



→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

LANGLEY RD

NOT TO SCALE

P.O.

780 BEACON ST  
SANTANDER Bank

BEACON ST

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:**

Vehicle #1 stated they were traveling east bound on Beacon St. and was attempting to continue through the intersection of Langley Rd. with a green light. Vehicle #1 stated he was struck on the right side by Vehicle #2. Vehicle #2 stated they were pulling out of 780 Beacon St. and was attempting to turn left. When turning they saw Vehicle #1 drive by and was un able to stop in time and struck Vehicle #1 in the side passenger door.

Vehicle #1 had moderate damage to the right side of the vehicle and was able to be driven away. Vehicle #2 had moderate damage to the front of the vehicle and was able to be driven away.

Both operators were asked if they were injured which they stated they were not hurt and refused any medical evaluation.

**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

DERICK ALAN SIEGAL	30878	NEWTON POLICE DEPT.	05/11/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00