



→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

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:**

ON 6-19-20 AT APPROX. 0828HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 216 AUSTIN ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING E-BOUND ON AUSTIN ST. WHEN HE WAS BLINDED BY THE GLARE OF THE RISING SUN. DRIVER STATES HE CRASHED INTO VEHICLE #2 WHILE BLINDED. VEHICLE #2 WAS PARKED IN FRONT OF 216 AUSTIN ST. VEHICLE #1 HAD EXTENSIVE FRONT END DAMAGE WITH AIRBAG DEPLOYMENT AND WAS TOWED BY TODYS. VEHICLE #2 HAD LEFT REAR BUMPER DAMAGE BUT WAS STILL OPERATIONAL. DRIVER OF VEHICLE #1 WAS EXAMINED BY MEDICS AND SIGNED A PATIENT REFUSAL. VEHICLE #2 IS OWNED BY A CONSTRUCTION COMPANY BUT NONE OF THE WORKERS WITNESSED THE ACCIDENT. ALL PARTIES WERE ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED WITHOUT FURTHER INCIDENT.

**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