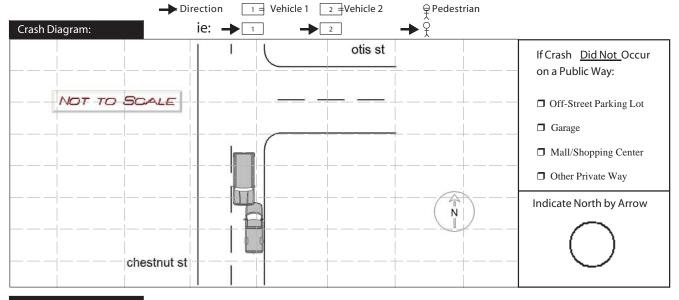
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⁷ 3	Please Select C of the Followin	I A Venicle	2 <u>1</u> # Occupants	Non-Motorist A Typ	ne 1	4 Action 1	Loca	ition	16 Co	ondition	17	Hit	t/Run Mop	ed
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⁸ 2	Operator <u>CAN</u>	NCEL	MIGUEL	Endorsment	Owner	VEHICLE AS	SET UN	11						_
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	Ple	ease fill out for		occupants involved			S	26 27 Seat Safety		29 Airbag Eje	30 31 Trap	32 Injury Tra	33 nsp.	\dashv
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos. Syste	m Status	Switch C	ode Code	Status C	ode Medical Facil	lity
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Crash Narrative:

ON 1-27-2020 AT APPROX. 1251HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF CHESTNUT AND OTIS ST. I SPOKE TO THE OPERATOR OF VEHICLE #1 DRIVER STATES SHE WAS TRAVELING S-BOUND ON CHESTNUT ST. SHE STATES SHE DOES NOT RECALL FADING LEFT GOING OVER THE YELLOW LINE AND BANGING INTO VEHICLE #2. COMP. WAS TRANSPORTED BY MEDIC2 TO NEWTON WELLESLEY HOSPITAL FOR MINOR INJURIES AND TO POSSIBLY DETERMINE WHY SHE BLACKED OUT. VEHICLE #2 STATES HE WAS TRAVELING N-BOUND ON CHESTNUT. HE NOTICED VEHICLE #2 VEER INTO HIS LANE BUT BELIEVED SHE WAS GOING TO READJUST HER VEHICLE. HE STATES WHEN SHE DIDN'T HE WAS UNABLE TO AVOID HITTING HER. VEHICLE #1 HAD EXTENSIVE FRONT END DAMAGE AND AIRBAG DEPLOYMENTS AND WAS TOWED BY TODYS. VEHICLE #2 HAD EXTENSIVE FRONT END DAMAGE AND EVALUATION. OPERATOR OF VEHICLE #1 WAS TRANSPORTED TO NEWTON WELLESLEY HOSPITAL FOR MINOR INJURIES AND EVALUATION. OPERATOR OF VEHICLE #2

(Continued on next page)

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Witnesses:									
Name (Last, First, Middle)	Address		Phone	e #	Statement				
Property Damage:									
Owner (Last, First, Middle)	Address		Phone # 34-Type Description of Damaged P						
Truck and Bus Information:	Registration #		(From Vehic	le Section)					
Carrier Name					Carrier Is	ssuing Authority Coc	35 e		
Address		(City		St	Zip			
US DOT #: Issuing State ICC #: Interstate 36							36		
Cargo Body Type Code Gross Vehicle Weight 38									
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length									
Hazmat Information:									
Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42									

Crash Diagram:	-	Direction 1	☐ Vehicle 1	2 =Vehicle 2	₹ Pedestria	n	
If Crash Did Not Occur on a Public Way:	Crash Diagram:	ie: 🕕 🛚 1	→ □	2	₽Ŷ		
REPORTED NO INJURIES AND SIGNED A PATIENT REFUSAL. BOTH PARTIES WERE ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED WITHOUT FURTHER INCIDENT. Witnesses: Name (Last, First, Middle) Address Phone # Statement Property Damage: Cwner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Carrier Name Carrier Name Carrier Name Carrier State Number US DOT #: State Number Issuing State Reg State Reg State Reg State Reg Year Trailer Reg Address Reg Type Reg State Reg Year Trailer Length Address Material 1 digit # All Material Name Material 4 digit # Release code Address Material 5 digit # Release code Address Material 4 digit # Release code Address Material 5 digit # Release code Address Material 5 digit # Release code Address Material 5 digit # Release code Address Material 6 digit # Release code Address Material 7 digit # Release code Address Material 8 digit # Release code Address Material 9 digit # Release code Address Material 9 digit # Release code Address Mate						on a Public W Off-Street P Garage Mall/Shopp Other Privat	'ay: carking Lot ing Center te Way
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	THOMAS P WALSH			NE	WTON POLICE DEPARTM	0	1/27/2020
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