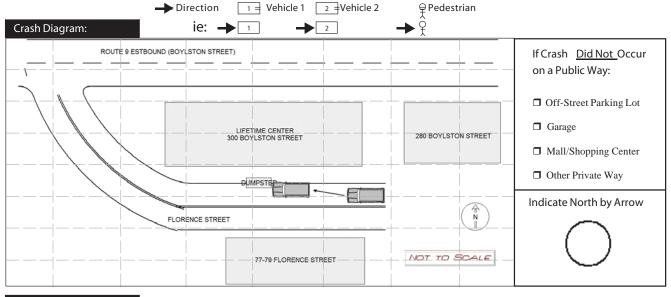
|                                   | ce Use Only              |                      | Commor                |                 |                    |          |                                   |  |                               |                          |                        | nent Number                                 |        |
|-----------------------------------|--------------------------|----------------------|-----------------------|-----------------|--------------------|----------|-----------------------------------|--|-------------------------------|--------------------------|------------------------|---|--------|
| Date of Crash 08/02/2020          | Time of Crash<br>07:01   | City/To<br>NEWTON    | wn M                  |                 | ehicle Cra         | ash      | Number<br>Vehicle                 |  |                               | ed Limi<br>tude          |                        | State Police<br>Local Police<br>MBTA Police | AN D   |
| , ,                               | 24HR                     | -                    |                       |                 | Report             |          | 1                                 | 0                                      |                               | gitude_                  |                        | Other:                                      |        |
|                                   | AT INTE                  | RSECTION:            | <                     | LOC             | ATION              | >        |                                   | NO                                     | ГАТ                           | INTI                     | ERSEC                  | CTION:                                      |        |
|                                   |                          |                      |                       |                 | NORT               | н 79     |                                   | FLOR                                   | NCE S                         | T                        |                        |   |        |
| Route# Direc                      | tion                     |                      | Roadway/Street        |                 | Route# Direct      | ion A    | ddress #                          | -                                      | Na                            | me of R                  | Roadway/               | Street                                      |        |
| _                                 |                          |                      | At                    |                 | Feet               | N S E    | W of                              |  | •                             |                          | or                     |   |        |
| Route# Direc                      | tion 1                   | Name of Intersecting | g Roadway/Street      |                 | -                  |          | <u> </u>                          | Mile                                   | Marker                        |                          |                        | Exit Number                                 |        |
|                                   |                          | Also at Inter        | section with          |                 | Feet               | N S E    | of of                             | Route                                  | #                             | Intersec                 | ting Road              | lway/Street                                 | _      |
| Route# Direc                      | tion                     | Nama of Intarca      | cting Roadway/Street  |                 | Feet               | N S E    | W of                              |  |                               |                          |                        |   |        |
| Koute# Direc                      | tion                     | Name of interse      | Cillig Koadway/Street | 1               |                    |          |                                   |  |                               | Lar                      | ndmark                 |   |        |
| XVehicle1                         | _1_#Occupants            | Hit/Run              | Moped                 | Case Numb       | er                 | 2        | 00000042                          | 21                                     |                               |                          |                        |   |        |
| License#                          |                          | St_M                 |                       | Re              | 9ACL70             |          |                                   | Reg T                                  | ype_PA                        | N                        | Reg                    |   |        |
| Sex_F Lic.                        | Class D 18 1             | Lic. Restriction     |                       | Vel             | n Year 2018        | Ve       | h Make_                           | HONDA                                  |                               |                          | Veh Co                 | nfig. 2 20                                  |        |
| Operator LYS                      | GAARD                    | INGRID               | Endorsm               | Ou              | ner (Same as op    | erator)  |                                   | First                                  |                               |                          | Middle                 |   |        |
| Address 280 B                     | OYLSTON ST               | (apt. 1009)          | Middle                |                 | dress              |          |                                   |  |                               |                          | Middle                 |   |        |
| City_NEWTO                        | N                        | Sta                  | ate_MA Zip_02467      | Cit             | у                  |          |                                   |  |                               | State                    | 2                      | Zip   |        |
| Insurance Com                     | pany SAFETY I            | NSURANCE             |                       | Vel             | nicle Action Prior | to Crash | 2                                 | 21                                     | Damage                        | ed Area                  | Code: (C               | Circle Up to Th                             | ree)   |
| Vehicle Travel                    | Direction: X             | S E W Resp           | onding to Emergenc    | y? <u>N</u> Eve | ent Sequence 10    | 22 2     | 2 22                              | 22 €                                   | )                             | 3                        |                        | 4   |        |
| Citation # (If I                  | ssued)                   |                      |                       |                 | st Harmful Event   | 23       | 3                                 | (ī                                     | 4                             | 9                        | $\langle   \   \  $    | 10 Undercar<br>5 11 Totaled                 | rriage |
| Violation                         | 1: ChSe                  | c Violation          | 2: ChSec              | Dri             | ver Contributing ( | Code     | 20 24                             | 24                                     |                               | ľή                       | \                      | 3 11 Totaled                                |        |
| Violation                         | 3: ChSe                  | c Violation          | 4: ChSec              | Un              | derride/Override   | 25       | Tow                               | ved Y 8                                |                               | 7                        |                        | 6   |        |
| Please t                          |                          | ator and all occu    | pants involved        | 10              | Age/DOB            | Sex      | 26 2<br>Seat Safet<br>Pos. \$yste | 7 28<br>ty Airbag Air<br>em Status \$w | 29 30<br>bag Ejec<br>tch Code | ) 31<br>t Trap<br>e Code | 32<br>Injury Tra       | 33<br>nsp.<br>de Medical Faci               | :1:    |
| Operator                          | st Wilddie)              |                      | See Abo               |                 | Age/DOB            |          | 1                                 | 4 4                                    | 0                             | 0                        | \$tatus   Co<br>10   1 | de Medicai Faci                             | iity   |
|                                   |                          |                      |                       |                 |                    |          |                                   |  |                               |                          |                        |   |        |
|                                   |                          |                      |                       |                 |                    |          |                                   |  |                               |                          |                        |   |        |
|                                   |                          |                      |                       |                 |                    |          |                                   |  |                               |                          |                        |   |        |
|                                   |                          |                      |                       |                 |                    | 17       |                                   |  |                               | 15                       |                        |   |        |
| Please Select C<br>of the Followi | Vehicle                  | e# Occupan           | ts Non-Motori         | st A Type       | Action             | Loc      | ation                             | Con                                    | dition                        | 17                       | Hit                    | /Run Mo                                     | ped    |
| License#_                         |                          | St                   | DOB/Age               | Re              |                    |          |                                   | Reg T                                  | vpe                           |                          | Reg                    | State                                       |        |
| Sex Lic. (                        | 18                       | Lic. Restriction     | 19                    |                 | n Year             | Ve       | h Make_                           |  |                               |                          | Veh Co                 | nfig.                                       |        |
| Operator                          |                          |                      | Endorsn               | nent<br>Ow      | ner                |          |                                   |  |                               |                          |                        |   |        |
| Address                           | Last                     | First                | Middle                |                 | dress              |          |                                   | First                                  |                               |                          | Middle                 |   |        |
| City                              |                          | Sta                  | ateZip                | Cit             | у                  |          |                                   |  |                               | State                    | 2                      | Zip   |        |
| Insurance Com                     |                          |                      |                       |                 | nicle Action Prior | to Crash |                                   | 21                                     | Damage                        | ed Area                  | Code: (C               | Circle Up to Th                             | ree)   |
| Vehicle Travel                    | Direction: N             | S E W Res            | sponding to Emergence | cy? Eve         | ent Sequence       | 22 2     | 2 22                              | 22 2                                   |                               | 3                        |                        | 4   |        |
| Citation # (If I                  | ssued)                   |                      |                       | Mo              | st Harmful Event   | 23       | 3                                 |  | ′<br>                         |                          | /  )                   | 10 Undercar                                 | rriage |
| 1                                 |                          |                      | n 2: ChSec            |                 | ver Contributing ( | Code     | 24                                | 24                                     | +                             | 9                        | $\bigcup$              | 5 11 Totaled                                |        |
|                                   |                          |                      | n 4: ChSec            |                 | derride/Override   | 25       | Tow                               | ed 8                                   |                               | 7                        | <u>y</u> _/            | 6   |        |
|                                   |                          | r operator and all   | occupants involve     |                 |                    |          | 26 27<br>Seat Safet               | 7 28<br>ty Airbag Air                  | 29 30<br>bag Ejec             | 31<br>Trap               | Injury Tra             | 33<br>nsp.                                  |        |
| Name (Last Fi                     | rst Middle) Non-Motorist |                      | Addre<br>See Abov     |                 | Age/DOB            | Sex      | Pos. Syst                         | tem Status Sv                          | itch Coo                      | de Code                  |                        | ode Medical Fac                             | ility  |
| opsidion/                         |                          |                      | 200 1100              | •               |                    |          |                                   |  | +                             |                          |                        |   | -      |
|                                   |                          |                      |                       |                 |                    |          |                                   |  | +                             | +                        |                        |   |        |
|                                   |                          |                      |                       |                 |                    |          |                                   |  | $\perp$                       |                          |                        |   |        |
|                                   |                          |                      |                       |                 |                    |          |                                   |  |                               |                          |                        |   |        |



## Crash Narrative:

On Sunday 8/2/20 at approximately 701 hours while assigned to marked unit n499 I was dispatched to the rear of the Lifetime Center (300 Boylston Street) for a single vehicle motor vehicle crash.

Upon arrival I observed a Black Honda CRV with significant front end damage next to a dumpster in the shoulder of Florence Street behind the Lifetime Center. Dumpster was placed there for the ongoing construction at the Lifetime Center. I spoke with the operator of the CRV, LYSGAARD Ingrid, who states she was frustrated by all the noise being made by the construction workers. Ingrid states she drove to the site to take pictures of the workers whom she believed to be working in violation of Newton's city noise ordinance. She pulled over to the side of the road to take a picture with her cell phone, but didnt realize her foot came off the brake pedal causing her to strike the dumpster.

| (Continued or                            | n next page)                          |              |                    |               |          |                 |                     |           |
|--|---------------------------------------|--------------|--------------------|---------------|----------|-----------------|---------------------|-----------|
| Witnesses:                               |                                       |              |                    |               |          |                 |                     |           |
| Name (Last, First, Middle)               |                                       | Address      |                    |               |          | Phone #         | ŧ                   | Statement |
|  |                                       |              |                    |               |          |                 |                     |           |
|  |                                       |              |                    |               |          |                 |                     |           |
|  |                                       |              |                    |               |          |                 |                     |           |
| Property Damage:                         |                                       |              |                    |               |          |                 |                     |           |
| Owner (Last, First, Middle)              | Address                               |              | Phone #            | 34-Type       | Descr    | iption of Damag | ged Property        |           |
|  |                                       |              |                    |               |          |                 |                     |           |
|  |                                       |              |                    |               |          |                 |                     |           |
|  |                                       |              |                    |               |          |                 |                     |           |
|  |                                       |              |                    |               |          |                 |                     |           |
| Truck and Bus Information:               | Registration #                        |              | (From Vehic        | le Section)   |          |                 |                     | 25        |
| Truck and Bus Information:  Carrier Name |                                       |              | (From Vehic        | le Section)   |          | Carrier Issu    | ing Authority Co    | de 35     |
|  |                                       |              |                    |               |          |                 |                     | de        |
| Carrier Name                             | ·                                     | (            | City               |               |          | St              | Zip                 | de        |
| Carrier Name Address US DOT #: 37        | State Number                          | (            | City               |               |          | St              | Zip                 | de        |
| Carrier Name Address US DOT #: 37        | State Numbers Vehicle Weight          | 38           | City Issuing State | ICC#:_        |          | St              | Zip                 | de        |
| Carrier Name                             | State Numbers Vehicle Weight          | 38           | City Issuing State | ICC#:_        |          | St              | Zip                 | de        |
| Carrier Name                             | State Numbers Vehicle Weight Reg Type | 38 Reg State | City Issuing State | ICC #:<br>Tra | ailer Le | St              | Zip<br>_ Interstate | de        |

| From Party Damage:   | •                                       | Direction           | 1 = Vehicle 1  | 2 =Vehicle 2   | ¥ Pedestr       | ian               |                        |           |
|--|---|---------------------|----------------|----------------|-----------------|-------------------|------------------------|-----------|
| If Grash DidNot Occur on a Public Way:   | Crash Diagram:                          | ie: →               | 1              | 2              | ₽Ŷ              |                   |                        |           |
| Crash Narrative:    Gange   Mail/Shopping Center   Other Private Way   Indicate North by Arrow   Mail/Shopping Center   Other Private Way   Indicate North by Arrow   Indicate |   |                     |                |                |                 |                   |                        |           |
| Crash Narrative:  Pixe and Medica also responded to the crash and ingrid signed a patient refusal after being evaluated by the medics. Tedy's responded and towed the vehicle. I stayed on scane until the vehicle was removed and Ingid's son came to transport her hiome.  Witnesses:  Name (Last, First, Middle)  Address  Phone # 36-Type  Conner (Last, First, Middle)  Truck and Bus Information:  Conner Name  Con |   |                     |                |                |                 | l II              | Crash <u>Did Not</u> C | Occur     |
| Crash Narrative:  Fire and Medics also responded to the crash and ingrid signed a patient refusal after being evaluated by the medics Tody's responded and towed the vehicle. I stayed on scene until the vehicle was removed and Ingid's son came to transport her hiome.  Witnesses:  Name (Last, First, Middle)  Address  Phone # Statement  Truck and Sus Information:  Carrier Name  Ca |   |                     | - <del> </del> |                |                 | c                 | n a Public Way:        |           |
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| Crash Narrative:    Crash Narrative:   |   |                     |                |                |                 |                   |                        |           |
| Crash Narrative:  Fixe and Medics also responded to the crash and ingrid signed a patient refusal after being evaluated by the medics Tody's responded and towed the vehicle. I stayed on scene until the vehicle was removed and Ingrid's soon came to transport her hiome.  Witnesses:  Name (Last, First, Middle)  Address  Phone # Statement  Property Damage:  Cover (Last, First, Middle)  Address  Phone # Statement  From Value Section  Carrier Name  Car |   |                     |                |                |                 |                   | J Garage               |           |
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| Indicate North by Arrow   Crash Narrative:   |   |                     |                |                |                 |                   | s man snopping et      |           |
| Crash Narrative:  Pire and Medics also responded to the crash and ingrid signed a patient refusal after being evaluated by the medics. Tody's responded and towed the vehicle. I stayed on scene until the vehicle was removed and Ingid's son came to transport her hiome.  Witnesses:  Name (Last, First, Middle)  Address  Phone # Sontement  Property Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type  Description of Damaged Property  Truck and Bus Information:  Carrier Name  Carrier Issuing Authority Code  35  Address  City  Si  Zip  US DOT #: State Number: Issuing State RCC #: Interestate 36  Carges Body Type Code 37  Gross Vehicle Weight 38  Hezmat Information:  Placed 40  Material 1 digit # 41  Material 4 digit # 41   | į į                                     | İ                   |                | į į            | İ               |                   | Other Private Way      | /         |
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| 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:  Carrier Name  Carrier Issuing Authority Code  Address  City  State Number  Lissuing State  Carrier Issuing Authority Code  Truck and Bus Information:  Carrier Issuing Authority Code  Address  City  State Number  Lissuing State  Reg Year  Trailer Reg #:  Reg Type  Reg State  Reg Year  Trailer Length  Address  Plucard  Address  Reg Type  Reg State  Reg Type  Reg State  Reg Year  Trailer Length  Address  Release code  Address  Reg Year  Trailer Reg Release code  Address  Reg Year  Trailer Reg Release code  Address  Reg Year  Trailer Reg Release code  Address  Reg Year  Trailer Reg Release code  Address  Reg Year  Trailer Reg Release code  Address  Reg Year  Trailer Reg Release code  Address  Reg Year  Trailer Reg Reg Year  Trailer Reg Reg Year  Trailer Reg Reg Year  Trailer Reg Reg Year  Trailer Reg Reg Year  Trailer Reg Reg Year  Trailer Reg Reg Year  Trailer Reg Reg Year  Trailer Reg Reg Year  Trailer Reg Reg Year  Trailer Reg Reg Year  Trailer Reg Reg Year  Trailer Reg Reg Year  Trailer Reg Reg Year  Trailer Reg Reg Year  Trailer Reg Reg Year  Trailer Reg Reg Year  Trailer Reg Reg Year  Trailer Reg Reg Year        | modics Today's responded                | and toward the r    | rohialo T s    | tarred on scen | o until th      | o vohialo was     | romorrod and           | Ingidle   |
| Witnesses: Name (Last, First, Middle)  Address  Phone # Statement  Property Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truckand Bus Information:  Carrier Name  Carrier Name  Carrier Name  Carrier Name  Carrier Stating Authority Code  Address  City  St  Zip  US DOT #:  Lisuing State  LICC #:  Interstate  Address  Trailer Reg #:  Reg Type  Reg State  Reg Year  Trailer Length  Placand  Material 1 digit # 41 Material Name  Material 4 digit # Release code  42  |   |                     |                |                |                 | - venicie was     | Temoved and .          |           |
| Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name Crive Name 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   | son came to transport her               | hiome.              |                |                |                 |                   |                        |           |
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| Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name Crive Name 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   |   |                     |                |                |                 |                   |                        |           |
| Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name Crive Name 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   |   |                     |                |                |                 |                   |                        |           |
| Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name Crive Name 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   |   |                     |                |                |                 |                   |                        |           |
| Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name Crive Name 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   |   |                     |                |                |                 |                   |                        |           |
| Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name Crive Name 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   |   |                     |                |                |                 |                   |                        |           |
| Property Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name  Carrier Name  Carrier Issuing Authority Code  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  Hazmat Information:  Placard  40 Material I digit # 41 Material Name  Material 4 digit # Release code  42   |   |                     |                |                |                 |                   |                        |           |
| Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration #  | Name (Last, First, Middle)              |                     | Address        |                |                 | Phor              | e #                    | Statement |
| Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration #  |   |                     |                |                |                 |                   |                        |           |
| Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration #  |   |                     |                |                |                 |                   |                        |           |
| Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration #  |   |                     |                |                |                 |                   |                        |           |
| Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration #  |   |                     |                |                |                 |                   |                        |           |
| Truck and Bus Information:  Registration #   | Property Damage:                        |                     |                |                |                 |                   |                        |           |
| Truck and Bus Information:  Registration #   | Owner (Last, First, Middle)             | Address             |                | Phone #        | 34-Type         | Description of Da | maged Property         |           |
| Carrier Name Carrier Issuing Authority Code  Address City St Zip US DOT #: State Number Issuing State ICC #: Interstate 36  Cargo Body Type Code 37 Gross Vehicle Weight 88  Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39  Hazmat Information:  Placard 40 Material 1 digit # Material Name Material 4 digit # Release code 42   | , |                     |                |                | 71              |                   |                        |           |
| Carrier Name Carrier Issuing Authority Code  Address City St Zip US DOT #: State Number Issuing State ICC #: Interstate 36  Cargo Body Type Code 37 Gross Vehicle Weight 88  Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39  Hazmat Information:  Placard 40 Material 1 digit # Material Name Material 4 digit # Release code 42   |   |                     |                |                |                 |                   |                        |           |
| Carrier Name Carrier Issuing Authority Code  Address City St Zip US DOT #: State Number Issuing State ICC #: Interstate 36  Cargo Body Type Code 37 Gross Vehicle Weight 88  Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39  Hazmat Information:  Placard 40 Material 1 digit # Material Name Material 4 digit # Release code 42   |   |                     |                |                |                 |                   |                        |           |
| Carrier Name Carrier Issuing Authority Code  Address City St Zip US DOT #: State Number Issuing State ICC #: Interstate 36  Cargo Body Type Code 37 Gross Vehicle Weight 88  Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39  Hazmat Information:  Placard 40 Material 1 digit # Material Name Material 4 digit # Release code 42   |   |                     |                |                |                 |                   |                        |           |
| Carrier Name Carrier Issuing Authority Code  Address City St Zip US DOT #: State Number Issuing State ICC #: Interstate 36  Cargo Body Type Code 37 Gross Vehicle Weight 88  Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39  Hazmat Information:  Placard 40 Material 1 digit # Material Name Material 4 digit # Release code 42   | Turnels and Drive Informations          | <u> </u>            |                | <del>-</del>   |                 |                   |                        |           |
| Carrier Issuing Authority Code  Address City St Zip  | Truck and Bus information:              | Registration #      |                | (From V        | ehicle Section) |                   |                        | 35        |
| US DOT #: State Number Issuing State ICC #: Interstate 36  Cargo Body Type Code 37 Gross Vehicle Weight 8eg Type Reg State Reg Year Trailer Length 39  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  | Carrier Name                            |                     |                |                |                 | Carrier           | ssuing Authority Cod   |           |
| US DOT #: State Number Issuing State ICC #: Interstate 36  Cargo Body Type Code 37 Gross Vehicle Weight 8eg Type Reg State Reg Year Trailer Length 39  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  | .,,                                     |                     |                | C'.            |                 | <b>~</b>          | <i>a</i> .             |           |
| 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  | Address                                 |                     |                | City           |                 | St                | Zip                    |           |
| 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  | US DOT #:                               | _ State Number      |                | Issuing State  | ICC #:          |                   | Interstate             | 36        |
| Cargo Body Type Code Gross Vehicle Weight 39  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   | 37                                      |                     |                |                |                 |                   |                        |           |
| 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   | Cargo Body Type Code G                  | ross Vehicle Weight | 55             |                |                 |                   |                        |           |
| Hazmat Information:  Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42   | Torilon Doo "                           | D T                 | D C: :         | D 57           |                 |                   | 9                      |           |
| Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42  | _                                       | Reg Type            | Reg State _    | Reg Year_      | Tra             | aller Length      |                        |           |
| Placard Material 1 digit # Material Name Material 4 digit # Release code   | Hazmat Information:                     |                     |                |                |                 |                   |                        |           |
|  | Placard 40 Material 1 Jinia             | 41 Matani-1 1       | Name           |                | Material 4      | ligit #           | Palansa cada           | 42        |
| ALAN ID DICHARD COLOMAN  | riacaiu iviaieriai i digi               | wiaterial l         | I VAIIIC       |                | iviateriai 4 (  | git #             | Kelease code           |           |
| ALAN ID DICHADD COLOMAN  |   |                     |                |                |                 |                   |                        |           |
|  | AT AN ID DIGITADO COS OSCICIO           |                     |                |                |                 |                   | 00 105 10              | 220       |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)