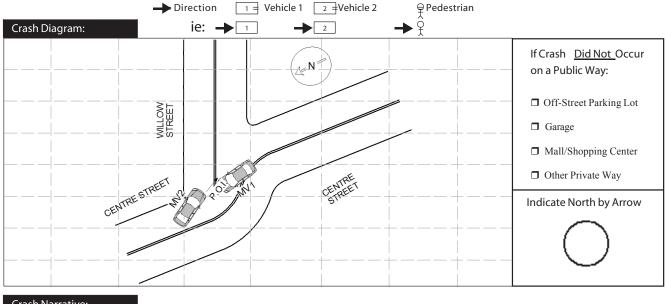
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Operator/Non-information See Above		Name (Last Fi	rst Middle)		Address			Sex	Pos. Syste	m Status S	witch Co	de Code	Status C	Code Medical Fa	cility	
		Operator/	INOII-IVIOIOTISI		See Above			-	1	1 9	0	0	10 1	L		
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Crash Narrative:

Operator of MV1 stated he was traveling Northbound on Centre St. when MV2 cut in front of him to turn left on Willow St., then collided with his vehicle. Operator of MV1 stated he attempted to stop to avoid colliding with MV2, however stated he could not. Operator of MV2 stated he was traveling Southbound on Centre St. when he attempted to turn left onto Willow St. Operator of MV2 then stated as he was attempting to turn left, MV1 collided with his vehicle.

No injuries. MV1 sustained heavy right front end and windshield damage. MV2 sustained heavy right front end along with right passenger side damage. Both MV1 and MV2 were towed on scene by Tody's towing. A towed motor vehicle form was completed for both in regards and placed on file.

Witnesses:									
Name (Last, First, Middle)		Address				Phone #		Statement	
Property Damage:									
Owner (Last, First, Middle)	Address	Phone # 34-Type Desc				ption of Damage			
Truck and Bus Information:	Registration #		(From Vehic	cle Section)				35	
Carrier Name						Carrier Issuin	g Authority Code		
Address			City			St	Zip		
US DOT #:	State Number		Issuing State	ICC #:_			Interstate	36	
Cargo Body Type Code 37 Gross	s Vehicle Weight	38				39			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Lei				
Hazmat Information:									
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#_	I	Release code	42	

JUSTIN MARCH			NEWTON POLICE DEPARTM	09/08/2021	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 ·24·00					