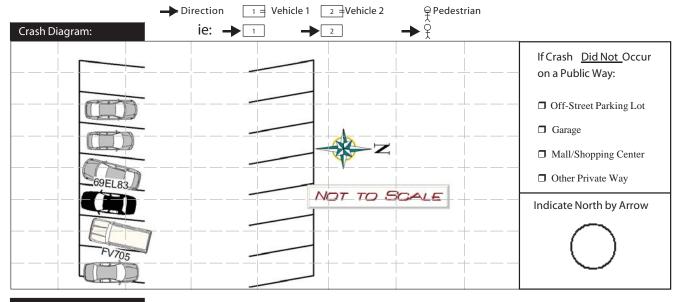
Address 32 ANGELA AVE  City CRANSTON  Insurance Company ALLERGAN USA  Vehicle Travel Direction: N S E Responding to Emergency?  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address 5 GRALDA FARMS  City MADISON  State NJ Zip 07940  Vehicle Action Prior to Crash 11  Damaged Area Code: (Circle Up  Event Sequence 97 22 22 22 22 22  Most Harmful Event 97 23  Towed N  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Address Age/DOB Sex System Status Switch Code Code Status Code Medic	
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City CRANSTON  State RI  Zip 02921  City MADISON  State NJ  Zip 07940  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Travel Direction:  NSEN  Responding to Emergency?  Event Sequence  97 22 22 22 22 22  Which action Prior to Crash  Citation # (If Issued)  Violation 1: Ch  Sec  Violation 2: Ch  Sec  Violation 4: Ch  Sec  Underride/Override  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Age/DOB  State NJ  Zip 07940  Damaged Area Code: (Circle Up  Wost Harmful Event  97 23  10 Un  5 11 To  Underride/Override  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Age/DOB  Sex  Age/DOB  Sex  Age/DOB  Sex  Name (Last First Middle)  Address  Age/DOB  Sex  Age/DOB  Age/DOB  Sex  Age/DOB  Sex  Age/DOB  Sex  Age/DOB  Age/D	
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Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Address  Age/DOB  Age/DOB  Age/DOB  Sex  Age/DOB  Age/DO	
Operator   See Above    99  4  4  0  0  10  1	cal Facility
Please Select One of the Following: Non-Motorist A Type I4 Action I5 Location I6 Condition I7 Hit/Run	Moped
License # St MA DOB/Age Reg # 69EL83 Reg Type PAN Reg State MA	20
Sex_M_ Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL Veh Year_2007 Veh Make_HONDA Veh Config. 1	
Operator HENDY LAURENCE Owner (Same as operator)  Last First Middle Last First Middle	
Address 67 FLINT LOCKE LN Address	
City MEDFIELD State MA Zip 02052 City State Zip	
Insurance Company LIBERTY MUTUAL Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up	to Three)
Vehicle Travel Direction: NSEX Responding to Emergency? Event Sequence 97 22 22 22 22 3 4	
Citation # (If Issued) Most Harmful Event 97 23 11 To	ndercarriage otaled
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 97 24 24	
Violation 3: ChSec Violation 4: ChSec Underride/Override	
Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Sex  Age/DOB  Age/DOB  Sex  Age/DOB  Sex  Age/DOB  Sex  Age/DOB  Sex  Age/DOB  Age/D	lical Facility
Name (Last First Middle)         Address         Age/DOB         Sex         Pos.         System         Status         Code         Status         Code         Media           Operator/Non-Motorist         See Above	near racinity



## Crash Narrative:

On 7/9/2019 at approx 1406Hrs while assigned to 497 I responded to level 4A of the Newton Wellesley parking garage at 2014 Washington St for a report of a minor collision. Upon arrival I spoke with the operator of RI Reg FV705, Malorie CURLEY who stated she had parked her new work vehicle in the parking stall was exiting her vehicle to see if she was within the lines when the operator of Ma Reg 69EL83 Laurence HENDY pulled into the spot next to her, opened his door striking her truck, CURLEY stated as she was rounding the car HENDY proceeded to grab his door and slam it into her car several more times. CURLEY stated she confronted HENDY who refused to exchange information with her for the damage to her car and fled. CURLEY took pictures which she will provide in her own crash report. The front bumper of CURLEYS car had several spots where the white paint was peeled back, HENDYS vehicle had the matching white paint on the edge of his drivers side door.

(Continued on next page)

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W itnesses: Name (Last, First, Middle)		Address		Phone	#	Statement		
						*		
Property Damage:					<u> </u>			
Owner (Last, First, Middle) Address			Phone #	34-Type	Description of Dama	escription of Damaged Property		
Truck and Bus Information:			(From Vehic	,	Carrier Iss	uing Authority Co	35 de	
Address			City		St	Zip		
US DOT#:			Issuing State	ICC #:_		Interstate	36	
Cargo Body Type Code Gros	s Vehicle Weight	38			39			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	railer Length			
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Nat	me		Material 4	digit #	_ Release code	42	

-	Direction 1	delicle 1 ≥ 2	=Vehicle 2	₽Pedestria	in	
Crash Diagram:	ie: → 1			→Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	_Occur
					Off-Street Parkin	ng Lot
į į			į	į	☐ Mall/Shopping (	Center
				. — — — + .	Other Private W	
	_	 	+	. — — — + .	Indicate North by	
					indicate North by	Allow
Crash Narrative:						
Although the damage was m	inor CURLEY red	quested a rep	ort for doc	umentation as	s it was her work vehicle	e. i
attempted to contact HEND	Y but no phone	number is lis	ted.			
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		•				
Owner (Last, First, Middle)	Address		Phone #	34-Type D	Description of Damaged Property	
Truck and Bus Information:						
Carrier Name	Registration #		(From \	Vehicle Section)	Carrier Issuing Authority Co	35
Address			City			
						36
US DOT #:		38	Issuing State	ICC #:	Interstate	
Cargo Body Type Code Gr	oss Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	ler Length	
Hazmat Information:  40	41				Г	42
Placard Material 1 digit	# Material N	ame		Material 4 dig	git # Release code	42
JO A GOURDEAU	6.			EWTON POLICE DEPARTM	07/10/	
Police Officer Name (Please Print)	Signature	<b>;</b>	ID/Badge #	Department	Precinct/Barracks Da	te

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