





→ 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:

said it was 617-470-3874 (one digit different than above). I told the woman to have Dubinsky call me at HQ. He never did. I called him later from HQ myself.

Dubinsky stated he came to a stop at the end of Cynthia Rd. He stated as he turned right, #1 struck him on his left front driver's side because #1 went to the other side of the road due to a truck parked on Greenwood St. I advised him Greenwood St has the right of way and he was required to yield from Cynthia Rd. Dubinsky stated after he gave his name and number, Zhu was on his phone for a period of time so he left. Dubinsky was advised to provide his license and registration to complete the proper exchange after an accident. When asked about the different phone number, he stated Zhu must have typed in the wrong number. I advised Dubinsky I would be citing him for Failure to Yield (Ch89/Sec9) to be sent in the mail. He was lastly advised his

(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 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

ADAM D GABRIEL

25117

NEWTON POLICE DEPART

02/06/2021

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

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CDP1 11 -24:00