

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Unit 2

Unit 1

commonwealth ave (carriage lane)

chestnut st

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

ON 9-22-20 AT APPROX. 1148HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF COMMONWEALTH AVE. AND CHESTNUT ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING N-BOUND ON CHESTNUT APPROACHING COMM. AVE. HE STATES HE HAD THE GREEN LIGHT SO HE CONTINUED TO GO. WHEN VEHICLE #2 ENTERED THE TRAFFIC LANE HE WAS UNABLE TO AVOID HITTING HIM. I SPOKE TO THE OPERATOR OF VEHICLE #2. HE STATES SHE WAS TRAVELING W-BOUND ON COMM AVE. CARRIAGE LANE. HE STATES HE STOPPED AT THE STOP SIGN AND CONTINUED TO CROSS CHESTNUT ST. WHEN HE ENTERED THE INTERSECTION HE WAS HIT IN THE LEFT SIDE BY VEHICLE #1. VEHICLE #1 HAD MINOR FRONT END DAMAGE. VEHICLE #2 HAD MINOR LEFT REAR DAMAGE AND LEFT SIDE AIRBAG DEPLOYMENT. VEHICLE #2 WAS TOWED BY AAA. ALL PARTIES REPORTED NO INJURIES AND SIGNED PATIENT REFUSALS. ALL PARTIES 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

Address _____ City _____ St _____ Zip _____

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

Cargo Body Type Code Gross Vehicle Weight

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

THOMAS P WALSH

NEWTON POLICE DEPT

09/22/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date