



→ 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

135 Wells Ave

NOT TO SCALE

**Crash Narrative:**

Vehicle 1 was travelling northbound in the parking lot of 135 Wells ave, Boston Sports Club. The front left of vehicle 1 struck a small pole in the parking lot. Vehicle 1 lost control, and began to drive in circles. Then, vehicle 1 drove into the wooded area behind the parking lot, and the front of the vehicle struck a cement wall. I observed moderate damage to the front of vehicle 1. The front air bags deployed. The front passenger was transported to NWH for a head injury by Newton Medic4. The driver and rear passengers were not injured, and signed a patient refusal. Todys' towed the vehicle to their lot.

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
WEST, AMY,	135 WELLS AVE NEWTON, MA 02465	----	Y

**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

**TIMOTHY ROCHE**      **NEWTON POLICE DEPARTMENT**      **06/15/2021**

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24-00