ DOB/Age	Reg#_				_Reg Typ	e	R	eg State_	
Sex Lic	. Class	Lic. Restrictions	CDL	Veh Ye	ear	Veh	Make			Veh 0	Config.	20
Operator	Last	First	Endorsment	Owner	Las	t		First		Mid	Idle	
Address					SS							
City		State_	Zip	City_					S	tate	_Zip_	
Insurance Con	mpany			Vehicle	e Action Prior to	Crash	21		ımaged A		,	Up to Three
Vehicle Trave	l Direction: N	S E W Respon	nding to Emergency?	Event	Sequence 2	22 22	22	22 2		3	4	0 Undercarria
Citation # (If	Issued)			Most I	Harmful Event	23	24	1 <	<b>←</b>   `	9	- 1	1 Totaled
Violati	on 1: ChS	ec Violation 2:	: ChSec	Driver	Contributing Co	ode 25	24	24 8		7	ر 6	
			ChSec	Under	ride/Override		Towed		30	31 32	33	
Name (Last		r operator and all oc	cupants involved Address		Age/DOB		26 27 eat Safety . Pos. System	28 29 Airbag Airbag Status Swite	Eject Tr	31 32 rap Injury Code Status	Transp.	Medical Facilit
Operator	r/Non-Motorist		See Above									
									+			



## Crash Narrative:

OPERATOR #1 STATED HE WAS ATTEMPTING TO EXIT #2330 WASHINGTON ST, ARTISON CHILD CARE CENTER, BY MAKING A

LEFT TURN TOWARDS WELLESLEY WHEN HE CRASHED INTO VEHICLE #2, WHO WAS COMING E/B ON WASHINGTON ST. OPERATOR #1

FURTHER STATED BEFORE EXITING OUT ONTO WASHINGTON ST HIS ATTENTION WAS DRAWN TO THE OPERATOR OF VEHICLE #3

WHOM HE RECOGNIZED AS A TEACHER AT HIS SONS DAY CARE.

SHE WAS STOPPED W/B ON WASHINGTON ST WAITING FOR HIM TO PULL OUT BEFORE TURNING INTO THE DAY CARE. OPERATOR
#1 WITH TRAFFIC STOPPED W/B ON WASHINGTON ST PROCEEDED OUT FORGETTING TO LOOK BACK TO HIS LEFT(E/B)

WHERE VEHICLE #2 WAS COMING FROM. HE THEN CRASHED INTO VEHICLE #2 AS HE ENTERED OUT INTO THE STREET.

OPERATOR#2 STATED HE WAS TRAVELLING E/B ON WASHINGTON ST WHEN VEHICLE #1 PULLED OUT FROM THE PARKING LOT TO
#2330 WASHINGTON ST CRASHING INTO HIS VEHICLE. THE IMPACT SENT HIS VEHICLE INTO VEHICLE #3 WHO WAS STOPPED

(Continued or	n next page)							
·								
W itnesses: Name (Last, First, Middle)		Address				Phone #	<del></del>	Statement
, , , , ,								
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desci	ription of Dama	ged Property	
Truck and Bus Information:			(From Vehi	,				35
Truck and Bus Information:  Carrier Name				,		Carrier Issu	ning Authority Coc	35 le
			,					le
Carrier Name			_ City			St	Zip	le
Carrier NameAddressUS DOT #:			_ City			St	Zip	le
Carrier Name  Address US DOT #: Cargo Body Type Code37 Gros	State Numberss Vehicle Weight	38	_ City Issuing State	ICC#:_		St	Zip	le
Carrier NameAddressUS DOT #:Cargo Body Type CodeGrossTrailer Reg #:	State Numberss Vehicle Weight	38	_ City Issuing State	ICC#:_		St	Zip	le
Carrier Name	State Numberss Vehicle Weight Reg Type	38 Reg State _	_ City Issuing State  Reg Year	ICC#:_	railer Le	St	Zip Interstate	le
Carrier Name	State Numberss Vehicle Weight Reg Type	38 Reg State _	_ City Issuing State	ICC#:_	railer Le	St	Zip Interstate	36

-	<b>→</b> Direction 1	Vehicle 1	2 =Vehicle 2	₽ Pedestrian	
Crash Diagram:	ie: →□	_ →□	2	<b>▶</b> ĝ	
					If Crash <u>Did Not</u> Occur on a Public Way:
					☐ Off-Street Parking Lot
					☐ Garage
					☐ Mall/Shopping Center
					Other Private Way
					Indicate North by Arrow
	   		<del> </del>		
Crash Narrative:					
W/B ON WASHINGTON ST WAIT	ING TO TURN INT	O THE DAY CAI	RE CENTER.		
OPERATOR #3 STATED SHE WA	S STOPPED W/B O	N WASHINGTON	ST WAITING TO	MAKE LEFT TURN	INTO HER WORK PLACE,
ARTISON CHILD DAY CARE, #	2330 WASHINGTON	ST WHEN VEH	ICLE #2 CRASHE	D INTO HER VEHIC	LE AFTER FIRST BEING HIT BY
VEHICLE #1.					
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:		•			
Owner (Last, First, Middle)	Address		Phone #	34-Type Description	on of Damaged Property
Truck and Bus Information:	Registration #		(From Vel	hicle Section)	
Carrier Name					Carrier Issuing Authority Code 35
Address			City		·
US DOT #:	_ State Number		Issuing State	ICC #:	Interstate 36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Length	39
Hazmat Information:	44				
Placard 40 Material 1 digit	# 41 Material N	Vame		Material 4 digit #	Release code 42
THOMAS J MCCARTHY			MELATI	TON POLICE DEPARTM	04/19/2019
Police Officer Name (Please Print)	Signature	e.			recinct/Barracks Date