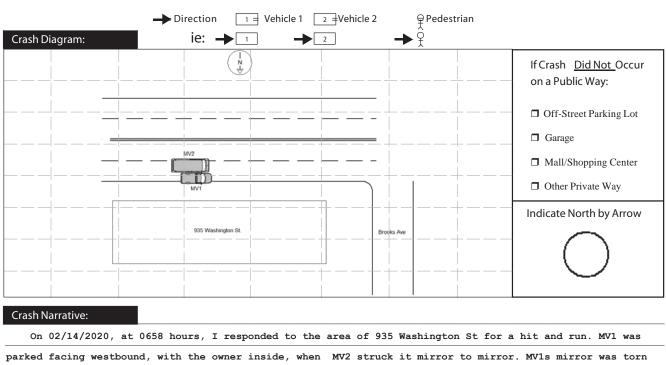
Police Report 2 NOT AT INTERSECTION: Not At Intersecting Readway/Street Feet N S EW of Middle Malace: Feet N S EW of Middle Malace: Feet N S EW of Readway/Street Not Not At Intersecting Readway/Street Emailine Not Not At Intersecting Readway/Street Emailine Not Not At Intersecting Readway/Street Not		Polic	e Use Only		Com	monwea	lth o	f Massa	achu	setts			RM	V Docur	ment Num	ber
AT INTERSECTION: Control Contro				1	Town	Motor	Vehi	icle Cra	sh [State Pol Local Po	ice D
Routed Direction Name of Roadway/Street Routed Direction Address # Name of Roadway/Street Routed Direction Address # Name of Roadway/Street Routed Direction Address # Name of Roadway/Street Routed Direction Name of Intersection with Feet N S E W of Milk Marker OF East Number	02/14	4/2020				Pol	lice I	Report			1 3				Other:	olice 🔲
Routed Direction Name of Roadway/Street Routed Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Feet N E W of Midw. Market Feet N E			AT INTE	RSECTION	•	< I	LOCAT	TION :	>		NC	T AT	INT	ERSE	CTION:	
Routed Direction Name of Intersection Roudway/Street Also at Intersection with Feet NSEW of Routed Direction Name of Intersection Roudway/Street Also at Intersection Roudway/Street Feet NSEW of Routed Direction Name of Intersection Roudway/Street Landmark Routed Direction Routed Direction Name of Intersection Roudway/Street Landmark Routed Direction Routed Direction Name of Intersection Roudway/Street Landmark Routed Direction Routed Direction Routed Direction Name of Intersection Roudway/Street Landmark Routed Direction Routed Direct								WEST	935		WASI	HINGT	ON ST			
Fost NS E W of Mile Marker or Exist Number	Route	·														
Routed Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Feet N S E W of Feet N S E W of Event Square S	\dashv							Feet NSEW of								
Router Disection Name of Intersecting Roadway/Street Feet S E W of Intersecting Roadway/Street	Route	te# Direct	ion 1	Name of Intersec	ting Roadway/St	treet	-				Mile	Marker	•		Exit Num	ıber
Route Direction Name of Intersecting Roadway/Street Landmark				Also at In	tersection with		-	Feet N	SEV	v of	Rout	e#	Intersec	ting Roa	dway/Street	
Develocite 1 #Occupants HilyRun Moped Case Number 2000000152	┦							Feet N	S E V	V of				0	,	
License # — S. MA DOB/Age — Reg # 7MG726 Reg Type PAN Reg State MA Sex M Lic Class D B B Lic Restrictions B CDL Veh Year 2018 Veh Make CHEVROLET Veh Config 2 20	Route	te# Directi	ion	Name of Inter	secting Roadway	y/Street							La	ndmark		
Sex M Lie, Class D B B Lie, Restrictions B D D	XV	Vehicle1	1_#Occupants	Hit/Ru	n Moj	ped Case I	Number		200	0000152						
Sex M Lie, Class D B B Lie, Restrictions B D D	Licen	nse#		St	MA DOB/Age	e	Reg# 7	7MG726			Reg	vpe PA	AN	Reg	State MA	
Operator NGUNEN KEVIN Treal Maddiress Address Address Address Address City RAYNHAM City RAYNHAM City RAYNHAM Insurance Company ARBELLA MUTUAL INS CO Vehicle Travel Direction: NS E X Responding to Emergency? N Citation # (if Issued) Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name tlast first Middle) Please fill out for Operator and all occupants involved Address Age DOB Sex Ma Lic Class D B B Lic Restrictions B DOL Vehicle 2 1 FOccupants Modification Address Operator ASSEA HENOK Operator Address Address Over Responding to Emergency? N Event Sequence 1 2 2 2 2 2 2 2 2 2 2 3 4 4 10 Undercarriage Towed N Sex M Lic Class D B B Lic Restrictions B DOL Vehicle 2 1 FOccupants Modification Address Operator Address Operator Address Operator Sese Above Please Fill Out Contribusing Code I 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			lass D 18	18	19		_									20
Address 33 SHLEYWAY City RAYNHAM State MA Zip 02767 City Raynham State MA Zip 02767 Insurance Company ARBELLA MUTUAL INS CO Vehicle Travel Direction: NSET Responding to Emergency! N Vehicle Travel Direction: NSET N Vehicle Travel Direction: NSET N Non-Motorist A Type Please fill out for operator and all occupants involved Name Class First Middle) Address See Company See The Non-Motorist A Type Please Selection N See N See Non-Motorist N Type Insurance Company See Type PAN Reg State MA See M Lic. Class D N Non-Motorist N Type Please Selection N State MA Zip 02135 City BEIGHTON N State M Zip 02135 City Beighton N Zip 02135 City Division N N Zip 02135 City D				KEVIN		Endorsment		(Same as open	atou)						о <u> </u>	
City RAYNHAM State MA Zip 02767 City State MA DobyAge Three Please Select One of the Following: State MA DobyAge Three State MA DobyAge Three Address AgeDOB Sex M Lic. Class D B B Lic. Restrictions B DL City RoynHam State MA Zip 02135 City State Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 22 23 3 4 Most Hamful Event 1 23 Driver Contributing Code 1 24 24 Please fill out for operator and all occupants involved AgeDOB Sex No. Sec N				First		Middle		Las	t					Middle	e	
Insurance Company ARBELLA MUTUAL INS CO Vehicle Travel Direction: NSEN Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec Violation 5: Ch Sec Violation 5: Ch Sec Violation 6: Ch Sec Violation 6: Ch Sec Violation 6: Ch Sec Violation 6: Ch Sec Violation 7: Ch Sec Violation 6: Ch Sec Violation 8: Ch Sec Violation 8:					State MA Zir	02767									Zip	
Vehicle Travel Direction: NSEN Responding to Emergency? N Citation # (If Issued) Violation # (If Issued) Violation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Please fill out for operator and all occupants involved Address AgeDOB Sex Pros. System State Swatch Code States Code State Code States Code Code States Code Code States Code Code States	'-						-			2	_				-	
Citation # (If Issued) Violation 2: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24	\neg	•				nergency? N					22	2	3		4	
Violation 1: Ch. Sec Violation 2: Ch. Sec Underride Override Please fill out for operator and all occupants involved Name (Last First Middle) Operator See Above Please Select One of the Following: License # — St. MA DOB/Age — — Reg # LV72980 Reg Type PAN Reg State MA Sex. M. Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endowment Endorsment Operator ASSEFA HENOK Operator ASSEFA HENOK Address 20 WASHINGTON ST (apt. 709) City BRIGHTON State MA Zip 02135 Insurance Company SAFETY INSURANCE CO Vehicle Travel Direction: N State MA Zip 02135 City BRIGHTON State MA Zip 01730 Power Contributing Code 19 24 24 24 24 24 24 24 24 24 24 24 24 24				1 1 1 - 3			Most Harmful Event 1 23 10 Undercarriage									
Violation 3: ChSec Violation 4: ChSec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Address AgeDOB Set Proc. System Name (Last First Middle) AgeDOB Name (Last First Middle) Address AgeDoB Name (Last First Middle) Address AgeDoB Name (Last First Middle) Address AgeDoB Set Proc. System Name (Last First Middle) Address AgeDoB Name (Last First Middle) Address AgeDoB Set Proc. System Name (Last First Middle) Address AgeDoB Set Proc. System Name (Last First Middle) Address AgeDoB Set Proc. System Name (Last First Middle) AgeDoB Set Proc. System Name (Last First Middle) AgeDoB Name (Last First Middle) AgeDoB Name (Last Nicholation 2: Ch_Sec_Uolation 2: Ch_Sec_Uolation 3: Ch_Sec_Volation 4: Ch_Sec_Uolation 3: Ch_Sec_Volation 4: Ch_Sec_Uolation					on 2: Ch	Sec		L	_	24	24	-	9	$\langle $	5 11 Tota	ıled
Please fill out for operator and all occupants involved Name (Last First Middle) Please SelectOne Operator See Above Please SelectOne of the Following: License # — St MA DOB/Ager — Reg # LV72980 Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Chertor ASSEFA HENOK Operator ASSEFA HENOK Operator ASSEFA HENOK Class 20 WASHINGTON ST (apt. 709) City BRIGHTON State MA Zip 02135 Insurance Company SAFETY INSURANCE CO Vehicle Travel Direction: N S E Responding to Emergency? N Citation # (If Issued) Violation 1: Ch. Sec Violation 4: Ch. Sec Violation 3: Ch. Sec Violation 1: Ch. Sec Violation 4: Ch. Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Address Address Age/DOB Sex Pox Sex Substants State Ma 0 0 10 1 Address Address Age/DOB Sex Pox System Status Switch Code First Satura System Status Switch Code Travel Direction: N S E Responding to Emergency? N Citation # (If Issued) Violation 1: 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 Pox System Status Switch Code Fox System Status Switch Code Travel Direction: N S E Responding to Emergency? N Citation # (If Issued) Violation 1: 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 Pox System Status Switch Code Code Status Code Travel Direction: N S E Town System State State Ma Total Travel Direction: N S E Town System State								Г		Towe	d N	3	()	6	
Please Select One of the Following: License # — St MA DOB/Age — Reg # LV72980 Reg Type PAN Reg State MA Sex M Lic. Class D IS IS Lic. Restrictions B IS CDL Veh Make FORD Veh Config. 2 Operator ASSEFA HENOK Over REM SERVICES Operator ASSEFA HENOK Over REM SERVICES Operator ASSEFA HENOK Over REM SERVICES Otity BRIGHTON State MA Zip 02135 City BEDFORD State MA Zip 01730 Insurance Company SAFETY INSURANCE CO Vehicle Travel Direction: N S E N Responding to Emergency? Notation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 19 24 10 Underrearriag 5 11 Totaled Please fill out for operator and all occupants involved Name (Last First Middle) Address AgeDOB Sec Now Swamping First plays Fransp. Please fill out for operator and all occupants involved Name (Last First Middle) AgeDOB Sec Now Swamping Figs. Fransp. Address Action Prior to Crash 1 2 1 10 Undercarriag 5 11 Totaled 10 Underride/Override 2 1 Towed Name (Last First Middle) Name (Last First Middle) Name (Last First Middle) Address AgeDOB Sec Now Swamping Figs. Fransp. Please fill out for operator and all occupants involved Name (Last First Middle) Address AgeDOB Sec Now Swamping First plays Fransp.							Chach	lac, o verride	So			29 3	30 31	32 Injury Tra	33	
Please Select One of the Following: Non-Motorista Type 14 Action 15 Location 16 Condition 17 Mildren Moped			t Middle)		S _f				Sex Po		1 1			Status Co	ode Medica	l Facility
of the Following: X Vehicle 2 1 #Occupants Non-Motorist A Type Action Location Condition X Hit/Run Moped License # — St MA DOB/Age — Reg # LV72980 Reg Type PAN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Veh Year 2015 Veh Make FORD Veh Config. 2 20 Operator ASSEFA HENOK Endorsment Address 20 WASHINGTON ST (apt. 709) Address 4C YANKEE DIVISION RD City BRIGHTON State MA Zip 02135 City BEDFORD State MA Zip 01730 Insurance Company SAFETY INSURANCE CO Vehicle Action Prior to Crash 1 21 Veh Year 2015 Veh Make FORD Veh Config. 2 20 Owner REM SERVICES Owner REM SERVICES Owner REM SERVICES Otity BRIGHTON State MA Zip 01730 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: N S E X Responding to Emergency? N Sec Violation 2: Ch Sec Underride/Override 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Operator								99	* *	. 0	0	10 1	•	
of the Following: X Vehicle 2 1 #Occupants Non-Motorist A Type Action Location Condition X Hit/Run Moped License # — St MA DOB/Age — Reg # LV72980 Reg Type PAN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Veh Year 2015 Veh Make FORD Veh Config. 2 20 Operator ASSEFA HENOK Endorsment Address 20 WASHINGTON ST (apt. 709) Address 4C YANKEE DIVISION RD City BRIGHTON State MA Zip 02135 City BEDFORD State MA Zip 01730 Insurance Company SAFETY INSURANCE CO Vehicle Action Prior to Crash 1 21 Veh Year 2015 Veh Make FORD Veh Config. 2 20 Owner REM SERVICES Owner REM SERVICES Owner REM SERVICES Otity BRIGHTON State MA Zip 01730 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: N S E X Responding to Emergency? N Sec Violation 2: Ch Sec Underride/Override 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2										-						
of the Following: X Vehicle 2 1 #Occupants Non-Motorist A Type Action Location Condition X Hit/Run Moped License # — St MA DOB/Age — Reg # LV72980 Reg Type PAN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Veh Year 2015 Veh Make FORD Veh Config. 2 20 Operator ASSEFA HENOK Endorsment Address 20 WASHINGTON ST (apt. 709) Address 4C YANKEE DIVISION RD City BRIGHTON State MA Zip 02135 City BEDFORD State MA Zip 01730 Insurance Company SAFETY INSURANCE CO Vehicle Action Prior to Crash 1 21 Veh Year 2015 Veh Make FORD Veh Config. 2 20 Owner REM SERVICES Owner REM SERVICES Owner REM SERVICES Otity BRIGHTON State MA Zip 01730 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: N S E X Responding to Emergency? N Sec Violation 2: Ch Sec Underride/Override 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2																
of the Following: X Vehicle 2 1 #Occupants Non-Motorist A Type Action Location Condition X Hit/Run Moped License # — St MA DOB/Age — Reg # LV72980 Reg Type PAN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Veh Year 2015 Veh Make FORD Veh Config. 2 20 Operator ASSEFA HENOK Endorsment Address 20 WASHINGTON ST (apt. 709) Address 4C YANKEE DIVISION RD City BRIGHTON State MA Zip 02135 City BEDFORD State MA Zip 01730 Insurance Company SAFETY INSURANCE CO Vehicle Action Prior to Crash 1 21 Veh Year 2015 Veh Make FORD Veh Config. 2 20 Owner REM SERVICES Owner REM SERVICES Owner REM SERVICES Otity BRIGHTON State MA Zip 01730 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: N S E X Responding to Emergency? N Sec Violation 2: Ch Sec Underride/Override 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2																
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment Operator ASSEFA HENOK First Middle Address 20 WASHINGTON ST (apt. 709) City BRIGHTON State MA Zip 02135 Insurance Company SAFETY INSURANCE CO Vehicle Travel Direction: N S E Responding to Emergency? N Citation # (If Issued) Most Harmful Event D 2 23 Veh Year 2015 Veh Make FORD Veh Config. 2 Owner REM SERVICES Last First Middle Address 4C YANKEE DIVISION RD City BEDFORD State MA Zip 01730 Event Sequence 2 22 22 22 22 22 22 22 22 22 22 22 22			IX Vehicle	e2 <u>1</u> #Occup	ants Non-	Motorist A Typ	pe 14		5 Locati	ion	Cor	ndition	17	Х	it/Run	Moped
Sex M Lic. Class D Lic. Restrictions B CDL Veh Year 2015 Veh Make FORD Veh Config. 2 Operator ASSEFA HENOK Address 20 WASHINGTON ST (apt. 709) City BRIGHTON State MA Zip 02135 Insurance Company SAFETY INSURANCE CO Vehicle Travel Direction: N S E Responding to Emergency? N Citation # (If Issued) Veh Year 2015 Veh Make FORD Veh Config. 2 Owner REM SERVICES Owner REM SERVICES Owner REM SERVICES City BEDFORD State MA Zip 01730 City BEDFORD Vehicle Action Prior to Crash I Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 22 22 22 22 22 22 22 22	Licen	nse#				ge 	Reg#_	LV72980			Reg]	ype_PA	AN	Reg	State_MA	
Operator ASSEFA HENOK Address 20 WASHINGTON ST (apt. 709) City BRIGHTON State MA Zip 02135 Insurance Company SAFETY INSURANCE CO Vehicle Travel Direction: N S E Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code Please fill out for operator and all occupants involved Name (Last First Middle) Address Owner REM SERVICES Last First Middle Address 4C YANKEE DIVISION RD State MA Zip 01730 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 22 22 22 22 22 22 22 22	Sex_1	M Lic. C			ions B		Veh Ye	ear_2015	Veh	Make_FC	ORD			Veh Co	onfig. 2	20
Address 4C YANKEE DIVISION RD City BRIGHTON State MA Zip 02135 City BEDFORD State MA Zip 01730 Insurance Company SAFETY INSURANCE CO Vehicle Travel Direction: N S E N Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Address 4C YANKEE DIVISION RD State MA Zip 01730 Event Sequence 2 222 22 22 22 22 22 22 22 22 22 22 22	Opera	rator ASSI	EFA		I		Owner REM SERVICES									
Insurance Company SAFETY INSURANCE CO Vehicle Travel Direction: NSEX Responding to Emergency? N Citation # (If Issued)	Addre	ress 20 WA	SHINGTON	ST (apt. 709)		Middle	Addres	s 4C YANKEE	DIVISIO	N RD	rirst			Middle		
Vehicle Travel Direction: N S E Responding to Emergency? N Event Sequence 2 22 22 22 22 22 22 22 22 22 22 22 22	City BRIGHTON State MA Zip 02135						City BEDFORD State MA Zip 01730									
Vehicle Travel Direction: N S E N Responding to Emergency N Event Sequence 2 10 Undercarriag 10 Undercarriag 11 Totaled Work Harmful Event 2 23 1 1 1 Totaled Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 19 24 24 1 1 Totaled Violation 3: ChSec Violation 4: ChSec Underride/Override 25 Towed N 8 7 6 1 Totaled Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex_ Pos. System Status Switch Code Code Status Code Medical Facility	Vehicle Travel Direction: NSEX Responding to Emergency? N							Event Sequence 2 22 22 22 22 22 3 4 Most Harmful Event 2 23								Three)
Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 19 24 24																
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 19 24 24 Violation 3: ChSec Violation 4: ChSec Underride/Override 25 Towed N 8 7 6 Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility																_
Violation 3: ChSec Violation 4: ChSec Underride/Override		Violation	1: ChS	Sec Viola	tion 2: Ch	_Sec	Driver	Contributing Co	ode 19	24	24			\bigvee) 11 100	aca
Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility Address Medical Facility		Violation	3: ChS	Sec Viola	tion 4: Ch	_Sec	Underr	ide/Override	25	Towed	N	3	7		6	
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility The code of the code o				r operator and	all occupants in				Se	26 27 at Safety	28 Airbag A	29 3 rbag Eje	30 31 Frap	Injury I'r	ansp.	
					Se			Age/DOB	Sex Po	os. Systen	Status S	witch Co	ode Code			al Facility
		11								-	-					
												+				



off. The operator of MV2 stopped momentarily but denied an accident occurred then drove away. The operator of MV1 stated that after stopping the driver got out and ran around to the passenger side of his vehicle to do something then returned to the drivers seat. He was described as a dark skinned male wearing a hat and a beaded necklace. The operator of MV1 stated there were scrape marks on MV2s passenger side mirror. The vehicle is registered to REM Services Transportation Services LLC in Bedford. A voice message was left on the company's line.

On U2/15/2020 I was able to speak with the driver or MV2. He stated he was traveling west bound on										
(Continued or	n 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				
			1							
Truck and Bus Information:	Registration #		(From Vehi	cle Section)						
Carrier Name					Carrier Iss	suing Authority Cod	35 de			
Address			City		St	Zip				
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36			
Cargo Body Type Code 37 Gross	s Vehicle Weight	38								
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length 39					
Hazmat Information:										
Placard 40 Material 1 digit # 41 Material Name Material 4 digit #							42			

ALEXANDER C SPINNEY		24734	NEWTON POLICE DEPARTM		02/14/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction	1 =	Vehicle 1	2 ‡Vehic	ie 2	Pedestr	ıan		
Crash Diagram:	ie: →	1	→	2	→	P P			
Crash Diagram:	ie: →							If Crash Did Not on a Public Way: Off-Street Parkin Garage Mall/Shopping C Other Private Wa	g Lot enter
Crash Narrative:									
Washington St when the dri	ver of MV1 b	egan	honking	his horn	at him	. Both ve	hicle	s pulled over and he	stated
that the operator of MV1 a	ccused him o	f str	iking h	is mirror	. The o	perator o	f MV2	stated he did not st	rike
anything and that the scuf	f marks were	alre	ady on t	the mirro	r. Both	parties	were	advised.	
Witnesses:									
Name (Last, First, Middle)		Α	Address					Phone #	Statement
Property Damage:									
Owner (Last, First, Middle)	Address			Phone	#	34-Type	Descri	ption of Damaged Property	
Truck and Bus Information:	Registration #				_(From Veh	nicle Section)			35
Carrier Name								Carrier Issuing Authority Cod	le
Address				City				St Zip	
US DOT #:	State Number			Issuin	State	ICC#:		Interstate	36
37	1	38		2334111		100 "			
Cargo Body Type Code Gros	ss Vehicle Weight							39	
Trailer Reg #:	Reg Type		_ Reg State		Reg Year	Tr	ailer Lei	ngth	
Hazmat Information:								_	
Placard 40 Material 1 digit #	41 Materia	ıl Name	e			_ Material 4	digit#_	Release code	42
ALEXANDER C SPINNEY			2/	1734		ON POLICE DEPART		02/14/2	020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)