

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

<div style="text-align: center; font-weight: bold; margin-bottom: 10px;">Beacon St</div>	<p>If Crash <u>Did Not</u> Occur on a Public Way:</p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p> <hr/> <p>Indicate North by Arrow</p> <div style="text-align: center; margin-top: 20px;"> </div>
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Crash Narrative:

Operator of vehicle 1 stated she was traveling westbound on Beacon St and never saw vehicle 2 until she struck it and was unsure of what happened.

Vehicle 2 was parked legally unoccupied in front of 1411 Beacon St when it was struck from behind by vehicle 1.

Operator and passenger of vehicle 1 were evaluated by medics and signed refusals. Vehicle 1 was towed by Todys. Vehicle 2 was towed by AAA.

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 Issuing Authority Code 35
Carrier Name _____		
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