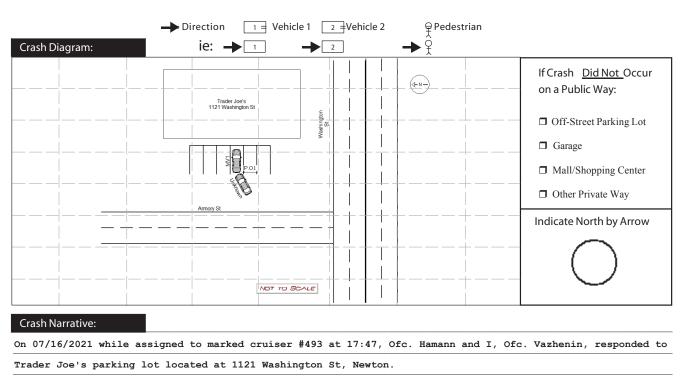
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Please fill out for operator and all occupants involved 26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.	
Name (Last First Middle) Address Age/DOB Sex Pos. \$ystem Status \$witch Code Code \$tatus Code Medical	\neg
Operator See Above 4 4 0 0 1 N/A	
Please Select One Day 12 14 15 16 2 17 Day 18 Day 1	
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License#StDOB/AgeReg#Reg TypeReg State	
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Please fill out for operator and all occupants involved Sec	I
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medica Operator/Non-Motorist See Above	
Special Process Section 1	d Facility
	l Facility
	l Facility



Upon arrival on scene, we met with Reporting Party, later identified as Ms. Lena Kay Zuckerwise. Ms.

Zuckerwise stated that she was sitting in her red Toyota Prius V, parked on parking lot at Trader Joe's, when she felt a thump from a car that was pulling out parking spot on the right. Ms. Zuckerwise stated that she immediately stepped out of the vehicle to see what happened and observed a white car with reg MA plate "2TS578" leaving the parking lot. Ms. Zuckerwise also stated that there were 2 males in the car, one was elderly person and the other was in his 50-60's. She also mentioned that the other car had a handicap placard and probably some damage at the right front corner.

(Continued	on next page)							
W itnesses:								
Name (Last, First, Middle)		Address				Phone #	ŧ	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descriptio	n of Damag	ged Property	
			-					
Truck and Bus Information:	Registration #		(From Veh	icle Section)				25
Truck and Bus Information: Carrier Name						Carrier Issu	uing Authority Coo	35 le
								le
Carrier NameAddress			City			St	Zip	le
Carrier Name Address US DOT #:	State Number		City			St	Zip	le
Carrier Name Address US DOT #: Cargo Body Type Code37 Gro	_State Numbeross Vehicle Weight	38	_ City Issuing State	ICC#:_		St	Zip	le
Carrier Name Address US DOT #:	_State Numbeross Vehicle Weight	38	_ City Issuing State	ICC#:_		St	Zip	le
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Carrier Name	State Numbeross Vehicle WeightReg Type	38 Reg State	_ City Issuing State	ICC #:_ Tr	ailer Length	St	ZipInterstate	le

→	Direction 1	Vehicle 1	Vehicle 2	Pedestria	an	
Crash Diagram:	ie: → 🛚	→ 2	□ →	· Ŷ		
					If Crash <u>Did Not</u> (on a Public Way:	Occur
					— ☐ Off-Street Parking	g Lot
					☐ Garage	
	i		į	İ	☐ Mall/Shopping Ce	enter
	- — — — — —			+	Other Private Way	
	- — — — —	 		+	Indicate North by A	rrow
	-	 				
				İ		
				+		
C IN i						
Crash Narrative: Ms. Zuckerwise's car had a	dont in right	roar cornor	as a result of	collisio	n with the car that left t	
scene.	dent in right	Tear Corner	as a lesuit of	COTITSIO		
We ran that license plate	that came up as	s a brown 200	6 Honda Accord	register	ed to Mr. Michael Cohen. N	We then
drove to his address and co						
Zuckerwise and the actual	color of the ca	ar with licen	se plate she r	eported,	we could not verify if that	at
vehicle was involved.						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Dramarty Damaga						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type [Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		35
Carrier Name					Carrier Issuing Authority Cod	e J
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	ler Length 39	
Hazmat Information:						
Placard 40 Material 1 digit #	41 Material N	ame		Material 4 di	git # Release code	42
ANDREI VAZHENIN				N POLICE DEPARTA	07/16/20	121

ID/Badge #

Signature

Department

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)