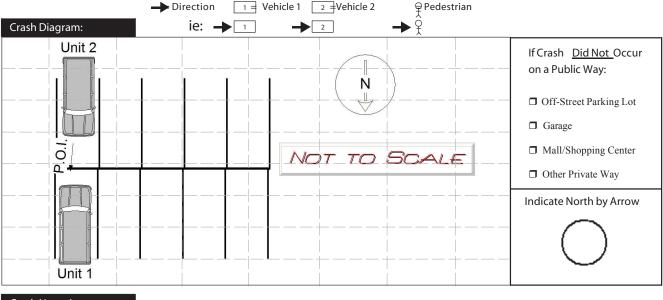
| License # St   DOB/Age   Reg # 9937PH   Reg Type PAN   Reg State MA   |   | Poli   | ice Use Only |                      | Commonw                           | vealth     | of Massa   | achus                                     | etts               |                                |               | RMV          | / Docu          | ment Numbe                   | er       | 1        |
|---|---|--|--------------|----------------------|-----------------------------------|------------|--|---|--------------------|--------------------------------|---------------|--------------|-----------------|------------------------------|----------|----------|
| AT INTERSECTION:  AT INTERSECTION:  AT INTERSECTION:  NORTH 229 WAINUT ST  Boused Direction  Name of Boardway/Street  As as Intersecting Boardway/Street  As I Intersecting Boardway/Street  Intersecting Boardway/Street  Feet N S E W of Board Boardway/Street  Intersecting Boardway/Street  Intersecting Boardway/Street  I Intersect No.   |   |  |              | 1                    | n Mot                             | or Vel     | nicle Cra  | sh $\begin{bmatrix} N \\ N \end{bmatrix}$ |                    | ı                              |               |              |                 | State Police<br>Local Police | e 🔟      |          |
| Souted Direction   Name of Readency/Street   Routed Direction   Address of   Name of Readency/Street   Routed Direction   Address of   Name of Readency/Street   Feet   N   E   W   of   Readency   Readency/Street   Feet   N   E   W   of   Readency   Industrating Readency/Street   Industrating Readency/Street   Feet   N   E   W   of   Readency   Industrating Readency/Street   Industr    |   | 07/12/2021   |              | NEWTON               |                                   | Police     | Report   |   |                    |                                |               |              |                 | Other:                       | ice 🔲    |          |
| Route® Direction   Name of Indersecting Roadway/Street   Feet   N   E   W   of   Milk Makes   Address   Name of Roadway/Street   Feet   N   E   W   of   Milk Makes   Address   Name of Roadway/Street   Feet   N   E   W   of   Milk Makes   Or   Tast Nameber   Name of Indersecting Roadway/Street   Feet   N   E   W   of   Milk Makes   Or   Tast Nameber   Name of Indersecting Roadway/Street   Feet   N   E   W   of   Milk Makes   Or   Tast Nameber   Name of Indersecting Roadway/Street   Feet   N   E   W   of   Milk Makes   Name of Roadway/Street   Feet   N   E   W   of   Milk Makes   Name of Roadway/Street   Feet   N   E   W   of   Milk Makes   Name of Roadway/Street   Feet   N   E   W   of   Milk Makes   Name of Roadway/Street   Feet   N   E   W   of   Milk Makes   Name of Roadway/Street   Feet   N   E   W   of   Milk Makes   Name of Roadway/Street   Feet   N   E   W   of   Milk Makes   Name of Roadway/Street   Feet   N   E   W   of   Milk Makes   Name of Roadway/Street   Feet   N   E   W   of   Milk Makes   Name of Roadway/Street   Feet   N   E   W   of   Milk Makes   Name of Roadway/Street   Feet   N   E   W   of   Milk Makes   Name of Roadway/Street   Feet   N   E   W   of   Milk Makes   Name of Roadway/Street   Feet   N   E   W   of   Milk Makes   Name of Roadway/Street   Feet   N   E   W   of   Name of Roadway/Street   Feet   Name of Roadway/Street   Feet   N   E   W   of   Name of Roadway/Street   Feet   Name of Roadway/    |   |  | AT INTER     | RSECTION:            | <                                 | LOCA       | TION :   | >   |                    | NO                             | ГΑТ           | INTE         | ERSE            | CTION:                       |          | ۲.       |
| Foot   Name of Intersecting Roadway/Street   Foot   Name of Inte    |   |  |              |                      |                                   |            | NORTH  | 229                                       |                    | WALN                           | UT ST         |              |                 |                              |          | -        |
| Foot   Name of Intersecting Roadway/Street   Foot   Name of Inte    | 1 | Route# Direc   | tion         | Name of F            | oadway/Street                     |            | Route# Direction   | n Addr                                    | ess#               |                                | Na            | me of R      | oadway          | /Street                      |          | _        |
| Route   Direction   Name of Intersecting Roadways Street   Feet   N   S   W   of   Routes   Intersecting Roadways Street   Feet   N   S   W   of   Routes   Intersecting Roadways Street   Intersection Roadways Street   Intersecting Roadways Street   Intersecting Roadways Street    | _ |  | At           |                      |                                   |            |  | Feet NSEW of                              |                    |                                |               |              |                 |                              |          | É        |
| Rouse   Direction   Name of Intersecting Roadway/Street   Feet   N   E   W   of   Intersecting Roadway/Street   Eastward  |   | Route# Direc   | etion N      | Name of Intersecting | Roadway/Street                    |            |  |   |                    | Mile I                         | Marker        |              |                 | Exit Number                  | er       |          |
| Routed Discation  Name of Intersecting Roadway/Street    Name of Intersecting Roadway/Street   Landmark   License #   Landmark   License #   License #   License #   St   DOB/Age   Reg #987FH   Reg Type PAN   Reg State MA  |   |  |              | Also at Interse      | ction with                        |            | Feet N   | SEW                                       | of                 | Route                          | <del>-</del>  | Intersec     | ting Roa        | idway/Street                 |          | L        |
| Electrical D  | 3 |  |              |                      |                                   |            | Feet N   | S E W                                     | of                 |                                |               |              | J               | ,                            |          | 6        |
| License # St   DOR/Age   Reg # 9997FH   Reg Type PAN   Reg State   MA   |   | Route# Direction Name of Intersecting Roadway/Street |              |                      |                                   |            | Landmark   |   |                    |                                |               |              |                 |                              |          |          |
| Sex_   Lie. Class   18   18   Lie. Restrictions   19   CDL   Endorment   End    | } | XVehicle1  | #Occupants   | Hit/Run              | Moped                             | Case Numbe | r  | 2100                                      | 0000504            |                                |               |              |                 |                              |          |          |
| Sex_   Lie, Class   18   18   Lie, Restrictions   19   CDL   Endorment   End    |   | License#   |              | St                   | DOB/Age                           | Reg #      | <sub>‡</sub> 9937PH  |   |                    | Reg Ty                         | ne PAI        | N            | Reg             | State MA                     |          |          |
| Operator  |   |  | 18 1         | 8                    | 19 CDL                            | Veh '      |  | Veh N                                     | lake M             |                                |               |              |                 | 2                            | 20       |          |
| Address 78 MT VERNON ST  City State Zip City FTCHBURG State MA Zip 01420  Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NXEW Responding to Emergency? N  Citation # (If Issued) See Violation 2: Ch. See Direct Contributing Code 1 24 22 22 22 22 23 3 4  Violation 1: Ch. See Violation 4: Ch. See Underride/Override Direction: Name (Last First Middle)  Please fill out for operator and all occupants involved Age/DOB See Nove Soft Suffey Abstract See Soft Suffey Suffey Abstract See Soft Suffey Su  | ļ |  |              |                      | Endorsment                        |            |  |   |                    |                                |               |              |                 |                              | _        | Γ.       |
| City  | 1 |  |              |                      |                                   | Addr       | ess 78 MT VERN   | ON ST                                     |                    | First                          |               |              | Middle          | e                            |          | <u> </u> |
| Insurance Company COMMERCE  Vehicle Travel Direction: NE   War   Responding to Emergency? Note   Section    |   |  |              |                      |                                   |            |  |   |                    |                                |               | State        | MA              | Zip 01420                    |          |          |
| Vehicle Travel Direction: N   E   W Responding to Emergency   N   Citation # (If Issued)  |   | 1  |              |                      |                                   |            | Valida Astina Print to Carola 21 Damaged Area Code: (Circle Up to Three) |   |                    |                                |               |              |                 |                              |          |          |
| Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24 24 24 24 24 24 24 24 24 24 24 24   | ; |  |              |                      | nding to Emergency? I             |            |  |   |                    | <b>22</b> 2                    |               | 3            |                 | 4                            |          |          |
| Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24 24 25 Towed N 6 2 Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed N 6 2 Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed N 6 2 Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed N 6 2 Violation 4: Ch Sec Underride/Override 25 Towed N 7 6 2 Violation 5: Ch Sec Violation 6: Ch Sec Violation 6: Ch Sec Violation 7: Ch Sec Underride/Override 25 Towed N 7 6 Vehicle 2 Towed N 8 7 6 Violation 7: Ch Sec Violation 7: Ch Sec Underride/Override 25 Towed N 8 7 6 Violation 7: Ch Sec Violation 7: Ch Sec Underride/Override 25 Towed N 8 7 6 Violation 7: Ch Sec Violation 7: Ch Sec Underride/Override 25 Towed N 8 7 6 Violation 7: Ch Sec Violation 7: Ch Sec Underride/Override 25 Towed N 8 7 6 Violation 7: Ch Sec Violation 7: Ch Sec Underride/Override 25 Towed N 8 7 6 Violation 7: Ch Sec Violation 7: Ch Sec Underride/Override 25 Towed N 8 7 6 Violation 7: Ch Sec Violation 7: Ch Sec Underride/Override 25 Towed N 8 7 6 Violation 7: Ch Sec Violation 7: Ch Sec Underride/Override 25 Towed N 8 7 6 Violation 7: Ch Sec Violation 7: Ch Sec Underride/Override 26 Towed N 8 7 6 Violation 7: Ch Sec Violation 8: Ch Sec Violation 7: Ch Sec Underride/Override 26 Towed N 8 7 6 Violation 8: Ch Sec  |   |  |              |                      |                                   |            |  | 23  |                    |                                |               | M            |                 |                              | ~        |          |
| Violation 3: Ch. Sec  Violation 4: Ch. Sec  Underride/Override  |   |  |              |                      | : Ch Sec                          |            | L  |   | 24                 | 24                             | •             |              |                 | 5 11 Totale                  | d        |          |
| Please fill out for operator and all occupants involved Name (Last First Middle)  Address  AgeDOB  Sec Above  AgeDOB  AgeDOB  Sec Above  AgeDOB  AgeDOB  Sec Above  AgeDOB  AgeDOB  Sec Above  AgeDoB  Sec   | 2 | 1  |              |                      |                                   |            | ٦  |   | Towe               | €                              |               | 7            |                 | 6                            |          |          |
| Operator  See Above  Non-Motorist A Type  14 Action  15 Location  16 Condition  17 Hit/Run  Moped  License # — St MA DOB/Age — Reg # \$4542 Reg Type PAN Reg State MA  Sex F Lic. Class  18 18 Lic. Restrictions  19 CDL  Location  Veh Year 2016 Veh Make HONDA Veh Config.  20 Operator  MCGOVERN  ELAINE  Last  First  Middle  Address  12 TURNER TER  City NEWTON  State MA Zip 02460  City  State Zip  Vehicle Action Prior to Crash  I Totaled  Veh Was Para Code: (Circle Up to Three)  Vehicle Travel Direction:  Vehicle Travel Direction:  Vehicle Action Prior to Crash  Vehicle Action Prior to Cr |   |  |              |                      |                                   |            |  | 2<br>Sea                                  |                    |                                | 9 30<br>Eject | 31<br>Trap   | 32<br>Injury Tr | 33<br>ransp.                 |          |          |
| Please Select One of the Following:    Non-Motorist A Type  |   |  | st Middle)   |                      |                                   |            |  | Sex Pos                                   | . System           | Status \$wi                    | ch Code       | Code         | Status C        | ode Medical F                | acility  |          |
| of the Following: X Vehicle 2 1 # Occupants Non-Motorist A Type   |   |  |              |                      |                                   |            |  |   |                    |                                |               |              |                 |                              |          |          |
| of the Following: X Vehicle 2 1 # Occupants Non-Motorist A Type   |   |  |              |                      |                                   |            |  |   |                    |                                |               |              |                 |                              |          |          |
| of the Following: X Vehicle 2 1 # Occupants Non-Motorist A Type   |   |  |              |                      |                                   |            |  |   |                    |                                |               | _            |                 |                              |          |          |
| of the Following: X Vehicle 2 1 # Occupants Non-Motorist A Type   | 7 |  |              |                      |                                   |            |  |   |                    |                                |               |              |                 |                              |          |          |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2016 Veh Make HONDA Veh Config. 2  Operator MCGOVERN ELAINE Address 12 TURNER TER  City NEWTON State MA Zip 02460 City State Zip  Insurance Company SAFETY  Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: X S E W Responding to Emergency? N  Citation # (If Issued) Most Harmful Event 2 23  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 97 24 24  Please fill out for operator and all occupants involved Name (Last First Middle)  Name (Last First Middle) Address  Veh Year 2016 Veh Make HONDA Veh Config. 2  Owner (Same as operator)  City State Zip  Damaged Area Code: (Circle Up to Three)  Event Sequence 2 22 22 22 22 22 22 22 22 22 22 22 22   | 1 |  |              | 2 1_#Occupants       | Non-Motorist A                    | Туре       |  | 5 Locatio                                 | on                 | Conc                           | lition        | 17           | Пн              | it/Run N                     | loped    |          |
| Sex F Lic. Class D Lic. Restrictions 1 CDL Veh Year 2016 Veh Make HONDA Veh Config. 2  Operator MCGOVERN ELAINE  Address 12 TURNER TER  City NEWTON State MA Zip 02460 City State Zip  Insurance Company SAFETY  Vehicle Travel Direction: X S E W Responding to Emergency? N Event Sequence 2 22 22 22 22 22 22 22 22 21 20 20 3 4 10 Undercarriage  Citation # (If Issued) Most Harmful Event 2 23  |   | License#   | 10 1         |                      |                                   | Reg#       | 54542  |   |                    |                                | N             | Reg State MA |                 | <u></u>                      |          |          |
| Operator MCGOVERN ELAINE  Address  12 TURNER TER  Address  City NEWTON  Insurance Company SAFETY  Vehicle Travel Direction:  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Address  Owner (Same as operator)  Last First Middle  Address  Address  Address  Owner (Same as operator)  Last First Middle  Address  Address  Address  Address  Owner (Same as operator)  Last First Middle  Address  Address  Address  Address  Address  Address  Owner (Same as operator)  Last First Middle  Address  A  |   | Sex_F Lic. Class D Lic. Restrictions 1 CDL           |              |                      |                                   |            | Veh Year 2016 Veh Make HONDA Veh Config. 2                               |   |                    |                                |               |              |                 |                              |          |          |
| Address  City NEWTON  State MA Zip 02460  City  Newton  Insurance Company SAFETY  Vehicle Travel Direction:  Vehicle Action Prior to Crash  Secundary SAFETY  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Secundary SAFETY  Damaged Area Code: (Circle Up to Three)  Secundary SAFETY  Vehicle Action Prior to Crash  Secundary SAFETY  Domaged Area Code: (Circle Up to Three)  Secundary SAFETY  Vehicle Action Prior to Crash  Secundary SAFETY  Domaged Area Code: (Circle Up to Three)  Secundary SAFETY  Vehicle Action Prior to Crash  Secundary SAFETY  Damaged Area Code: (Circle Up to Three)  Secundary SAFETY  Vehicle Action Prior to Crash  Secundary SAFETY  Secundary SAFETY  Vehicle Action Prior to Crash  Secundary SAFETY  Damaged Area Code: (Circle Up to Three)  Secundary SAFETY  Secundary SAFETY  Vehicle Action Prior to Crash  Secundary SAFETY  Secundary S  | 2 |  | Last         |                      |                                   |            | Owner (Same as operator)  Last First Middle                              |   |                    |                                |               |              |                 |                              |          |          |
| Insurance Company SAFETY  Vehicle Travel Direction: X S E W Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Vehicle Action Prior to Crash  1 21  Damaged Area Code: (Circle Up to Three)  Event Sequence 2 22 22 22 22 22 22 22 22 22 22 22 22  |   | Address 12 TURNER TER                                |              |                      |                                   |            | Address  |   |                    |                                |               |              |                 |                              |          |          |
| Vehicle Travel Direction: X S E W Responding to Emergency? N  Vehicle Travel Direction: X S E W Responding to Emergency? N  Citation # (If Issued)  |   | City NEWTON State MA Zip 02460                       |              |                      |                                   |            | CityStateZip   |   |                    |                                |               |              |                 |                              |          |          |
| Vehicle Travel Direction: Responding to Emergency No. Event Sequence 2 Most Harmful Event 2 23  Wost Harmful Event 2 23  Wost Harmful Event 2 23  Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 97 24  Violation 3: ChSec Violation 4: ChSec Underride/Override 25 Towed No. Sec Violation 4: ChSec Underride/Override 25 Towed No. Sec Violation 4: ChSec Underride/Override No. Sec Violation 4: ChSec Violation 4: ChSec Underride/Override No. Sec Violation 4: ChSec Violation 4: ChSec Underride/Override No. Sec Violation 4: ChSec Violation 4: ChSec Underride/Override No. Sec Violation 4: ChSec Violation 4: Ch_   |   | Insurance Company SAFETY                             |              |                      |                                   |            | Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)   |   |                    |                                |               |              |                 |                              | Three)   |          |
| Citation # (If Issued)  |   |  |              |                      |                                   |            | Most Harmful Event 2 23 10 Undercarriage 5 11 Totaled                    |   |                    |                                |               |              |                 |                              |          |          |
| Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 97  Violation 3: ChSec Violation 4: ChSec Underride/Override 25  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Sec Violation 2: ChSec Underride/Override 25  Towed N  8  7  6  Violation 3: ChSec Violation 4: ChSec Underride/Override 25  Flower Sec Violation 4: ChSec Violation   |   |  |              |                      |                                   |            |  |   |                    |                                |               |              |                 |                              | ~        |          |
| Violation 3: ChSec Violation 4: ChSec Underride/Override  |   | Violatio   | n 1: ChSe    | _ Drive              | Driver Contributing Code 97 24 24 |            |  |   |                    |                                |               |              |                 |                              |          |          |
| Name (Last First Middle)  Address  Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility   |   | Violatio   | n 3: ChSe    | ec Violation         | 4: ChSec                          | Unde       | rride/Override   |   |                    |                                |               | 7            |                 |                              |          |          |
|   |   |  |              | operator and all o   | *                                 |            | Age/DOB  |   | 6 27<br>t Safety . | 28<br>Airbag Airl<br>Status Su | 9 30<br>Eject | Trap         | Injury I'r      | ansp.                        | Facility |          |
|   |   |  |              |                      |                                   |            |  |   |                    |                                |               |              |                 |                              | ,        |          |
|   |   |  |              |                      |                                   |            |  |   |                    |                                |               |              |                 |                              |          |          |
|   |   |  |              |                      |                                   |            |  |   |                    |                                |               |              |                 |                              |          |          |
|   |   |  |              |                      |                                   |            |  |   | +                  |                                |               |              |                 |                              |          |          |



## Crash Narrative:

On Monday, July 12th 2021, at approximately 5:24pm, I, Officer Brooks, responded to the parking lot of the Barn, 229 Walnut street, for a car accident. I spoke with the owner of MV1(MA REG 9937PH), who stated she had been parked here all day, and when she came out to her car there was a note on the windshield stating "Sorry i hit your car, foot slipped on wet". Her vehicle sustained damage to the drivers side front bumper.

The note contained the license plate for MV2 (MA REG 54542), and the registered owners name. Dispatch attempted to reach her by phone but was unable to speak with her. MV2 was still on scene and parked in front of MV1. MV2 had minor damage to the front bumper. It appears the operator of MV2 was pulling into the parking spot and struck MV1.

(Continued on next page)

| Witnesses                                |                  |           |             |            |               |                           |           |
|--|------------------|-----------|-------------|------------|---------------|---------------------------|-----------|
| Witnesses: Name (Last, First, Middle)    |                  | Address   |             |            |               | Phone #                   | Statement |
| Name (Last, First, Middle)               |                  | Address   |             |            |               | PHONE #                   | Statement |
|  |                  |           |             |            |               |                           |           |
|  |                  |           |             |            |               |                           |           |
| Property Damage:                         |                  |           |             |            |               |                           |           |
| Owner (Last, First, Middle)              | Address          |           | Phone #     | 34-Type    | Description o | of Damaged Property       |           |
|  |                  |           |             |            |               |                           |           |
|  |                  |           |             |            |               |                           |           |
|  |                  |           |             |            |               |                           |           |
| Truck and Bus Information:  Carrier Name |                  |           | (From Vehic |            | Car           | rrier Issuing Authority C | ode 35    |
| Address                                  |                  | (         | City        |            | St            | t Zip                     |           |
| US DOT #:                                | State Number     |           |             |            |               |                           | 36        |
| Cargo Body Type Code Gros                | s Vehicle Weight | 38        |             |            |               | 39                        |           |
| Trailer Reg #:                           | Reg Type         | Reg State | Reg Year    | Tr         | ailer Length  | 33                        |           |
| Hazmat Information:                      |                  |           |             |            |               |                           |           |
| Placard 40 Material 1 digit #            | 41 Material Nat  | me        |             | Material 4 | digit #       | Release code              | 42        |
|  |                  |           |             |            |               |                           |           |

| -                                  | Direction 1 =      | Vehicle 1 2 | ≠Vehicle 2    | Pedestrian         |                                     |           |
|------------------------------------|--------------------|-------------|---------------|--------------------|-------------------------------------|-----------|
| Crash Diagram:                     | ie: → 1            | 2           | _             | ₽Ŷ                 |                                     |           |
|                                    |                    |             |               |                    | If Crash Did Not Coon a Public Way: |           |
|                                    |                    |             |               |                    | Garage                              |           |
|                                    |                    |             |               |                    | ☐ Mall/Shopping Ce                  | enter     |
|                                    |                    |             | +             |                    |                                     |           |
|                                    |                    |             |               |                    | Other Private Way                   |           |
|                                    |                    |             |               |                    | Indicate North by A                 | rrow      |
|                                    |                    |             |               |                    |                                     |           |
| Crash Narrative:                   |                    |             |               |                    |                                     |           |
| There were no injuries an          | d both vehicles we | ere able to | be driven fr  | om the scene       | . The report number was             | s given   |
| to both involved parties.          |                    |             |               |                    |                                     |           |
|                                    |                    |             |               |                    |                                     |           |
|                                    |                    |             |               |                    |                                     |           |
|                                    |                    |             |               |                    |                                     |           |
|                                    |                    |             |               |                    |                                     |           |
|                                    |                    |             |               |                    |                                     |           |
|                                    |                    |             |               |                    |                                     |           |
|                                    |                    |             |               |                    |                                     |           |
|                                    |                    |             |               |                    |                                     |           |
|                                    |                    |             |               |                    |                                     |           |
| Witnesses:                         |                    |             |               |                    | 1 21 "                              | 16        |
| Name (Last, First, Middle)         |                    | Address     |               |                    | Phone #                             | Statement |
|                                    |                    |             |               |                    |                                     |           |
|                                    |                    |             |               |                    |                                     |           |
| Property Damage:                   |                    |             |               |                    |                                     |           |
| Owner (Last, First, Middle)        | Address            |             | Phone #       | 34-Type Desc       | cription of Damaged Property        |           |
|                                    |                    |             |               |                    |                                     |           |
|                                    |                    |             |               |                    |                                     |           |
|                                    |                    |             |               |                    |                                     |           |
| Truck and Bus Information:         | Registration #     |             | (From Ve      | chicle Section)    |                                     | 35        |
| Carrier Name                       |                    |             |               |                    | Carrier Issuing Authority Cod       | е 55      |
| Address                            |                    |             | City          |                    | St Zip                              |           |
| US DOT#:                           | State Number       |             | Issuing State | ICC#:              | Interstate                          | 36        |
| 37                                 |                    | 38          |               |                    |                                     |           |
|                                    |                    | D. G.       | p. **         | - H                | 39                                  |           |
| Trailer Reg #:Hazmat Information:  | Reg Type           | _ Reg State | Keg Year_     | Trailer I          | Length                              |           |
| 40                                 | 41                 |             |               |                    |                                     | 42        |
| Placard Material 1 digit           | # Material Nam     | ie          |               | Material 4 digit # | # Release code                      |           |
|                                    |                    |             |               |                    |                                     |           |
| JOSEPH J BROOKS                    |                    | 38339       | NEW           | TON POLICE DEPARTM | 07/12/20                            | )21       |
| Police Officer Name (Please Print) | Signature          | I           | D/Badge # D   | epartment          | Precinct/Barracks Date              | ;         |