



→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**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:**

ON 4-26-19 AT APPROX. 1514HRS. WHILE WORKING N492 I TOOK A REPORT FOR CITY VEHICLE MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 311 WATERTOWN ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING W-BOUND ON WATERTOWN ST. WHEN HE WAS HIT IN THE RIGHT SIDE OF HIS VEHICLE BY VEHICLE #2. VEHICLE #2 STATES SHE WAS ENTERING THE TRAFFIC LANE FROM A PARKED POSITION IN FRONT OF 311 WATERTOWN ST. DRIVER STATES WHEN SHE ENTERED THE LANE SHE THOUGHT VEHICLE #1 HAD ALREADY PASSED AND WAS UNABLE TO AVOID HITTING HIS VEHICLE. VEHICLE #1 HAD SCRAPES ALONG THE RIGHT SIDE OF HIS VEHICLE. VEHICLE #2 HAD LEFT FRONT END DAMAGE. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CAPT. DOWLING ( N600 ) TOOK PICTURES OF THE VEHICLE DAMAGE AND FORWARDED IT TO THE NEWTON I.T. BUREAU. CLEARED WITHOUT FURTHER INCIDENT.

**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