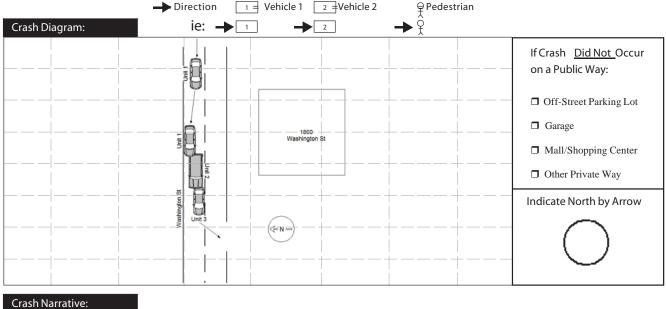
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Operator/Non-Motorist See Above	Name (Last Firs	st Middle)		Address			Sex Pos	Safety A System	Status Swite	Eject T h Code	rap Injury Code Statu		Medical Facilit
	Operator/N	ion-Motorist		See Above				-					



Operator of vehicle 3 states he was traveling westbound on Washington St and had stopped to turn left into #1860 when he was struck from behind by vehicle 2.

Operator of vehicle 2 stated she saw vehicle 3 waiting to turn left and was slowing down as she approached him when she was struck from behind by vehicle 1 and pushed into vehicle 3. She stated she saw vehicle 1 coming up behind her in rear view mirror and it appeared he attempted to swerve at the last minute to avoid a collision but failed.

Operator of vehicle 1 stated he was traveling westbound on Washington St when he suddenly noticed vehicle 2 stop in front of him. He attempted to swerve right to avoid contact but struck the rear of vehicle 2 pushing it in to the rear of vehicle 3.

(Continued on next page)

Witnesses:							
Name (Last, First, Middle)		Address				Phone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	cription of Damaged Property	
Truck and Bus Information: Carrier Name		(From Vehic			Carrier Issuing Authority C	ode 35	
Address			City			St Zip	
US DOT #:			_ Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gross Trailer Reg #:	s Vehicle Weight	Reg State	Reg Year	Tr	ailer I	Length 39	
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Nan	ne		Material 4	digit #	# Release code	42

•	Direction	1 = Vehicle 1	2 #Vehicle 2	₹ Pedestr	ian		
Crash Diagram:	ie: →□	1 -	2	▶ ♀			
Crash Diagram:	ie: ->			P - - -	If	Crash Did Not Con a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way dicate North by A	Lot
No reported injuries. Ve	hicle 3 was tow	red due to ext	tensive damage	e by Todys	•		
Witnesses:							
Name (Last, First, Middle)		Address			Phone	e #	Statement
Property Damage:							
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Carrier Name						ssuing Authority Code	e
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MICHAEL ANTHONY IAROSSI			NEV	VTON POLICE DEPART?	1	01/03/20)20

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)