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Also at Intersection with    Feet   N   E   W   of Feet   N   E	
Route# Direction Name of Intersecting Roadway/Street    St   M   Dob   Case Number   1900001113	et
License #	
License # — St NY DOB/Age — Reg # 1KAW64 Reg Type PAN Reg State Mr Veh Year 2019 Veh Make BMW Veh Config. 2  Operator YOU CHEEN JACKLYN Address 75 W END AVE  City NEW YORK State NY Zip 10823 Insurance Company GOVT WEMPLOYEES  Vehicle Travel Direction: N S X W Responding to Emergency? N Vehicle Travel Direction: N S X W Responding to Emergency? N Vehicle Action Prior to Crash 6 21  Vehicle Travel Direction: N S X W Responding to Emergency? N Vehicle Action Prior to Crash 6 21  Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Address Age-DOB Sex Pos. Sectal Surface Arting Berg Traps Jujus Transport Please fill out for operator and all occupants involved Address Age-DOB Sex Pos. Sectal Surface Arting Berg Traps Jujus Transport Please Select One Whether Address Age-DOB Sex Pos. Sectal Surface Arting Berg Traps Jujus Transport Please Select One Whether Address Age-DOB Sex Pos. Sectal Surface Arting Berg Traps Jujus Transport Please Select One Whether Address Age-DOB Sex Pos. Sectal Surface Arting Berg Traps Jujus Transport Please Select One Whether Address Age-DOB Sex Pos. Sectal Surface Arting Berg Traps Jujus Transport Please Select One Whether Address Age-DOB Sex Pos. Sectal Surface Arting Berg Traps Jujus Transport Please Select One Whether Address Age-DOB Sex Pos. Sectal Surface Arting Berg Traps Jujus Transport Please Select One Whether Address Age-DOB Sex Pos. Sectal Surface Arting Berg Traps Jujus Transport Please Select One Whether Address Age-DOB Sex Pos. Sectal Surface Arting Berg Traps Jujus Transport Please Select One Whether Address Age-DOB Sex Pos. Sectal Surface Arting Berg Traps Jujus Transport Please Select One Whether Address Age-DOB Sex Pos. Sectal Surface Arting Berg Traps Jujus Transport Please Select One Whether Address Age-DOB Sex Pos. Sectal Surface Arting Berg Traps Jujus Transport Please Select One Whether Address Age-DOB Sex Pos. Sectal Surface Address Age-DOB Sex Pos. Sectal Surface Address Age-DOB Sex Pos. Sectal Surface	
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Address 75 W END AVE  City NEW YORK State NY Zip 10823 City HILLARD State OH Zip 4302  Insurance Company GOVT WEMPLOYEES Vehicle Action Prior to Crash 6 21  Vehicle Travel Direction: NS XW Responding to Emergency? Note that Harmful Event 1 23  Violation # (If Issued) Most Harmful Event 1 23  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 4 24 24 24  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed Note Seat Safety Airbag Airbag Eject Trap Hujury Transp. Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Status Code Med Operator See Above Note See See See Seed Safety Airbag Airbag Eject Trap Hujury Transp. Name (Last First Middle) Name (Last First Middle) Name (Last First Middle) Note See Above Note See See See See See See See See See S	
City NEW YORK  State NY Zip 10823  City HILLARD  State OH Zip 43022  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Travel Direction:  NS NW Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 4 24 24 24  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Age/DOB Sex Post Sequence 2 25 Towed N  Please Fill out for operator and all occupants involved  Name (Last First Middle)  Operator  Sec Above  Please Select One W Webicle 2.1 # Consumption The Meterist A. Two	
Insurance Company GOVT WEMPLOYEES  Vehicle Action Prior to Crash  Sec	
Vehicle Travel Direction: NS W Responding to Emergency? N Event Sequence 1 22 22 22 22 22 22 22 23 4  Citation # (If Issued)	
Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 4 24 24 24	/
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 4 24 24 24 24 24 24 24 24 24 24 24 24 2	ndercarriage
Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Sex Pos. System Status Switch Code Status Code  Operator  See Above  Please Select One  Working 2 1 # Occupants  Non Metarist A Type 14 Action 15 Legation 16 Condition 17 Delit/Pur 15 Page 17 Page 17 Page 17 Page 17 Page 17 Page 18 Page 1	otaled
Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Sex  Age/DOB  Sex  Age/DOB  Sex  Age/DOB  Sex  Pos. System Status Switch Code  Code Status Code  Med  Operator  Please Select One  Please Sel	
Operator See Above	
Please Select One Y Vohicle 2 1 # Occupants  Non Motorist A. Type 14 Action 15 Leasting 16 Condition 17 Dkit/Pur	cal Facility
Y Vahicle 2 1 # Occupants Non Motorist A Type Action Legition Condition Hit/Pun	
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Yohiclo 2 1 # Occupants   Non Motorist A Type   Action   Location   Condition   Hit/Pun	
of the Following:	Moped
License # St MA DOB/Age Reg # 2VBE10 Reg Type PAN Reg State Ma	20
Sex_F Lic. Class D Lic. Restrictions 9 CDL Veh Year 2009 Veh Make CHEV Veh Config.	
Operator AGANNATH KHALSM Owner (Same as operator)  Last First Middle Last First Middle	
Address 41 TICONDEROGA LN Address	
City         MILLIS         State         MA         Zip         02054         City         State         Zip	
Insurance Company COMMERCE  Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up	to Three)
Vehicle Travel Direction: NSXW Responding to Emergency?N Event Sequence 1	
Citation # (If Issued) Most Harmful Event 1 5 11 To	ndercarriage otaled
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 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 Bafety Airbag Airbag Eject Trap Injury Fransp.  Address  Age/DOB  Sex Pos. System Status Switch Code Code Status Code Med	lical Facility
Operator/Non-Motorist         See Above	

	Direction 1	Vehicle 1 2	Vehicle 2	₽Pedestr	ian			
Crash Diagram:	ie: 🕕 🛚	2	. →	Ŷ				
Austin St		0 Austin St			N	If Crash Did Not Coon a Public Way:  Off-Street Parking Garage Mall/Shopping Ce Other Private Way	g Lot enter	
Austin St	į			1		Indicate North by A	now	
		Unit 2		+				
Crash Narrative:								
Operator #1 reports she	was pulling out f	from a parked	position near	#10 Aus	tin St when	she struck a pa	assing	
vehicle (#2 MV).								
Operator #2 stated she wa	as going e/b on A	Austin St whe	n vehicle #1 p	oulled ou	t into traf	fic from a park	ing spot	
striking her vehicle.								
Witnesses:								
Name (Last, First, Middle)		Address			Ph	one #	Statement	
Property Damage:		-						
Owner (Last, First, Middle)			Phone # 34-Type D			Description of Damaged Property		
Truck and Bus Information:	Registration #		(From Vehi	,			35	
Carrier Name					Carrie	er Issuing Authority Code	e	
Address			City		St	Zip	26	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36	
Cargo Body Type Code 37 G	ross Vehicle Weight	38				_		
Trailer Reg #:	Reg Type	 Reg State	Reg Year	Tra	ailer Length	39		
Hazmat Information:								
Placard 40 Material 1 digi	t # 41 Material Na	ame		Material 4	digit #	Release code	42	
THOMAS J MCCARTHY			NEWTO	ON POLICE DEPART!		10/31/20	119	

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)