

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Albemarle Road

Crafts Street

Unit 2

P.O.I.

NOT TO SCALE

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 Wednesday, May 22nd 2019, at approximately 6:53am, I, Officer Brooks, responded to Crafts street at Albemarle road for a report of a 2 car MVA. Upon my arrival I spoke with the operator of MV1(MA REG 9MJ713), who stated he was traveling northbound on Albemarle road. He stated he stopped at the stop sign at the intersection with Crafts street, and traffic traveling Eastbound on Crafts street stopped to let him cross over Crafts street and continue on Albemarle road. As he proceeded through the stop sign, he was struck on the drivers side front end by MV2(MA REG 7HJ262), which had crossed over the center line of Crafts street traveling Eastbound, passing the cars which had stopped to let MV1 out. MV1 had damage to the drivers side front quarter panel and front bumper. The operator was not injured.

I then spoke with the operator of MV2 who stated she was traveling Eastbound on Crafts street, and was

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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

JOSEPH J BROOKS

38339

NEWTON POLICE DEPART

05/22/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

