

→ 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:

The owner of MV#1 stated she came out of work at NWH at 0730hrs and noticed the passenger front of her vehicle was damaged. She stated that she parked her vehicle in the that space at 2330hrs the night before. I observed significant damage to the passenger front of the vehicle. It should be noted that I did not observe and parts on the ground or any debris indicating that the accident occurred in that location. The headlight was totally shattered out and there were missing parts from vehicle. There was also a fluid trail that appeared to be leaking from the front passenger side. This trail indicated that the vehicle was driven and backed in to the parking space after the collision took place. Based on my training and experience I do not believe that vehicle was struck in that location as a hit and run. There were no cameras in the area. The owner requested her own tow for the vehicle. I submitted a photo of the claimed hit and run scene to the IT

(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

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

MATTHEW C TOCCI

NEWTON POLICE DEPT

10/28/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

♀ Pedestrian

[illegible]

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

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

Release code	42
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CDP1 11 -24:00