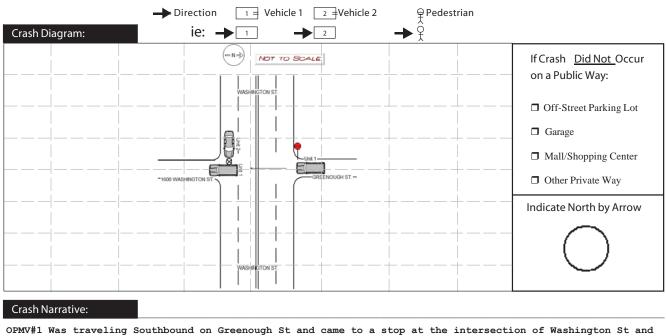
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Feet   N.S.   E.W.   of   Mile Marker   or   Exa Number	1 <b>1</b>	Route# Direc	tion	Name o	of Roadway/Street			Route# Direction	on Ad	dress #			Name of	Roadw	ay/Stre	eet	
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Free   N   S   E   W   of		Route# Direction Name of Intersecting Roadway/Street							1~1~1		Mi	le Mark	er		E	xit Number	
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Operator See Above ————————————————————————————————————				ator and all occ					s								_
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				operator and a				Age/DOB			y Airbag em Status	29 Airbag Switch	30 31 Eject Trap Code Code	32 Injury Status	Transp.	Medical Facil	ity
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OPMV#1 Was traveling Southbound on Greenough St and came to a stop at the intersection of Washington St and Greenough St. OPMV#1 entered the Westbound lane of Washington St crossing over into the Eastbound lane when she was struck by the OPMV#2.

OPMV#1 Stated she was being let go by people stuck in traffic and when she entered the other lane, that is when she was struck by another vehicle.

OPMV#2 Was traveling Eastbound on Washington St when a vehicle pulled out in front of him causing him to collide with the OPMV#1.

OPMV#2 Stated he was traveling straight on Washington St to get onto the Mass Pike to go to the airport when

I vehicle pulled out in front of him and he had no time to stop.

(Continued on next page)

Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:  Carrier Name			(From Vehic	,	Carrier Iss	suing Authority Cod	e 35
Address			City		St	Zip	
US DOT #:	State Number		_ Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gross	s Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr			
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	Release code	42

-	Direction 1	∃ Vehicle 1 2	2_≢Vehicle 2	₹ Pedestria	n		
Crash Diagram:	ie: 🕕 🛚 1	<b>→</b> 2	2	<b>→</b> ♀			
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Crash Narrative:							
		***		- 71/0			
MV#2 Was towed by Tody's	TOWING. OPMV#1	was transpor	ted to NWH b	у ЕМЗ.			
			,				
			,				
Witnesses:		_					
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damage	ed Property	
	113311311			2117/22			
Truck and Bus Information:			•				
Truck and Bus information.	Registration #		(From V	ehicle Section)			35
Carrier Name					Carrier Issuir	ng Authority Code	e
Address			City		64	7:	
Address			City		St	Zip	
US DOT #:	_ State Number		Issuing State	ICC #:_		Interstate	36
37		38	2				
Cargo Body Type Code Gr	oss Vehicle Weight				_		
Trailer Pag #:	Dog Tym-	Dog St-t-	D V -	m '1	or Longth 39		
Trailer Reg #:	keg Type	keg State	Keg Year_	I rail	ei Lengin		
Hazmat Information:							
Placard 40 Material 1 digit	# 41 Motoric! No	ama		Material A 4:	git #	Palessa codo	42
Placard Material 1 digit	" Waterial Na	ame		iviateriai 4 dig	31t #	Kelease code	
BEID I ARCON						da loa loa	MO
REID LARSON				WTON POLICE DEPARTM		11/21/20	
Police Officer Name (Please Print)	Signature		ID/Badge # D	Department	Precinct/Barrac	ks Date	

CDP1 11 ·24·00