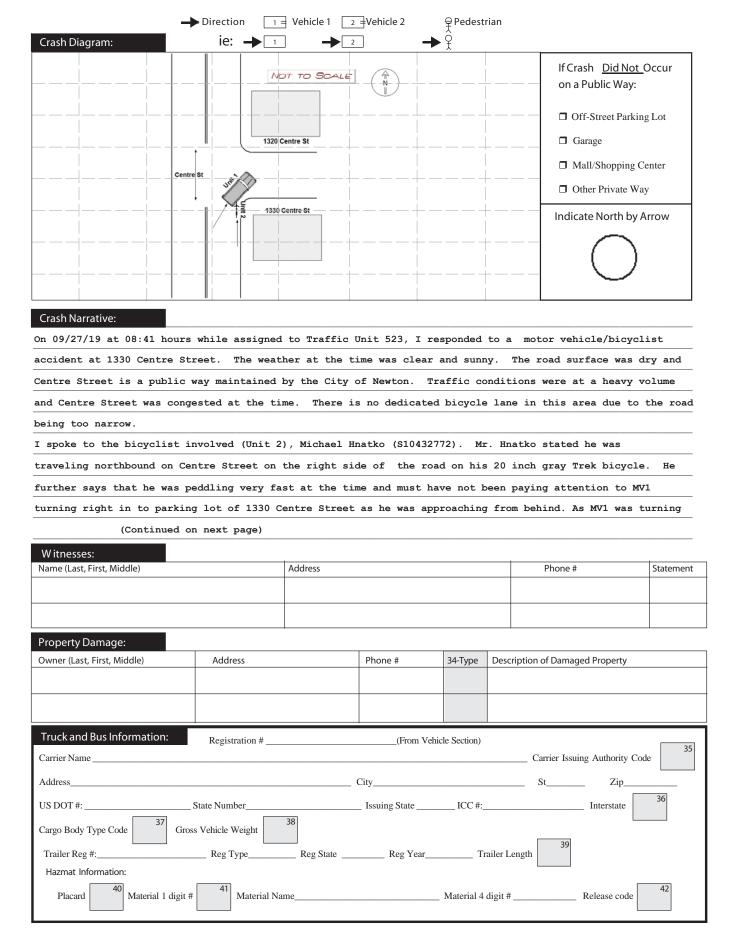
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Insurance Company PLYMOUTH ROCK ASSURANCE Vehicle Action Prior to Crash Vehicle Travel Direction:				tate MA Zip 02459									Zip)	_
Vehicle Travel Direction:	Insurance Com			-	-	Valida Astina Drian to Caraba 21 Damaged Area Code: (Circle Up to Three)									ee)
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Please fill out for operator and all occupants involved Name (Last First Middle) Age/DOB Sex Pox System Banus Switch Code Code Status Code Status Stroke Range Eject Transplative Direction: N S E W Please Select One of the Following: Operator See Above Please Select One of the Following: Operator Name (Last First Middle) Address Age/DOB Sex Pox System Banus Switch Code Code Status Code Status Code Noticel Facility Medical Facility Medical Facility Morped Please Select One of the Following: Operator License # St DOB/Age Reg # Reg Type Reg State Sex M Lic. Class It B It Lic. Restrictions Operator HNATKO MICHAEL Owner Address Owner Last First Middle Address City NEEDHAM State MA Zip 02494 City State Travel Direction: N S E W Responding to Emergency? Event Sequence Vehicle Action Prior to Crash Vehicle Action Prior to Crash Vehicle Action Prior to Crash Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence Vehicle Action Prior to Crash Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence Vehicle Action Prior to Crash Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence Vehicle Action Prior to Crash Vehicle Action Prior to Crash Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex	Violation	3: ChSe	ec Violatio	n 4: ChSec				25 T	owed N	8		7	6		
Operator See Above Please Select One of the Following: Vehicle#Occupants	Please		rator and all occ				\top	26 Seat Sa	27 28	3 29 g Airbag	30 Eject T	31 32	2 33	o.	\dashv
Please Select One of the Following:								Pos. Sy	ystem Statu	is Switch			is Code	Medical Facili	ty
Of the Following: Vehicle#Occupants X Non-Motorist A Type 2 Action 2 Location 4 Condition 1 Hit/Run Moped License # St DOB/Age Reg # Reg Type Reg State Veh Config. Sex M Lic. Class 18 18 Lic. Restrictions CDL Veh Year Veh Make Veh Config. Operator HNATKO	1						+					0 10	1		\dashv
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License # St DOB/Age Reg # Reg Type Reg State Sex M Lic. Class I8 I8 Lic. Restrictions Plant Pl		Vehicle	le# Occupa	nts Non-Motori	st A Type 2	Action 2	15 La	ocation	16 4	Conditio	on 1	17	Hit/R	un Mop	ed
Sex_M_Lic. Class		119.	g.	DOD/A ===		,,							D ()		-
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Insurance Company				. MA 7: 02404									7.		-
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Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility Medical Facility						lerride/Override				3 29	30	31 32	2 33		\dashv
Operator/Non-Motorist See Above	Name (Last Fi	irst Middle)	or operator and a	Addre	ess	Age/DOB	Sex		afety Airba System Stat	g Airbag us Switch	Eject T Code	rap Injur Code Stat	y [Fransp	o.	lity
	Operator/	Non-Motorist		See Abo	ve							8	1	REFUSAL WITH C.	ATALD
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							+							+	



-	Direction	1 = Vehicle 1	2 ≠Vehicle 2	₽Pedestrian		
Crash Diagram:	ie: →□	1 -	2	Ŷ		
					If Crash <u>Did Not</u> O on a Public Way:	ccur
		<u> </u>	<u> </u>		☐ Off-Street Parking	Lot
					Garage	
			į		☐ Mall/Shopping Cer	nter
				+-	Other Private Way	
	_ 	 				
					Indicate North by Ar	row
Crash Narrative:						
right, he then struck the	passenger side	e rear quarte:	panel of the	vehicle and	fell forward off of his	
bicycle. He sustained mi	nor injuries s	such as scrape	es to his knuck	les on both	hands and a small cut t	o the
bridge of his nose. He si	gned a patient	t refusal with	n Cataldo Ambul	ance. It a	ppeared that the front	
alignment was now off on h	is Trek bicycl	Le.				
I then spoke to the operat	or of MV1, Lor	nnie McGinnis	(S66044083).	He states t	hat he was inching along	
in heavy traffic waiting t	o turn right i	in to the lot	of 1330 Centre	Street wit	h his right turn directi	onal
signal on. As he was turn	ing right, the	e bicyclist st	truck his vehic	le on his p	assenger side rear quart	er
panel area. McGinnis thou	ght it was cle	ear to turn ri	ight at the tim	e and never	saw the bicyclist appro	aching
from behind. No injuries	reported by M	McGinnis and 1	observed mino	r dents and	scratches to the passen	ger
(Continued o	n next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	cription of Damaged Property	
Truck and Bus Information:				1.6.1.)		
Carrier Name	_			<i>'</i>	Carrier Issuing Authority Code	35
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code Gros	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer l	Length 39	
Hazmat Information:						
Placard 40 Material 1 digit #	Material I	Name		Material 4 digit	# Release code	42
IEDEMV I MALCON		2522'	7		00 la= la0-	10
Police Officer Name (Please Print)	Signatur			artment	Precinct/Barracks Date	

-	Direction	Vehicle 1 2	≠Vehicle 2	₽Pedestri	an		
Crash Diagram:	ie: 🕕 🛚	2	→	Ŷ			
						<u>Did Not</u> Occur blic Way:	
						Street Parking Lot	
						ge	
					☐ Mall	/Shopping Center	
					☐ Other	r Private Way	
				+	Indicate	North by Arrow	
	- — — — — - — — — — -			+			
	_				(
Crash Narrative:							
rear quarter panel area.							
Digital photos taken by Of	c. Gaudet.						
							—
W itnesses: Name (Last, First, Middle)		Address			Phone #	Staten	
Traine (East) Thisty initiatie)		, radicas			1.10112.11		
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged	Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)			
Carrier Name	_				Carrier Issuing	Authority Code	35
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:	I	nterstate 36	
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length 39		
Hazmat Information:	<u> </u>					42	
Placard 40 Material 1 digit #	# 41 Material Na	ame		Material 4 d	ligit # Re	lease code 42	
JEREMY L WILSON		25227	NEWTO!	N POLICE DEPARTN		09/27/2019	
Police Officer Name (Please Print)	Signature		ID/Badge # Depa	artment	Precinct/Barracks	Date	