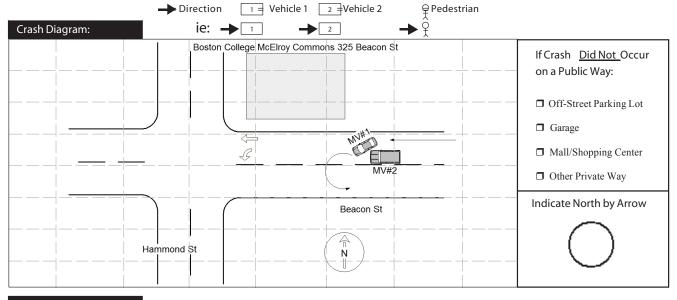
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Foot Name of Intersecting Readway/Street Each Number Each Numb	-	Route# Direct	tion	Name of	Roadway/Street		Route# Direction	on Addr	ess#		Nar	ne of R	oadway	Street	
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Crash Narrative:

(Continued on next page)

The operator of MV#1 stated he was travelling westbound on Beacon St when he saw an available open parking spot and made a u-turn onto the eastbound lane striking MV#2. MV#1 sustained heavy damages to its driver's side front and rear doors with driver's side front and rear airbag curtain deployments. The operator of MV#1 sustained injuries to his left side ear and left side bruising of his ribs area. The operator of MV#1 was evaluated by Newton Paramedic 1 and signed a patient refusal or treatment. MV#1 was towed by Tody's Towing. The operator of MV#2 stated she was travelling westbound on Beacon St attempting to make a left turn onto Hammond St when she was struck by MV#1. The operator of MV#2 stated MV#1 was to her right side when MV#1 made an abrupt left turn into her lane striking her vehicle on her front passenger side and pushing her into the eastbound travel lane. MV#2 sustained heavy front end damages. The operator of MV#2 sustained injuries to

Witnesses:									
Name (Last, First, Middle)		Address				Phone #		Statement	
Property Damage:				,					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descripti	ion of Damag	ged Property		
Truck and Bus Information: Carrier Name	Registration #		(From Vehic	ele Section)		Carrier Issui	ing Authority Coo	35 le	
Address			City			St	Zip		
US DOT #:	State Number		Issuing State	ICC#:			Interstate	36	
37	s Vehicle Weight	38				39			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Lengt				
Hazmat Information:									
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#		Release code	42	

•	Direction	1 Vehicle 1	2 = Vehicle 2	₽ Pedestri	an	
Crash Diagram:	ie: →[1 -	2	≯ Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
		_	<u> </u>		Off-Street Parkin	g Lot
					☐ Garage	5 200
		_			☐ Mall/Shopping C	antar
					Other Private Wa	
		 _	 			
		į			Indicate North by A	Arrow
		_				
		_				
Crash Narrative:	The operator	of MV#2 was o	valuated by Ne	awton Paran	medic 1 and signed a patie	
refusal of treatment.		OI MV#Z was e	varuaced by Ne	ewcon raran	medic I and Signed a patre	
It should be noted that	the point of im	pact for both	vehicles occu	urred on Be	eacon St westbound by the	Boston
College "McElroy Commons	' (325 Beacon	St at the St	Jude Gate enti	rance) and	there are no intersection	ıs.
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 Ve	ehicle Section)		35
Carrier Name					Carrier Issuing Authority Cod	
Address			_ City		St Zip	36
US DOT #: Cargo Body Type Code 37 G		38	Issuing State	ICC #:	Interstate	30
Jan St. 1 sty Sp. 1 state	ross Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State _	Reg Year_	Tra	iler Length	
Hazmat Information:	41					42
Placard Material 1 dig	Material	Name		Material 4 d	ligit # Release code	
GITA K SETIABUDI		251:	11 NEW	VTON POLICE DEPARTA	08/04/2	2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)