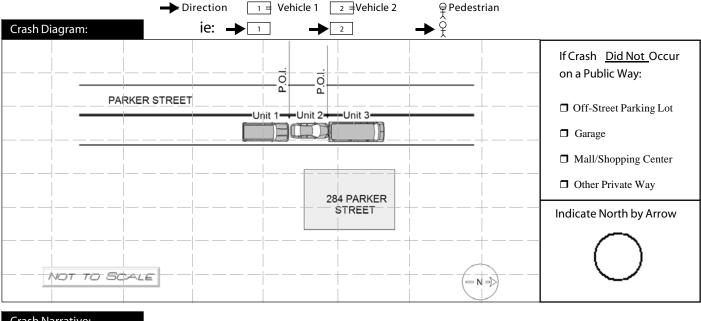
Date of Crash	Time of Crash	Citer	/Town	7. A	040- T7	abiala C	-I	Numb	or N	lumber	Speed	Limit 3	0	ent Number State Police	
06/01/2019	12:12	NEWTON	/ I own	M		ehicle C		Vehicl			Latitud	ie		Local Police MBTA Polic	· x ī
	24HR					e Repor		3		0	υ	ude		Other:	
	AT INTER	SECTION	N:	<	LO	CATION	>			NOT .	AT I	NTER	RSEC	TION:	
ļ						NO	ORTH 28	34	P	ARKER					
Route# Direct	etion	Name	e of Road	dway/Street		Route# Dir	rection A	ddress #			Name	e of Roa	dway/S	Street	
1						Fee	et NS E	w of		—— – Mile Ma		or		Exit Number	
Route# Direc	ction Na	ame of Intersec				— Fee	et NS E	EW of		wine wia	IKCI			Exit Number	
1		Also at In	ntersectio	on with			et NS F		I	Route#	Int	ersecting	g Roady	way/Street	_
Route# Direc	tion	Name of Inter	rsecting	Roadway/Street			et [14] 5] <u>1</u>	or or				Landn	nork		
XVehicle1	#Occupants	Hit/Ru	un	Moped	Case Nun	ıber	1	19000005	63			Lanun	iiai K		
License #		St	MA T	OOB/Age	p	eg# 47XB99			D	ea Type	PAN		Peg S	tate_MA	
Sex_M Lic. 0	18 18			I CDL		eh Year_2011							-	20	
Operator MA		CHRISTIA		Endorsm	ent	wner MALDO		AM)				v	cii coii	iig.	
Address 14 LI		First		Middle		ddress 14 LINC	Last		1	First			Middle		
City NEWTO			State M	IA Zip 02458		ity_NEWTON						State M	IA Zi	ip 02458	
'	npany COMMREC			r		ehicle Action Pri	ior to Crash	2	21					ircle Up to Th	hree)
Vehicle Travel	Direction: X	S E W R	Respondi	ng to Emergency	y? E	vent Sequence	1 22 2	22 22	22	2 0		3	<u> </u>	4	
]	(ssued)						. 2	3		_ (\	$\downarrow\downarrow$		10 Underca	
					IV	lost Harmful Eve	ent 1			△	1	0			
Violation	1: ChSec_	Violati	tion 2: C	ChSec		river Contributin		19 24	- 2	<u>24</u> (1) ◀	-	9	J :	5 11 Totaled	
1	1: ChSec_ 3: ChSec_				D		g Code	19	wed_Y	24	-	7		5 11 Totaled	
Violation Please 1	3: ChSec_fill out for opera	Violati	tion 4: C	Secs involved	D	river Contributing	ag Code 2	5 Tov 26 2 Seat \$afe	wed Y	8 28 29 28 Airbag	30 Eject	7	32 3 iry Tran	6 33 sp.	
Violation	3: ChSec_ fill out for operate Middle)	Violati	tion 4: C	chSec	D U	river Contributing	ag Code 2	5 Tov 26 2 Seat \$afe	wed Y	24 8	30 Eject Code	7	32 32 Tran	6 33 sp.	
Violation Please 1 Name (Last Fir	3: ChSec_ fill out for operate Middle)	Violati	tion 4: C	chSec s involved Addres	D U	river Contributing	ag Code 2	5 Tov 26 2 Seat Safe Pos. Syst	wed Y	8 28 Airbag tus Switch	30 Eject Code	7 31 Trap Inju	32 32 Tran	6 33 sp.	
Violation Please 1 Name (Last Fir	3: ChSec_ fill out for operate Middle)	Violati	tion 4: C	chSec s involved Addres	D U	river Contributing	ag Code 2	5 Tov 26 2 Seat Safe Pos. Syst	wed Y	8 28 Airbag tus Switch	30 Eject Code	7 31 Trap Inju	32 32 Tran	6 33 sp.	
Violation Please 1 Name (Last Fir	3: ChSec_ fill out for operate Middle)	Violati	tion 4: C	chSec s involved Addres	D U	river Contributing	ag Code 2	5 Tov 26 2 Seat Safe Pos. Syst	wed Y	8 28 Airbag tus Switch	30 Eject Code	7 31 Trap Inju	32 32 Tran	6 33 sp.	
Violation Please 1 Name (Last Fir Operator	3: ChSec_ fill out for operatest Middle)	Violati	tion 4: C	chSec s involved Addres	D U	river Contributin, nderride/Override Age/DOI	g Code 2	5 Tov 26 2 Seat Safe Pos. Syst	wed Y 27 Airb em Stat 4	8 28 Airbag tus Switch	30 Eject Code	7 31 Injunction of the state o	32 32 Tran	6 33 sp.	
Violation Please 1 Name (Last Fir	3: ChSec_fill out for operatist Middle)	Violati	tion 4: C	chSec s involved Addres	D U sve	river Contributing	g Code 2 B Sex	5 Tov 26 2 Seat Safe Pos. Syst	wed Y	8 28 Airbag tus Switch	30 Eject Code	7 31 Injurial Injuria	32 Tran Tran tus Code 1 1	6 33 sp.	cility
Violation Please 1 Name (Last Fir Operator Please Select Cof the Followin	3: ChSec_fill out for operatist Middle)	Violati tor and all oc	pants	Secs involved Addres See Abov	U U S S WE	nderride/Overrid	g Code 2 B Sex	5 Tov 26 22 25 25 25 25 25 25 25 25 25 25 25 25	wed Yarby Airby State 4	24 8 29 28 29 Switch 4	30 Eject Code 0	7 31 Injunction of the state of	32 33 Tran tus Code 1 Hit/	33 sp. Medical Fac	cility
Violation Please 1 Name (Last Fir Operator	3: ChSec_fill out for operations Middle) One ng: Vehicle 2	Violati tor and all oc 2 2_#Occup	pants [s involved Addres See Abov	D U s ve tt A Type R	nderride/Override/Age/DOI	g Code 2 B Sex	5 Tov 26 22 25 25 25 25 25 25 25 25 25 25 25 25	16 R	24 8 29 Airbag switch 4 Condition	30 Eject Code 0	7 31 Injunction of the control of th	32 33 Tran tus Code 1 Hit/	7Run Mc	pped
Violation Please f Name (Last Fir Operator Please Select C of the Followin	One ng: Sec_st Middle Sec	Violati tor and all oc 2 2_#Occup St_ Lic. Restrict EMILY	pants [Secs involved Address See Above Non-Motorise DOB/Age CDL Endorsm	Ussert A Type Report Vient	Age/DOI Age/DOI Action Age/BOY 14 Action	g Code 2 B Sex 15 Loc	5 Tov 26 2 2 Seat Safe Pos. \$yst 99	wed Y Airbry Air	224 8 29 28 A 29 A 28 Switch 4 4 Condition	30 Eject Code 0	7 31 Injunction of the control of th	32 Garry Frantus Code 1 Hit/ Reg S eh Cont	7Run Mc	pped
Please Select Cof the Followin License # Sex_F_ Lic. Operator WILL	One ng: Sec_st Middle Sec	Violati tor and all oc 2 2_#Occup St_ Lic. Restrict EMILY First	pants [Secs involved Addres See Abov Non-Motoris DOB/Age 1 CDL	D U s ve tt A Type R ve ve ve	Age/DOI Age/DOI Age/DOI Action 14 Action 29 # 5639VY 2018	g Code 2 B Sex 15 Loo Vo	5 Tov 26 2 2 Seat Safe Pos. \$yst 99	wed Y Airbry Air	224 8 29 29 28 Airbag tus Switch 4 Condition	30 Eject Code 0	7 31 Injunction of the state o	32 Sarry Transitus Code 1 Hit/	7Run Mc	pped
Please Select Cof the Followin License # Sex_F_ Lic. Operator WILL	One ng: Vehicle 2 Class D 18 18 CLIAMSON Last LLIOP ST (apt. 2)	Violati tor and all oc 2 2_#Occup St B Lic. Restrict EMILY First 2)	pants [MA tions	Secs involved Address See Above Non-Motorise DOB/Age CDL Endorsm	st A Type R Veent O	Age/DOI Age/DOI Age/DOI Age/DOI Action Age/BOI Acti	g Code 2 B Sex 15 Loo Vo	5 Tov 26 2 2 Seat Safe Pos. \$yst 99	wed Y Airbry Air	224 8 29 28 A 29 A 28 Switch 4 4 Condition	30 Eject Code 0	7 31 Injunction of the content of t	32 Sarry Frantus Code 1 Hit/ Reg S eh Cont	7Run Mc	pped
Please Select Cof the Followin License # Sex_F Lic. COPERATOR WILL Address 45 HI City NEWTO	One ng: Vehicle 2 Class D 18 18 CLIAMSON Last LLIOP ST (apt. 2)	Violati tor and all oc 2 2 #Occup St Lic. Restrict EMILY First 2)	pants [MA tions	Sec_s involved Addres See Abov Non-Motoris DOB/Age Endorsm Middle	st A Type R Lent O A C	14 Action Peg # 5639VY eh Year 2018 KATZ ddress 22 ROSA	g Code 2 B Sex 15 Loo Vo	5 Tov 26 2 Seat Safe Pos. Syst 99 cation BER	wed Y Airbry Air	224 8 28 29 28 Airbag tus Switch 4 Condition C	30 Eject Code 0	7 31 Injunction of the state of	32 Garry Tran tus Code 1 Hit/ Reg S eh Cont	33 sp. Medical Face Medical Face MA fig. 1	pped
Please Select Cof the Followin License # Sex_F Lic. COPERATOR WILL Address 45 HI City NEWTO	One ng: Vehicle 2 Class D 18 18 CLIAMSON Last LLIAMSON LLIAMSON LAST LLIAMSON	Violati tor and all oc 2 2_#Occup St_ BLic. Restrict EMILY First 2) ERVICES	poants [MA tions State M	Sec_s involved Addres See Abov Non-Motoris DOB/Age Endorsm Middle	D U s ve Tat A Type R Type A Type O A Type V Type V Type O Type	14 Action eg # 5639VY eh Year 2018 where KATZ dddress 22 ROSA	g Code 2 B Sex 15 Loc Vo Last ALIE RD	Tov 26 2 Seat Safe Pos. Syst 99 cation BER	wed Y Airb State 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	224 8 29 Aga Airbag Switch 4 4 Condition Condi	30 Eject Code 0	7 31 Injunction of the state of	32 32 33 33 34 34 34 34	Run Medical Face Run Medical Face Matter MA 100 100 100 100 100 100 100 1	pped
Please Select Coof the Followin License # Sex_F Lic. Operator WIL Address 45 HI City NEWTO! Insurance Com	One ng: Vehicle 2 Class D 18 18 CLIAMSON Last LLIAMSON LLIAM	Violati tor and all oc 2 2_#Occup St_ B Lic. Restrict EMILY First 2) ERVICES	poants [MA tions State M	Secs involved Address See Above Non-Motoris DOB/Age CDL Endorsm Middle Middle	D V E R V A O A V V Y E	14 Action Age/DOI A	g Code 2 B Sex 15 Loo Vo Last ALIE RD	19	wed Y Airb State 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	224 8 29 Aga Airbag Switch 4 4 Condition Condi	30 Eject Code 0	7 31 Injunction of the control of t	32 33 13 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	Run Medical Face Run Medical Face Run Ma fig. 1 ip 02459 ircle Up to Th	pped hree)
Please Select Cof the Followin License # Sex_F Lic. Operator MILITERIAL Address 45 HI City NEWTO Insurance Com Vehicle Travel Citation # (If Is	One ng: Vehicle 2 Class D 18 18 CLIAMSON Last LLIAMSON LLIAM	Violati tor and all oc 2 2 #Occup St EMILY First 2) ERVICES S E W	pants [MA tions Respond	Sec_s involved Address See Above See Above Address See Above Address See Above Address See Above Address Addre	st A Type The state of the st	14 Action 14 Action 15 2018 When Year 2018 When KATZ Address 22 ROSA Action Privent Sequence [B Sex B Sex Lost Last ALIE RD Lost 15 Lost 1 22 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 2 1 2 2 2 1	19	wed Y Airby	224 8 29 28 A 29 28 Airbag turs Switch 4 4 Condition Con	30 Eject Code 0	7 31 Injunction of the content of t	32 Garry Franctus Code 1 Hit/ Reg S eh Cons Middle (A Zi ode: (Ci	Run Medical Face Run Medical Face Medical Face Medical Face Matter MA 10 Underca 11 Totaled	pped hree)
Please Select Cof the Followin License # Sex_F Lic. 0 Operator WIL Address 45 HI City NEWTO: Insurance Com Vehicle Travel Citation # (If Is	One ng: Vehicle 2 Class D 18 18 CLIAMSON Last LLIAMSON Last LLITOP ST (apt. 2 N Direction: X 5 Sec_ fill out for operates 18 18 Class D 18 18 Class D	Violati tor and all oc 2 2_#Occup St_ BLic. Restrict EMILY First 2) ERVICES S E W 1	poants [MA tions Respondation 2: 0	Sec_s involved Address See Above Non-Motoris DOB/Age Endorsm Middle IAZip02458 ding to Emergence	D U St A Type R O A O V E W D	Age/DOI Age	Is Sex Is Low Volume Last ALIE RD Lord 15 Low Volume Last 1 22 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5 Too 26 2 Seat Safe Pos. Syst 99 cation BER: 22 22 22 3 1 24	wed Y Airby	224 8 29 ag Airbag turs Switch 4 Condition Con	30 Eject Code 0	7 31 Injunction of the content of t	32 Garry Franctus Code 1 Hit/ Reg S eh Cons Middle (A Zi ode: (Ci	Run Medical Face Run Medical Face Run Mcdical	pped hree)
Please Select Cof the Followin License # Sex_F Lic. Operator Maddress 45 HI City NEWTO Insurance Com Vehicle Travel Citation # (If Is Violation Violation	One ng: Vehicle 2 Class D 18 18 Class D 18 18 CLIAMSON Last LLIAMSON Last LLITOP ST (apt. 2 N Direction: X 5 Security Street	Violati tor and all oc 2 2 #Occup St EMILY First 2) ERVICES S E W C Violation C Violation Violation	pants [MA tions Respond ation 2: 0	Sec_s involved Address See Above Non-Motoris DOB/Age Endorsm Middle IA Zip 02458 ding to Emergence ChSec upants involved	st A Type The standard T	14 Action 14 Action 15 22 ROSA 16 Age/DOI 10 11 Action 18 Action 19 # 5639VY 10 Private Action Private Action Private Action Private Sequence 10 fost Harmful Everiver Contributing Inderride/Override	B Sex	19	wed Y Airburg	24 8 29 Airbag turs Switch 4 Condition Conditi	maged Eject	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	32 Garry Frantus Code 1 Hit/ Reg S eh Cont Middle (A Zi ode: (Ci	Run Medical Face Run Medical Face Medical Face Run Ma tate MA fig. 20 1 10 Underca 11 Totaled 6	pped
Please Select Cof the Followin License # Sex_F Lic. Operator MILITERIAL MEMORIAL SET	One ng: Vehicle 2 Class D 18 18 Class D 18 18 CLIAMSON Last LLIAMSON Last LLITOP ST (apt. 2 N Direction: X 5 Security Street	Violati tor and all oc 2 2 #Occup St EMILY First 2) ERVICES S E W C Violation C Violation Violation	pants [MA tions Respond ation 2: 0	Sec_s involved Address See Above Non-Motoris DOB/Age Endorsm Middle IA Zip 02458 ting to Emergence ChSec ChSec Sec Sinvolved Address Addres	st A Type The standard T	14 Action Age/DOI A	B Sex	19	wed Y Airb State 16 FRITTING THE STATE 21 22 22 22 22 22 22 22	24 8 29 29 24 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	maged	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	32 Garry Frantus Code 1 Hit/ Reg S eh Coni Middle A Zi ode: (Ci	Run Medical Face Run Medical Face Medical Face Medical Face Matter MA 10 Underca 11 Totaled 6 133 59.	pped

	ce Use Only		Cor			• •						ment Number	
Date of Crash 06/01/2019	Time of Crash	City/ NEWTON	/Town	Mo		hicle Cra	sh	Number Vehicles	Number Injured	Speed Li Latitude		State Police Local Police MBTA Polic	
	24HR	1				Report		3	0	Longitud		Other:	е ц
	AT INTER	RSECTION	Į :	<	LOCA	TION	>		NOT	AT IN	ΓERSE	CTION:	
Route# Direc	tion	Name	e of Roadway/	Street		Route# Direction	on Ad	dress #		Name o	f Roadway	/Street	
			At			Feet []	N S E	w of		•	- or		
Route# Direc	tion N	Name of Interse	cting Roadwa	.y/Street					Mile M			Exit Number	
		Also at Ir	ntersection wit	ih		Feet	N S E	W of	Route#	Inters	secting Roa	ndway/Street	
						Feet []	N S E	W of	Ttoute	11101	eeung rest	iaway, saeet	
Route# Direc	tion	Name of Inte	rsecting Road	lway/Street]	Landmark		
XVehicle 3	#Occupants	Hit/Ru	ın 🔲 🗅 1	Moped	Case Number	r	19	00000563					
License #		St		/Age	Reg#	P92511			_ Reg Typ	e_CON	Reg	State_MA	
Sex_M Lic.	Class D 18 1	Lic. Restrict		19 CDL		Year_2017	Vel	Make_NI	SSAN		Veh Co	onfig. 20	
Operator AN	DERSON	MICHAEL		Endorsme	:nt Owne	er GREENHOW	INC		First		Middl		
Address 58 FR	ANKLIN AVE	riist		Middle	Addr	ess 51 ALEXANI		E.	riist		Middi	e 	
City REVERE			State_MA	Zip <u>02151</u>	City	BELMONT				Sta	nte_MA	Zip <u>02478</u>	
Insurance Com	pany_TRAVELE	RS IND CO			Vehic	cle Action Prior to	Crash	2	1 Da	amaged Ar	ea Code: (Circle Up to Th	ıree)
Vehicle Travel	Direction:	S E W R	Responding to	Emergency	? Even	t Sequence 1	22 22	22	22 2		3	4	
Citation # (If I	ssued)				Most	Harmful Event	1 23			_ \	9	10 Underca 11 Totaled	
Violation	1: ChSec	z Violat	ion 2: Ch	Sec	Drive	ں er Contributing C	ode 1	24	24	- //	ÍV.	911 Totaled	
Violation	3: ChSec	c Violat	ion 4: Ch	Sec	Unde	erride/Override	25	Towe	8 `		7	6	
	fill out for opera	ator and all oc	cupants inv					26 27 Seat Safety	28 29 Airbag Airba	g Eject Traj	31 32 Injury Tr	33 ansp.	
Name (Last Fir Operator	st Middle)			See Above		Age/DOB	Sex I	os. \$ystem 99	Status Switch	0 0	10 1	ode Medical Fac	ılıty
			I 🗀	lon-Motorist	τ A Type		Loca		Condit	tion 1	⁷] Г П	it/Run Mo	ped
Please Select C	I Vahicla	e# Occup	pants N		crt Type	Action							
of the Followi	ng: Vehicle			2/4 00	•				Pag Tur		Pag	Ctoto	
of the Followin	Vehicle	St_	DOE	3/Age	Reg #	#					_	20	_
License # Lic. 0	venicle Venicle 18 1	St. 18 Lic. Restrict	DOE	CDL Endorsme	Reg #	#Year	Vel	Make			_	20	
of the Followi License # Sex Lic. (Operator	Class 18 1	StStStStSt	DOE 1	CDL Endorsme	Reg # Veh Y Owne	#Year	Veh	Make	First		_	onfig. 20	<u> </u> -
of the Followin License # Sex Lic. (Operator Address	rg: Venicle Venicle 18 1. Class Last	StStStSt	DOE	CDL Endorsme	Reg # Veh V ent Owne	#	Veh	ı Make	First		Veh Co	onfig. 20] -
of the Followin License # Sex Lic. (Operator Address City	ng: Venicle Venicle 18 1. Last	St. St. Lic. Restrict	DOE ditions State_	CDLEndorsme	Reg # Veh Y ent Owne Addr	#Yearer	Veh	ı Make	First	Sta	Veh Co	onfig. 20] — —
of the Followin License # Sex Lic. (Operator Address City Insurance Com	repany	StStStStSt	DOE 1	CDLEndorsme	Reg # Veh Y Owne Addr City Vehic	YearLasess	Veh	Make	First	Sta	Veh Co	onfig. 20] — —
of the Followin License # Sex Lic. (Operator Address City Insurance Com Vehicle Travel	Class 18 1. Last pany Direction: N	St. Lic. Restrict	DOE ditions State_	CDLEndorsme	Reg # Veh Y Owne Addr City Vehic	YearLastersLastersLasters	Veh	Make	First Da	Sta	Veh Co	ZipCircle Up to The	mrriage
of the Followin License # Sex Lic. (Operator Address City Insurance Com Vehicle Travel Citation # (If I	Class 18 1. Last pany Direction: N	St. Lic. Restrict	DOE tions	CDL_Endorsme Middle Zip o Emergency	Reg # Veh Y ent Owne Addr City Vehic Y? Even Most	Year	Veh St 22 22 23 23	Make	First Da	Sta	Veh Co	ZipCircle Up to The	mrriage
of the Followin License # Sex Lic. (Operator Address City Insurance Com Vehicle Travel Citation # (If I	Last Last Direction: N ssued) n 1: Ch Se	St. Lic. Restrict First S E W ec Viola	DOE 1 State Responding to 2: Ch	CDL_Endorsme Middle Zip o Emergency	Reg # Veh V Owne Addr City Vehic Y? Event Most Drive	Year	Veh St 22 22 23 23	2 22 22 24 24 24 24 24 24 22 24 24 24 24	First Da 22 2 2 1	Sta	Veh Co	ZipCircle Up to The	 hree)
of the Followin License # Sex Lic. (Operator Address City Insurance Com Vehicle Travel Citation # (If I Violatio Violatio	Vehicle Vehicle	StSt	DOE tions	CDL_Endorsme Middle Zip o EmergencySec Sec	Reg # Veh Y Owne Addr City Vehic Y? Even Most Drive Unde	Year	O Crash 23 23 24 25	2 22 22 Towed	First Do	Stanaged Ar	Veh Co	Zip	mrriage
of the Followin License # Sex Lic. (Operator Address City Insurance Com Vehicle Travel Citation # (If I Violatio Violatio Pl Name (Last Fi	Direction: N ssued) n 1: Ch See ase fill out for	StSt	DOE tions	CDL_Endorsme Middle Zip o EmergencySec Sec	Reg # Veh Y ent Owne Addr City Vehic Y? Even Most Drive Unde	Year	Veh St 1	24	First Da 22 2 2 1 2 4 8 29 Airbag Airbag Airbag	Stanaged Ar	Veh Co	ZipCircle Up to The	mrriage



Crash Narrative:

The operator of vehicle 1 stated he was traveling North on Parker Street when he began to brake and slow down due to traffic stopped ahead of him. His brakes started pulsing and he lost control of the vehicle and could not stop. This caused him to crash into vehicle 2 which was stopped in traffic and then caused vehicle 2 to crash into the rear of vehicle 3. This caused moderate damage to vehicle 1 which had to be towed. It caused major damage to vehicle 2 however due to the location of the damage it was able to be driven away, and minor damage to the rear of vehicle 3 which was also able to be driven away.

The operator of vehicle 2 stated she was sitting in traffic on Parker Street when vehicle 1 rear ended her, causing her to then rear end vehicle 3.

The operator of vehicle 3 stated he was sitting in traffic on Parker Street when vehicle 2 rear ended him.

(Continued or	n next page)							
Witnesses:								
Name (Last, First, Middle)	P	Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descript	tion of Damag	ed Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)				
Carrier Name	-					_ Carrier Issui	ng Authority Coc	35 le
Address			City			C+	Zip	
							_	
US DOT #:	State Number						_	36
US DOT #:							_	
US DOT #: Cargo Body Type Code37 Gros	State Number	8	Issuing State	ICC #:_		39	_	
US DOT #: Cargo Body Type Code37 Gros Trailer Reg #:	State Number	8	Issuing State	ICC #:_		39	_	
US DOT #: Cargo Body Type Code 37 Gros Trailer Reg #: Hazmat Information:	State Number	8 Reg State	Issuing State Reg Year	ICC #:_ Tr	ailer Leng	yth 39	Interstate	36
US DOT #: Cargo Body Type Code37 Gros Trailer Reg #:	State Number	8 Reg State	Issuing State	ICC #:_ Tr	ailer Leng	yth 39	Interstate	

	Direction 1	Vehicle 1	2 =Vehicle 2	₽ Pedestr	ian		
Crash Diagram:	ie: → 1	→ □	2	→ ♀			
						If Crash <u>Did No</u> on a Public Ways	
						☐ Off-Street Park	ing Lot
						☐ Garage	
						☐ Mall/Shopping	Center
						☐ Other Private V	Vay
	— — — — — — — — — — — — — — — — — — —					Indicate North by	/ Arrow
				+			.
	 	 					'
Crash Narrative:							
The operator of vehicl	e 3 stated he had	minor neck pa	ain and was e	valuated by	y Cataldo	medics and sign	ned a
patient refusal.							
							
							
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 V	Vehicle Section)			25
Carrier Name					C	arrier Issuing Authority C	Code 35
Address			City			StZip	
US DOT #:			Issuing State	ICC #:		Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length	39	
Hazmat Information:					l		12
Placard Material 1	digit # 41 Material N	Vame		Material 4 c	ligit #	Release code	42
THOMAS BANNON			NE	WTON POLICE DEPARTM		06/0	1/2019