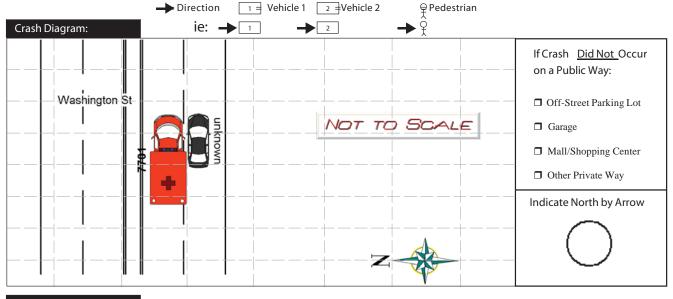
	ce Use Only			nonweal											nt Number	
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						EAST	20	014		WAS	HINGT	ON ST				
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		Also at Ir	tersection with		-	Feet !	N S F	E W c	of	Rou	te#	Interse	cting R	Roadwa	ıy/Street	_
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Route# Direc	tion	Name of Inte	rsecting Roadway/	Street								La	ndmar	·k		
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Sex_M Lic. 0	18	18 Lic. Restrict	19	DL	-	ear_2019	V	eh Mal	ke FO	_				Config	20	
Operator KIN		ALBERT	En	ndorsment		TOWN OF W	ALPO								,	
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City WALPOI			State MA Zin	02081		/ALPOLE						State	MA	Zin	02081	_
,		OF WALPOLE	2.ip_		<i>,</i> —	Action Prior to	Crash	. [21	[_ ^	ele Up to Thr	ee)
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Name (Last Fire Operator		<u> </u>		Address Above		Age/DOB	Sex	Pos. S			witch Co	de Code		Code	Medical Facili	ity
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Please Select C of the Followi		icle2 1_#Occup	ants Non-M	lotorist A Type	14	4 Action 1	5 Lo	cation	1	16 Co	ndition	17		Hit/Ru	un Mop	ed
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Crash Narrative:

On 8/25/2020 at approx 1245hrs while assigned to 497 I responded to NWH emergency ambulance entrance for a report of a past hit and run reported by Walpole Fire Dept personnel. Upon arrival I met with Firefighter Albert KING who stated he was travelling E/B on Washington St towards NWH with a patient and 2 other Firefighters on board when a black Toyota Prius being operated by a Asian female bumped into his front passenger side. FF KING stated he tried to communicate with the women to pull into the hospital and meet him at the ER but upon turning she continued straight on Washington St. KING stated he did not get a license plate number. Minor paint transfer to front passenger side as well as damage to front passenger wheel guard. Patient information not included for privacy, see Walpole Fire dept trip sheet if needed.

Witnesses:									
Name (Last, First, Middle)	Address		Phone #	Statement					
Property Damage:									
Owner (Last, First, Middle)		Phone #	34-Type	Description of Damaged	cription of Damaged Property				
Truck and Bus Information:	D			. 1 . 0	<u>I</u>				
Carrier Name	Registration #				Carrier Issuing	Authority Code 35			
Address			City		St	Zip			
US DOT #:	State Number		Issuing State	ICC #:_		Interstate 36			
Cargo Body Type Code 37 Gros	s Vehicle Weight	38			39				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tı					
Hazmat Information:									
Placard 40 Material 1 digit #	Material Na	me		_ Material 4	digit#R	telease code 42			

JO A GOURDEAU		NEWTON POLICE DEPARTM	08/25/2020		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date