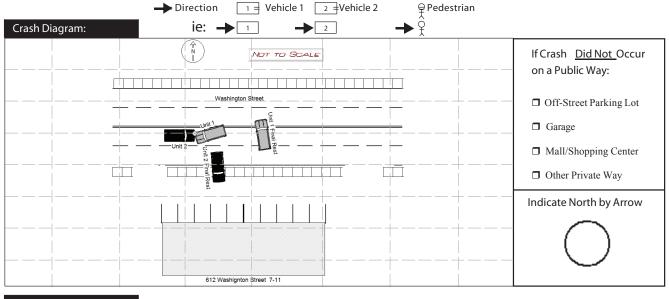
	Poli	ice Use Only		Commonwea	lth o	f Massa	achus	setts			RMY	V Docur	ment Number	
	Date of Crash 08/22/2021	Time of Crash 03:17 24HR	NEWTON	MIOTOI		icle Cra Report	\	Number /ehicles 2	Number Injure	d Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	N N
			RSECTION:		LOCAT		>		NO				CTION:	
						WEST	612		WASH	INGTO	ON ST			
1 4	Route# Direc	tion		Roadway/Street	<u>F</u>	Route# Direction	n Addı	ress #		Na	me of F	Roadway	/Street	
			P	XI	-	Feet [N S E W	of -	Mile l	• Marker	· —	or	Exit Number	_
	Route# Direc	etion 1	Name of Intersecting Also at Inters	•	_	Feet 1	N S E W	of					Exit (valide)	
2 1						Feet [N S E W	of	Route	#	Intersec	ting Roa	dway/Street	_
1	Route# Direc	tion	Name of Intersec	ting Roadway/Street							Laı	ndmark		
3	XVehicle1	_1_#Occupants	Hit/Run	Moped Case I	Number		210	0000622						
	License#		St MA	DOB/Age	Reg# ⁵	586RT7			Reg T	vne PA	N	Reg	State_MA	-
	Sex M Lic.	18 1		19 CDL		ar 2015							20	_
4	Operator CAI	FARELLI	DAVID	Endorsment JAMES	Owner	(Same as oper	ator)		Firet			Middle		- :
1		DAMS ST (apt.	. 2)	windite		S						iviidale		_
	City NEWTO	N	Sta	te_MA Zip_02458	City								Zip	_
	Insurance Com	pany_CITIZENS	8		Vehicle	Action Prior to		4 2		U			Circle Up to Thr	ree)
5		Direction: N		onding to Emergency?_N	Event S	Sequence 1 2	22 22 23	22	22 €)	<u> </u>		4 10 Undercari	riaga
		ssued) 109315AI		2: Ch90/13B/ec		armful Event	1	24	24 (1)	←	9		5 11 Totaled	nage
5 1	1			2: ChSec 4: ChSec		Contributing Co	ode 9	Tower			7		6	
			ator and all occup		Undern	ide/Override [Sea Sea		28 Airbag Air	29 30 Dag Eject) 31 t Trap	32 Injury Tra	33 ansp.	
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex Pos	s. System	Status Swi	tch Code	Code	Status Co	ode Medical Facil	
	1													
										+				
7 1	Please Select C of the Followi		e2 1_#Occupants	Non-Motorist A Typ	pe 14	Action 1	5 Locati	on	Cone	dition	17	Hi	t/Run Mop	oed
	License#		St_MA	DOB/Age	Reg# N	MP494B			Reg T	ype MV	/N	Reg	State MA	
	Sex_F Lic.	18 1	Lic. Restrictions	S 19 CDL	Veh Ye		Veh N	Make_FC				Veh Co	20	
2	Operator POI	HLMAN	KATELYN	Endorsment M	Owner	CITY OF NEV	VTON		First			Middle		_
_	Address 1321	WASHINGTON	N ST		Address	1321 WASHI	NGTON	STREET	7					-
	City NEWTO			te_MA Zip_02465	City N	EWTON							Zip <u>02465</u>	-
	Insurance Com	pany SELF INS	URED		Vehicle	Action Prior to		1 2	\perp \sim			Code: (0	Circle Up to Thr	ree)
	Vehicle Travel		S X W Res	ponding to Emergency? N	Event S	Sequence 1	22 22 23	22	<u></u>		3		4 10 Undercari	riage
	Citation # (If I					armful Event	1	24	Q	←	9		5 11 Totaled	ge
				1 2: ChSec		Contributing Co	ode 1 25				7		<i>)</i> 6	
	Violatio Pl		ec Violation operator and all	occupants involved	Underri	ide/Override [2 Sea	Towed	28 Airbag Airl	29 .30	31 Trap	32	33	\dashv
	Name (Last Fi	rst Middle)	- Perator and all	Address		Age/DOB	Sex Po	s. System	Status Sw	ritch Coo	de Code	Status C	ansp. Code Medical Faci	
	Operator/	Non-Motorist		See Above				- 99	4 1	0	0	8 2	BRIGHAM AND V	VOMEN
														\dashv



Crash Narrative:

On Sunday, August 22, 2021, I was contacted by Sgt. M. Wade of the Newton Police Traffic Bureau at 0032 hours. Sgt. Wade stated a serious motor vehicle crash occurred on Washington Street in Newton and it involved a City of Newton marked police cruiser (N494). Sgt. Wade stated Officer Katelyn Pohlman and the operator of the other vehicle involved were transported to the hospital with potential serious injuries. I was requested by Sgt. Wade to respond to the scene from my residence and investigate the crash further.

On arrival at the scene, I observed the two vehicles involved in the crash to be a 2015 Ford Explorer

(MA: 586RT7) and Newton Police marked unit N494 (MA MVN: MP494B). These vehicles were observed

disabled on the roadway in front of 612 Washington Street, Newton. There was a large debris field comprised of various parts from both vehicles on the roadway and in the parking lot of 612 Washington Street. The

(Continued o	n next page)							
Witnesses:								
Name (Last, First, Middle)	Addre	ess				Phone #		Statement
Property Damage:								•
Owner (Last, First, Middle)	Address	F	Phone #	34-Type	Description o	of Damag	ed Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)				35
Truck and Bus Information: Carrier Name	-		(From Vehic	le Section)	Cai	rrier Issui	ing Authority Co	
								de
Carrier Name		Cit	y		Si	t	Zip	de
Carrier NameAddressUS DOT #:		Cit	y		Si	t	Zip	de
Carrier NameAddressUS DOT #:	State Number	Cit	Sy	ICC#:_	Si	t	Zip	de
Carrier Name Address US DOT #: Cargo Body Type Code 37 Gro	State Number	Cit	Sy	ICC#:_	Si	t	Zip	de
Carrier NameAddress	State Number	Cit I	Issuing State	ICC #:_ Tr	ailer Length	39	Zip Interstate	de

MICHAEL R GAUDET			NEWTON POLICE DEPARTM		08/22/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	→ Direction	1 = Vehicle 1	2 =Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: →	1 -	2	₽		
		 	 	<u> </u>	I	ash <u>Did Not</u> Occur Public Way:
		<u> </u>	<u> </u>			ff-Street Parking Lot
						arage
						fall/Shopping Center
			+- 			other Private Way
					Indic	ate North by Arrow
		-				
Crash Narrative:						
road surface at the time	of my arrival w	as wet and t	here was light	rain fal	ling. Sgt. Wad	e reported that at
the time of the crash the	road was compl	etely dry and	d it had not s	tarted to	rain yet. Wash	ington Street is a
public way maintained by	the City of New	rton.				
The portion of Wash	ington Street w	here the cra	sh took place	supports	two- way trave	1, Eastbound and
Westbound. There are two						
line in the middle of the						
roadway. The closest int						
MV1 (MA: 586RT7) ha						
inoperable. I observed t		its final re	st on the road	way with	its front end f	acing Northbound on
	on next page)					
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	and Proporty
Owner (Last, First, Middle)	Address		Priorie #	34-Type	Description of Damag	ей Ргоренту
Truck and Bus Information:	Registration #		(From Ve	hicle Section)		35
Carrier Name					Carrier Issui	ing Authority Code
Address			City		St	 Zip
US DOT #:	_ State Number		Issuing State	ICC #:_		_ Interstate 36
Cargo Body Type Code 37 Gi	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	ailer Length 39	
Hazmat Information:						
Placard 40 Material 1 digi	# 41 Material 1	Name		Material 4 o	ligit #	Release code 42
MICHAEL R GAUDET				TON POLICE DEPARTM		08/22/2021

Department

Precinct/Barracks

Date

Signature

	Direction [1 =	Vehicle 1	2 = Ve	hicle 2	Pedestr	ian		
Crash Diagram:	ie: →[1	→	2	→	Ŷ			
								Crash <u>Did Not</u> (n a Public Way:	Occur
		_		_				Off-Street Parking	g Lot
				_				Garage	
į į	į	į		į	į			Mall/Shopping Co	enter
	— — — — - 	_ -		_				Other Private Way	7
		- -		- +			Inc	licate North by A	rrow
		 		- 	 +-			\bigcirc	
Crash Narrative:									
Washington Street just or									
airbags had deployed ins									
inside the vehicle that				view of	the opera	tor prio	r to the coll:	ision. MV1 wa	as
removed from the roadway									
MV2 (MA MVN: MP494)									
collision caused the vehi									
facing the front entrance									
Washington Street. The									
	serve anything	nan	iging ins	ide the	e venicle t	nat woul	d have obstru	cted the view	or the
	on next page)								
W itnesses: Name (Last, First, Middle)			Address				Phone	• #	Statement
Property Damage:									
Owner (Last, First, Middle)	Address			Ph	one #	34-Type	Description of Dam	aged Property	
Truck and Bus Information:	Registration #				(From Veh	icle Section)			
Carrier Name							Carrier Is	suing Authority Cod	e 35
Address				City			St	Zip	
US DOT #:	State Number			Iss	uing State	ICC#:		Interstate	36
37	ross Vehicle Weight		38						
Trailer Reg #:	Reg Type		Reg State		Reg Year	Tra	ailer Length 39		
Hazmat Information: Placard 40 Material 1 dig	it# 41 Materia	ıl Nan	ne			Material 4	ligit#	Release code	42
Material 1 dig	iviatella	1411							
MICHAEL R GAUDET					NEWTO	ON POLICE DEPART!		08/22/20	021

Department

Precinct/Barracks

Date

Signature

		Vehicle 1	2 =Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: → 1	→ [2	₽ Ŷ			
		 		<u> </u> 		Crash <u>Did Not</u> on a Public Way:	Occur
						Off-Street Parking	g Lot
		 				J Garage	
į į				j		Mall/Shopping Co	enter
						Other Private Way	y
		 	++-		In	dicate North by A	arrow
			+ + - + + - 			\bigcirc	
Crash Narrative:							
operator prior to the c							
The Officer involv							
Newton Police marked uni			_				s
she was operating her v							
Washington Street abrupt							
Officer Pohlman stated							tne
front passenger side of							
sustained injuries to he	r left forehead a	area and bot	th of her arms.	Officer	Pohlman was 1	later transpor	ted to
Brigham and Women's Hosp		ion and was	released a sho	ort time 1	ater.		
(Continued	ital for evaluati	ion and was	released a sho	rt time 1	ater.		
		Address	released a sho	ort time 1	ater.	ne#	Statement
(Continued Witnesses:			released a sho	rt time 1		ne #	Statement
(Continued Witnesses:			released a sho	rt time 1		ne #	Statement
(Continued Witnesses: Name (Last, First, Middle)			released a sho	rt time 1		ne #	Statement
(Continued Witnesses: Name (Last, First, Middle) Property Damage:	on next page)				Phor		Statement
(Continued Witnesses: Name (Last, First, Middle)			Phone #	34-Type			Statement
(Continued Witnesses: Name (Last, First, Middle) Property Damage:	on next page)				Phor		Statement
(Continued Witnesses: Name (Last, First, Middle) Property Damage:	on next page)				Phor		Statement
(Continued Witnesses: Name (Last, First, Middle) Property Damage:	on next page)	Address	Phone #		Phor		
(Continued Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle)	Address Registration#	Address	Phone #	34-Type	Phor Description of Da		35
(Continued Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information:	Address Registration #	Address	Phone #	34-Type hicle Section)	Phor Description of Date Carrier	maged Property Assuing Authority Cod	35
(Continued Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name	Address Registration#	Address	Phone #(From Ve	34-Type	Description of Date Carrier	maged Property Issuing Authority Cod	35
(Continued Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #:	Address Registration # State Number	Address	Phone #(From Ve	34-Type	Description of Date Carrier	maged Property Issuing Authority Cod	de 35
Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code 37	Address Registration # State Number Gross Vehicle Weight	Address 38	Phone # (From VeIssuing State	34-Type hicle Section) ICC #:_	Description of Date Carrier St_	maged Property Issuing Authority Cod	de 35
(Continued Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #:	Address Registration # State Number Gross Vehicle Weight	Address 38	Phone # (From VeIssuing State	34-Type hicle Section) ICC #:_	Description of Date Carrier St_	naged Property Issuing Authority Cod Zip Interstate	de 35
(Continued Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code Trailer Reg #:	Address Registration # State Number Gross Vehicle Weight Reg Type	Address 38 Reg State _	Phone # (From VeIssuing State	hicle Section) ICC #: Tra	Phor Description of Date Carrier St siler Length	maged Property Assuing Authority Cod Zip Interstate	de 35

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

	→ Direction	1 = Vehicle 1	2 =Vehicle 2	₽ Pedestrian	
Crash Diagram:	ie: →□	1 -	2	→ Ŷ	
		 			If Crash <u>Did Not</u> Occur on a Public Way:
			<u> </u>		☐ Off-Street Parking Lot
					Garage
i i	į	į	į į		☐ Mall/Shopping Center
				+	☐ Other Private Way
		- -	- 		Indicate North by Arrow
		 -			
Crash Narrative:					
It was reported	to me by numerous	Officers or	scene that O	fficer Pohlman	exited her cruiser after the
crash and rather than	tend to her own i	njuries, she	focused her	efforts on rend	ering aid to the operator of
the other vehicle invo	lved. Officer Po	hlman found	the operator	of the other ve	hicle lying on the floor of
the front passenger sea	at under the dash	. Officer E	Pohlman render	ed aid to the o	perator while waiting for
Newton Medics to arrive	e. Officer Pohlm	an was also	assisted in	rendering aid t	o the other operator by
Officer Conary and Of	ficer Larson.				
Officer Larson re	eported that while	e interactin	ng with the op	erator of MV1,	the operator repeated numerous
times, "Is she ok? Is	she ok?". Office	r Larson als	so stated the	operator said t	o him "I feel bad because I
was texting on my phone	e". Officer Lars	on stated th	ne operator of	MV1 works for	the Department of Corrections
(Continue	ed on next page)				
W itnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:				,	,
Owner (Last, First, Middle)	Address		Phone #	34-Type Descri	ription 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 Yea	ır Trailer L	ength 39
Hazmat Information:					
Placard 40 Material 1	digit # 41 Material	Name		Material 4 digit #	Release code 42

MICHAEL R GAUDET Newton Police Departs 08/22/2021

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

			_=tVehicle 2	Pedestrian	
Crash Diagram:	ie: → 1	2	_ →	,	
				-	If Crash <u>Did Not</u> Occur on a Public Way:
					☐ Off-Street Parking Lot
					☐ Garage
					☐ Mall/Shopping Center
				+	Other Private Way
	 				_
					Indicate North by Arrow
			+-	+	
				+	\downarrow \bigcirc \downarrow
Crash Narrative:					
Special Operations Unit ar	nd has Departmen	nt issues equ	ipment inside	the vehicle. The	ne following items were
placed into Support Service	ces, locker 9 fo	or safekeepin	g by Officer I	arson: 1 Gray Pe	elican Gun Case, 1 Black
Gun Belt, 1 Taser, 1 Can	OC Spray, 15 (5	0) Round Cas	es Of Ammuniti	on.	
The operator of MV1	(MA: 586RT7) wa	s identified	as Mr. David	Cafarelli (S169	55940). Mr.
Cafarelli was transported	to Newton Welle	esley Hospita	l for a potent	ial head injury	before my arrival. I
spoke with Mr. Cafarelli a	t Newton Welles	sley Hospital	in the Emerge	ency Room with So	gt. Wade. Mr. Cafarelli's
mother and father were pre	esent when we sp	ooke with him	. Mr. Cafarel	li stated he wa	as out with friends before
the crash and was driving	to the 7-11 on	Washington S	treet. Mr. Ca	farelli admitted	d that before the crash, he
had his cell phone in his	hand while he w	as operating	his vehicle.	Mr. Cafarelli s	tated he does not remember
(Continued o	on next page)				
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:					
Owner (Last, First, Middle)	Address		Phone #	34-Type Description	n of Damaged Property
Truck and Bus Information:	Pagistration #		(From Vehi	ala Saction)	
Carrier Name			(110111 Veni	,	Carrier Issuing Authority Code 35
Address			City		St Zip
US DOT #:				ICC#:	36
37	ss Vehicle Weight	38	15541115 54410	100 #	Interstate
		D 0:-			39
Trailer Reg #: Hazmat Information:	Reg Type	Reg State	Reg Year	Trailer Length	
Placard 40 Material 1 digit	# 41 Material Na	ame		Material 4 digit #	Release code 42

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

08/22/2021

Date

Precinct/Barracks

MICHAEL R GAUDET

→ Direction 1	Vehicle 1 2	Vehicle 2	₽Pedestria	n	
Crash Diagram: ie: -	2	→	. ĝ		
				If Crash <u>Did Not</u> on a Public Way:	Occur
				—	ng Lot
				☐ Garage	
				☐ Mall/Shopping	Center
		- — — — —	+	Other Private W	ay
			+	Indicate North by	Arrow
Crash Narrative:					
if he was texting or changing the music	on his phone	at the time of	the cras	h. Mr. Cafarelli stated	he
looked up and was unable to avoid the ve	nicle (N494)	directly in fr	ont of him	m. Mr. Cafarelli stated	he
also does not believe he applied his bra	kes before the	e collision. W	hen we sp	oke with Mr. Cafarelli	in the
Emergency Room, he was still waiting for	test results	to determine	the sever	ity of his injuries.	
On Monday, August 23, 2021, Sgt. W	ade responded	to 612 Washin	gton Stre	et, Newton to retrieve	
surveillance footage from the 7-11 of th	e crash. 7-1	1 stated their	outside	surveillance system was	not
operating correctly, but they were able	to capture so	me of the inci	dent from	a camera inside the sto	re. I
observed this footage. MV1 is observed	traveling on 1	Washington Str	eet (W) i	n the westbound travel 1	ane
in front of the storefront. MV1's drive	r side is the	n observed tra	veling over	er the double yellow lin	e in the
(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	
		`	,		35
Carrier Name				Carrier Issuing Authority Co	ode
Address		City		St Zip	
US DOT #: State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code Gross 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 dia	git# Release code	42

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

08/22/2021

Date

Precinct/Barracks

CDP1 11 ·24·00

MICHAEL R GAUDET

_	Direction	ı Vehicle 1	2 =Vehicle 2	₽ Pedestrian	
Crash Diagram:	ie: →□	→ □	2	Ŷ	
	_ 		<u> </u> 		If Crash <u>Did Not</u> Occur on a Public Way:
		<u> </u>			☐ Off-Street Parking Lot
					☐ Garage
					☐ Mall/Shopping Center
					☐ Other Private Way
		-		+	Indicate North by Arrow
			- -		
Crash Narrative:					
middle of the roadway and	into the easth	ound lane of	Washington Str	reet. A head on	collision ensues and MV1
can be seen rotating count	erclockwise ir	the roadway	backwards to i	ts final rest 1	ocation on Washington
Street. MV2 is then obser	ved at its fir	al rest posit	tion on the sid	lewalk facing so	uthbound in front of the
7-11 storefront.					
After completing my	investigation,	I have surmi	ised the follow	ing. Mr. Cafar	elli was operating his 2015
Ford Explorer (MA: 586RT7)	in the area o	f 612 Washing	gton Street, Ne	wton. Mr. Cafa	relli was holding his
cell phone in his hand whi	le operating h	is vehicle.	Mr. Cafarelli	became distract	ed while he was operating
his vehicle due to his att	ention being f	ocused on his	s cell phone. M	fr. Cafarelli tr	aveled over the double
yellow line from the westb	ound lane of W	ashington St	reet and entere	ed the eastbound	lane of Washington Street.
(Continued o	n next page)				
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:		-		,	
Owner (Last, First, Middle)	Address		Phone #	34-Type Description	on of Damaged Property
Truck and Bus Information:	Registration #		(From Veh	icle Section)	35
Carrier Name					Carrier Issuing Authority Code
Address			City		
US DOT #:	State Number		Issuing State	ICC #:	Interstate 36
	ss Vehicle Weight	38			39
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Lengtl	1
Hazmat Information: Placard 40 Material 1 digit #	# 41 Material I	Name		_ Material 4 digit #	Release code 42

_	Direction 1	Vehicle 1	vehicle 2	Pedestri	ian	
Crash Diagram:	ie: → 1	→ 2	□ →	Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
		<u> </u>			☐ Off-Street Parkir	ıg Lot
					☐ Garage	
					☐ Mall/Shopping C	Center
				+	☐ Other Private Wa	
					Indicate North by A	Arrow
		+	+-			
		 		+		
Crash Narrative:						
Newton Police marked unit	N494 was travel	ling on Washi	ngton Street (E) in the	e area of 612 Washington	
Street at this time. Mr.	Cafarelli's vel	nicle crashed	l into the fron	t end of	Newton Police marked unit	N494.
Mr. Cafarelli was not wear	ing a seatbelt	and as a res	ult of the imp	act from	the crash, he was ejected	l from
the driver seat and his fi	nal rest inside	e the vehicle	was in the fl	ood of th	he front passenger seat.	
As a result of my in	vestigation, M	r. Cafarelli	was issued Mas	sachuset	ts Uniform Citation for C	Chapter
90, Section 13B (Hands-Fre	e Violation), (Chapter 89, S	Section 4a (Mar	ked Lane:	s Violation), and	
Chapter 90, Section 13a (S	eat Belt Viola	ation).				
Photos from the cras	h scene and the	e surveillanc	e media from 7	-11 capt	uring the crash were submi	tted to
the IT Bureau.						
Witnesses:		1				1-
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 Vehi	cle Section)		
Carrier Name			(110111 7 0111	,	Carrier Issuing Authority Co	de 35
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38			L	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length 39	
Hazmat Information:		-	-			
Placard 40 Material 1 digit #	# 41 Material N	ame		Material 4 d	ligit# Release code	42
MICHAEL R GAUDET				N POLICE DEPARTA	08/22/	2021

Signature

Department

Precinct/Barracks

Date