

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Beacon St

Centre St

N

MV#1

MV#2

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

The operator of MV#1 stated he was travelling southbound on Centre St making a left turn onto Beacon St eastbound when he was struck by MV#2 travelling northbound on Centre St. The operator of MV#1 stated he slowed down to pull over and observed MV#2 leave the area northbound on Centre St.

The operator of MV#1 stated the accident happened so fast he could not provide me with any descriptions for MV#2. The operator of MV#1 stated a witness who was travelling directly behind him had video footages of the accident. The video footage shows of what is believed to be a black colored Honda Civic 4 door sedan and he was unable to identify its registration or its driver. The witness did not provide any personal information to the operator of MV#1 and only communicated via email. A copy of the video was emailed to the I.T Bureau to be attached to this report. MV#1 sustained heavy damages to its rear passenger side door area. There were no

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

GITA K SETIABUDI

25111

NEWTON POLICE DEPART

03/20/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Crash Diagram:

reported injuries to the operator of MV#1.

Name (Last, First, Middle)	Address	Phone #	Statement

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

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