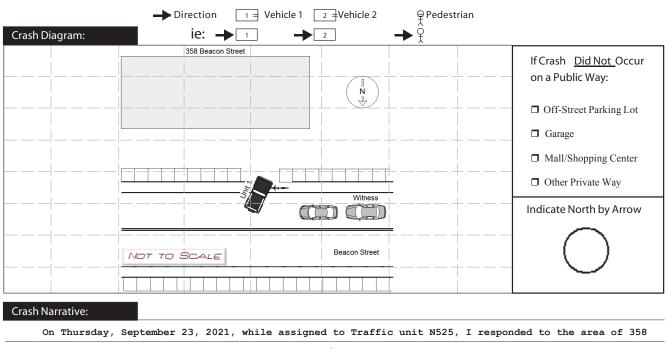
|                | Pol  | ice Use Only  |                                       | Commonwea                 | lth o   | f Massa                        | achu    | setts                              |                                 |                                  | RMV                      | Docume                             | ent Number  |         |
|----------------|--|---|---------------------------------------|---------------------------|---|--------------------------------|---------|------------------------------------|---------------------------------|----------------------------------|--------------------------|------------------------------------|---|---------|
|                | Date of Crash<br>09/23/2021                                | Time of Crash<br>08:41<br>24HR  | NEWTON                                | MIUIUI                    |   | icle Cra<br>Report             | sh      | Number<br>Vehicles<br>1            |                                 | d Latit                          | d Limit<br>ude<br>gitude | 25                                 | State Police<br>Local Police<br>MBTA Police<br>Other: | XI<br>D |
|                |  |   | RSECTION:                             |                           | LOCAT   |                                | >       |                                    |                                 |                                  |                          | RSEC'                              |   | 2       |
|                |  |   |                                       |                           |   | WEST                           | 358     |                                    | BEACO                           | ON ST                            |                          |                                    |   | 2       |
| 1<br><b>1</b>  | Route# Direc   | tion  | Name of R                             | oadway/Street             | F   | Route# Direction               | on Ado  | lress #                            |                                 | Nar                              | ne of Ro                 | oadway/S                           | treet   | _ 2     |
|                |  |   | 71                                    | •                         | Feet NSEW of or or<br>Mile Marker Exit Number                                     |                                |         |                                    |                                 |                                  |                          |                                    |   |         |
|                | Route# Direc   | ction   | Name of Intersecting  Also at Interse |                           | [   | Feet N                         | N S E   | W of                               |                                 |                                  |                          |                                    |   |         |
| 2<br>1         |  |   |                                       |                           | -   | Feet N                         | N S E   | W of                               | Route                           | # In                             | ntersect                 | ing Roadv                          | vay/Street  | 1       |
|                | Route# Direction Name of Intersecting Roadway/Street       |   |                                       |                           | Landmark  |                                |         |                                    |                                 |                                  |                          |                                    |   | ╬       |
| 3              | XVehicle1  | #Occupants  | Hit/Run                               | Moped Case I              | Number  |                                | 21      | 00000744                           |                                 |                                  |                          |                                    |   | Т       |
|                | License#   |   | St MA                                 |                           | Reg#_   | EBH20                          |         |                                    | _Reg T                          | pe_PAN                           | 1                        | Reg St                             | tate MA   |         |
|                | Sex_M Lic.   | Class D 18  | Lic. Restrictions                     | B CDLEndorsment           | Veh Ye  | ar_2015                        | Veh     | Make_JE                            | EP                              |                                  |                          | Veh Conf                           | fig. 20   |         |
| 4<br>1         | Operator MO  |   | THOMAS                                | A Middle                  |   | MOGAN                          |         | THOM                               | IAS<br>First                    |                                  |                          | Middle                             |   | 1       |
|                |  | BEACON STREE  |                                       | MA 7: 02467               |   | S 358 BEACON                   | 51      |                                    |                                 |                                  | g. 1                     | MA                                 | 02458   |         |
|                | City NEWTO Insurance Com                                   |   | State                                 | Zip 02467                 |   | Action Prior to                | Crach   | 2                                  |                                 |                                  |                          | MA Zi<br>Code: (Ci                 | rcle Up to Three                                      | e)      |
| 5              | 1  | Direction: N  | S E W Respo                           | nding to Emergency? N     |   |                                | 22 22   | 22                                 | <u></u>                         | _                                | 0                        |                                    | -   |         |
|                |  | ssued) 143809A  |                                       | 3 3                       |   | armful Event                   | 23      |                                    |                                 |                                  | 9                        |                                    | 10 Undercarria  | age     |
|                | Violation  | 1: Ch <b>90/14/5</b> e  | c Violation 2                         | : ChSec                   | Driver  | Contributing Co                |         | 9 24                               | 24                              |                                  | Ź                        |                                    |   |         |
| <sup>6</sup> 1 |  |   |                                       | : ChSec                   | Underr  | ide/Override                   | 25      | Towe                               |                                 |                                  | 7                        | 6                                  |   | $\bot$  |
|                |  | Please fill out for operator and all occupants involved  ame (Last First Middle)  Address |                                       |                           |   | Age/DOB                        | Sex Sex | 26 27<br>eat Safety<br>os. System  | 28<br>Airbag Air<br>Status Swi  | 29 30<br>Eject<br>tch Code       | 31<br>Trap I<br>Code S   | 32 3<br>njury Trans<br>Status Code | Medical Facility                                      | 4       |
|                | Operator   |   |                                       | See Above                 |   |                                |         | 1                                  | 4 99                            | 0                                | 0                        | 10 1                               | N/A   |         |
|                |  |   |                                       |                           |   |                                |         |                                    |                                 |                                  |                          |                                    |   |         |
|                |  |   |                                       |                           |   |                                |         |                                    |                                 |                                  |                          |                                    |   |         |
| 7              |  |   |                                       |                           |   |                                |         |                                    |                                 |                                  | 1=1                      |                                    |   |         |
| 1              | Please Select (<br>of the Followi                          | Vehicle   | e# Occupants                          | Non-Motorist A Typ        | pe 2 14   | Action 2                       | 5 Loca  |                                    | Cond                            | lition 1                         | 17                       | Hit/                               | Run Mope  | ed      |
|                | License#   |   | St                                    | DOB/Age                   |   |                                |         |                                    |                                 |                                  |                          |                                    |   |         |
|                | Sex_F Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment |   |                                       |                           |   | Veh Year Veh Make Veh Config.  |         |                                    |                                 |                                  |                          | fig. <b>20</b>                     |   |         |
| 8<br><b>2</b>  | Operator PAI   | Last  | LOUISA                                | JAYNE<br>Middle           | Owner Last First Middle   |                                |         |                                    |                                 |                                  |                          |                                    |   |         |
|                |  | Address 201 UPLAND AVENUE   |                                       |                           |   |                                |         |                                    |                                 |                                  |                          |                                    |   |         |
|                | City NEWTO   |   | Stat                                  | e MA Zip 02461            | City State Zip  Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Ti |                                |         |                                    |                                 |                                  |                          |                                    | e)  |         |
|                | Insurance Company  |   |                                       |                           |   |                                | 22 22   | 22                                 | <b>22</b> 2                     |                                  | 3                        |                                    | •   |         |
|                | Citation # (If Issued) N/A                                 |   |                                       |                           |   | Iarmful Event                  | 23      |                                    |                                 |                                  | 9                        | / ),                               | 10 Undercarria  | age     |
|                | Violation 1: ChSecViolation 2: ChSec                       |   |                                       |                           |   | Driver Contributing Code 24 24 |         |                                    |                                 |                                  |                          |                                    |   |         |
|                | Violation 3: ChSec Violation 4: ChSec                      |   |                                       |                           |   | ide/Override                   | 25      | Towed                              |                                 | 10 L 20                          | 7                        | 22   2                             |   | _       |
|                | Name (Last Fi  |   | r operator and all o                  | ccupants involved Address |   | Age/DOB                        |         | 26 27<br>eat Safety<br>Pos. System | 28 2<br>Airbag Air<br>Status Sw | 29 30<br>pag Eject<br>ritch Code | 31<br>Trap II<br>Code    | 32 3<br>njury Trans<br>Status Cod  | sp.   | ty      |
|                | Operator/  | Non-Motorist  |                                       | See Above                 |   |                                |         |                                    |                                 | +                                |                          | 8 2                                | BRIGHAM AND WO  | MEN     |
|                |  |   |                                       |                           |   |                                |         |                                    |                                 | +                                |                          |                                    |   |         |
|                |  |   |                                       |                           |   |                                |         |                                    |                                 |                                  |                          |                                    |   |         |
|                |  |   |                                       |                           |   |                                |         |                                    |                                 |                                  |                          |                                    |   |         |



On Thursday, September 23, 2021, while assigned to Traffic unit N525, I responded to the area of 358

Beacon Street, Newton for a report of a motor vehicle/bicycle crash with injury. The weather at the time of the crash was clear and sunny. The road surface was dry. Beacon Street is a public way maintained by the City of Newton.

I spoke with the operator of the vehicle involved, Mr. Thomas Mogan (S29907615). Mr. Mogan stated he was operating his 2015 Jeep Wrangler (MA: 6EBH20) on Beacon Street (W) towards his residence of 358 Beacon Street. Mr. Mogan stated he observed a break in the traffic traveling on Beacon Street (E) towards Hammond Street in front of his driveway. Mr. Mogan took a left turn from the Westbound lane of Beacon Street to enter his driveway. While making his turn, his vehicle crashed into a

(Continued on next page)

| Witnesses:                    |                    |           |                 |              |                     |                                |           |
|-------------------------------|--------------------|-----------|-----------------|--------------|---------------------|--------------------------------|-----------|
| Name (Last, First, Middle)    |                    | Address   |                 |              | Phone #             | #                              | Statement |
| MCCHCKED KELL                 | <b>42 FAIRHAVE</b> |           |                 |              |                     | N                              |           |
| MCCUSKER , KELLI,             | NEWTON,MA          | 02459     |                 |              | IN                  |                                |           |
|                               |                    |           |                 |              |                     |                                |           |
| Property Damage:              |                    |           |                 |              |                     |                                |           |
| Owner (Last, First, Middle)   | Address            |           | Phone #         | 34-Type      | Description of Dama | escription of Damaged Property |           |
|                               |                    |           |                 |              |                     |                                |           |
|                               |                    |           |                 |              |                     |                                |           |
|                               |                    |           |                 |              |                     |                                |           |
| Truck and Bus Information:    | Registration #     |           | (From Vehic     | cle Section) |                     |                                | 35        |
| Carrier Name                  |                    |           |                 |              | Carrier Issu        | uing Authority Cod             | е         |
| Address                       |                    |           | City            |              | St                  | Zip                            |           |
| US DOT #:                     |                    |           | _ Issuing State | ICC #:_      |                     | Interstate                     | 36        |
| Cargo Body Type Code Gros     | s Vehicle Weight   | 38        |                 |              |                     |                                |           |
| Trailer Reg #:                | Reg Type           | Reg State | Reg Year        | Tr           | railer Length 39    |                                |           |
| Hazmat Information:           |                    |           |                 |              |                     |                                |           |
| Placard 40 Material 1 digit # | 41 Material Nan    | ne        |                 | Material 4   | digit #             | Release code                   | 42        |

|   | → Direction          | ı   Vehicle 1 | 2 =Vehicle 2    | ₽Pedestr             | ian                  |  |
|---|----------------------|---------------|-----------------|----------------------|----------------------|--|
| Crash Diagram:                                | ie: →□               | 1 -           | 2               | ₽Ŷ                   |                      |  |
|   | <br>  <br>           | <br>          | <br>            | <u> </u><br><u> </u> |                      | rash <u>Did Not</u> Occur<br>a Public Way: |
|   |                      |               |                 |                      |                      | Off-Street Parking Lot                     |
|   |                      |               |                 |                      |                      | Garage                                     |
|   |                      |               |                 | į                    |                      | Mall/Shopping Center                       |
|   |                      | -             |                 | +                    |                      | Other Private Way                          |
|   | - — —   — — — —      | -  ·          |                 |                      | Indic                | cate North by Arrow                        |
|   |                      |               |                 |                      |                      |  |
| Crash Narrative:                              | Beacon Street (E)    | in the mark   | ed bicycle lar  | ne in fron           | t of 358 Beacon      | Street.                                    |
| Mr. Mogan stated he die                       | d not see the bio    | cyclist until | the front pas   | ssenger si           | de fender/door       | area of his vehicle                        |
| made contact with her.                        | I observed minor     | damage to t   | his area on hi  | s vehicl             | e. Mr. Mogan r       | reported no                                |
| injuries.                                     |                      |               |                 |                      |                      |  |
| The injured bicyc                             | list was identifi    | ied as Ms. Lo | ouisa Palmer (S | 867185637)           | . Ms. Palmer wa      | as treated on                              |
| scene by Fallon Medics                        | for injuries to h    | ner left wris | st and ankle a  | and transp           | orted to Brigha      | am and Women's                             |
| Hospital for further even                     | aluation. Ms. Pa     | almer was wea | ring a helmet   | at the ti            | me of the crash      | and I observed her                         |
| blue Bianchi Pista bicy                       | cle resting on th    | ne sidewalk i | n front of 358  | Beacon               | Street. The bi       | cycle had minor                            |
| damage in to it's front                       | wheel area and f     | fresh scrapes | near the hand   | llebars.             | I transported t      | the bicycle to Ms.                         |
| (Continue                                     | d on next page)      |               |                 |                      |                      |  |
| W itnesses: Name (Last, First, Middle)        |                      | Address       |                 |                      | Phone #              | Statement                                  |
| Name (Last, 1 list, Middle)                   |                      | Address       |                 |                      | THORE #              | Statement                                  |
|   |                      |               |                 |                      |                      |  |
|   |                      |               |                 |                      |                      |  |
| Property Damage:                              |                      |               | DI "            | 24.7                 |                      | I.D.                                       |
| Owner (Last, First, Middle)                   | Address              |               | Phone #         | 34-Type              | Description of Damag | ged Property                               |
|   |                      |               |                 |                      |                      |  |
|   |                      |               |                 |                      |                      |  |
| Truck and Bus Information:                    | Registration #       |               | (From Ve        | ehicle Section)      |                      | 35   |
| Carrier Name                                  |                      |               |                 |                      | Carrier Issu         | ing Authority Code                         |
| 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 Year_       | Tra                  | ailer Length 39      |  |
| Hazmat Information:  Placard 40 Material 1 di | git # 41 Material 1  | Name          |                 | Material 4 c         | ligit #              | Release code 42                            |
| MICHAEL R GAUDET                              |                      |               | AUTA            | TON POLICE DEPARTM   |                      | 09/23/2021                                 |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

|  | → Direction          | 1 = Vehicle | 1 2 = Vehicle 2 | ₽ Pedestrian          | 1                                       |             |
|--|----------------------|-------------|-----------------|-----------------------|---|-------------|
| Crash Diagram:                               | ie: →                | 1 -         | 2               | →Ŷ                    |   |             |
|  |                      | <br> <br>   |                 |                       | If Crash <u>Did N</u><br>on a Public Wa |             |
|  |                      |             |                 | <u> </u>              | —                                       | ırking Lot  |
|  |                      |             |                 |                       | ☐ Garage                                |             |
|  |                      |             |                 |                       | □ Mall/Shoppi                           | ng Center   |
|  |                      | _           |                 | <del> </del>          | Other Private                           | e Way       |
|  |                      | <u> </u>    |                 |                       | Indicate North                          | by Arrow    |
|  |                      |             |                 | <br>                  |   |             |
|  |                      |             |                 |                       | (                                       | )           |
|  |                      |             |                 |                       |   | _           |
| Crash Narrative:                             |                      |             |                 |                       | <u> </u>                                |             |
| Palmer's residence.                          |                      |             |                 |                       |   |             |
| I responded to Br                            | igham and Women's    | s Hospita   | l in Boston and | spoke with Ms         | . Palmer in the Emerg                   | ency        |
| Department. Ms. Palmer                       | stated she was       | riding he   | r bicycle on Be | acon Street (E        | ) towards Boston Coll                   | ege.        |
| Ms. Palmer stated she w                      | as riding in the     | e marked l  | oicycle lane wi | th the motor v        | ehicle traffic to her                   | left. Ms.   |
| Palmer stated she obser                      | ved a break in the   | he traffic  | on Beacon Str   | eet ahead of          | her, and then a Jeep                    | entered her |
| travel lane after it to                      | ok a left turn f     | rom the We  | estbound travel | lane on Beaco         | n Street right in fro                   | nt of her.  |
| Ms. Palmer stated her 1                      |                      |             |                 |                       |   |             |
| then fell to the roadwa                      | y. Ms. Palmer s      | tated she   | has injuries t  | o her left wri        | st/arm area, her left                   | ankle, and  |
| her hips.                                    |                      |             |                 |                       |   |             |
|  | d on next page)      |             |                 |                       |   |             |
| W itnesses: Name (Last, First, Middle)       |                      | Address     |                 |                       | Phone #                                 | Statement   |
| ivairie (Last, i iist, Middle)               |                      | Address     |                 |                       | THORE #                                 | Statement   |
|  |                      |             |                 |                       |   |             |
|  |                      |             |                 |                       |   |             |
| Property Damage:                             |                      |             |                 |                       |   |             |
| Owner (Last, First, Middle)                  | Address              |             | Phone #         | 34-Type De            | escription of Damaged Property          | <u>'</u>    |
|  |                      |             |                 |                       |   |             |
|  |                      |             |                 |                       |   |             |
| Truck and Bus Information:                   | Registration #_      |             | (From           | n Vehicle Section)    |   | 35          |
| Carrier Name                                 |                      |             |                 |                       | Carrier Issuing Authority               | Code        |
| Address                                      |                      |             |                 |                       |   | 36          |
| US DOT #:                                    |                      | 38          | Issuing State   | ICC #:                | Interstate                              |             |
| Cargo Body Type Code                         | Gross Vehicle Weight |             |                 |                       | 39                                      |             |
| Trailer Reg #:                               | Reg Type             | Reg St      | ate Reg Ye      | ear Traile            | r Length                                |             |
| Hazmat Information:  Placard 40 Material 1 d | igit # 41 Material   | Name        |                 | Material 4 digi       | it#Release coo                          | de 42       |
|  |                      |             |                 |                       |   |             |
| MICHAEL R GAUDET                             |                      |             |                 | NEWTON POLICE DEPARTM | 09                                      | /23/2021    |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)

| -   | Direction 1 =                                   | Vehicle 1 2  | ₹Vehicle 2                              | Pedestrian    |   |           |
|---|---|--------------|---|---------------|---|-----------|
| Crash Diagram:  | ie: → 1   | 2            | ]→                                      | · ĝ           |   |           |
|   |   |              | <br>                                    | <br>          | If Crash <u>Did Not</u> On a Public Way:        | Occur     |
|   |   |              |   |               | ☐ Off-Street Parking                            | g Lot     |
|   |   |              |   |               |   |           |
|   |   |              |   | į             | ☐ Mall/Shopping Ce                              | enter     |
|   |   |              | - — — — —                               | +-            | ☐ Other Private Way                             |           |
|   |   |              | . — — — —                               | +-            | Indicate North by A                             | rrow      |
|   |   | <del> </del> | · — — — — — — — — — — — — — — — — — — — |               |   |           |
| Crash Narrative:  |   | - ** 112 1   |   |               |   |           |
| <del></del>   |   |              |   |               | er stated there was hear                        |           |
| Beacon Street (E) towards<br>traffic in the area as she   |   |              |   |               |   |           |
| stated there was a break  |   |              |   |               |   |           |
| Westbound lane of Beacon  |   |              |   |               | <del>_</del>                                    |           |
| the Jeep and the bicyclis   |   |              |   | <u>ar</u>     | OI HEI. M                                       | 56666     |
|   |   |              |   | rield to the  | right of way while Ms.                          | Palmer    |
| was traveling on Beacon S   |   | ·            |   |               |   |           |
|   |   | <del>-</del> |   |               | Photos were taken of the                        | he        |
| (Continued  | on next page)                                   |              |   |               |   |           |
| Witnesses:  |   |              |   |               |   |           |
| Name (Last, First, Middle)  |   | Address      |   |               | Phone #   | Statement |
|   |   |              |   |               |   |           |
|   |   | 1            |   |               |   |           |
|   |   |              |   |               |   |           |
| Property Damage   |   |              |   |               |   |           |
| Property Damage: Owner (Last, First, Middle)  | Address   |              | Phone #                                 | 34-Type Des   | scription of Damaged Property                   |           |
|   | Address   |              | Phone #                                 | 34-Type Des   | cription of Damaged Property                    |           |
|   | Address   |              | Phone #                                 | 34-Type Des   | cription of Damaged Property                    |           |
| Owner (Last, First, Middle)   | Address   |              | Phone #                                 | 34-Type Des   | scription of Damaged Property                   |           |
|   | Registration #                                  |              | (From Vehi                              | 71            |   | de 35     |
| Owner (Last, First, Middle)  Truck and Bus Information:  Carrier Name   | Registration #                                  |              | (From Vehi                              | icle Section) | Carrier Issuing Authority Cod                   |           |
| Owner (Last, First, Middle)  Truck and Bus Information:  Carrier Name  Address  | Registration #                                  | (            | (From Vehi                              | icle Section) | Carrier Issuing Authority Cod                   |           |
| Owner (Last, First, Middle)  Truck and Bus Information:  Carrier Name  Address  US DOT #:                               | Registration #                                  | (            | (From Vehi                              | icle Section) | Carrier Issuing Authority Cod St Zip Interstate | le        |
| Owner (Last, First, Middle)  Truck and Bus Information:  Carrier Name  Address  US DOT #:                               | Registration # State Number coss Vehicle Weight | 38           | (From Vehi City Issuing State           | icle Section) | Carrier Issuing Authority Cod St Zip Interstate | le        |
| Owner (Last, First, Middle)  Truck and Bus Information:  Carrier Name  Address  US DOT #:  Cargo Body Type Code  37 Gro | Registration # State Number coss Vehicle Weight | 38           | (From Vehi City Issuing State           | icle Section) | Carrier Issuing Authority Cod St Zip Interstate | le        |

| -                                      | Direction           | 1 = Vehicle 1 | 2 #Vehicle 2  | ₹ Pedestr         | lan  |               |
|--|---------------------|---------------|---------------|-------------------|--|---------------|
| Crash Diagram:                         | ie: →□              | 1             | 2             | ₽Ŷ                |  |               |
| Crash Diagram:                         | Ie: →               |               |               | * *               | If Crash Did Not on a Public Way:  Off-Street Parkin Garage Mall/Shopping O Other Private Wa | ng Lot Center |
| Crash Narrative:                       |                     |               |               |                   |  |               |
| scene and submitted to the             | e IT Bureau.        |               |               |                   |  |               |
|  |                     |               |               |                   |  |               |
|  |                     |               |               |                   |  |               |
|  |                     |               |               |                   |  |               |
|  |                     |               |               |                   |  |               |
|  |                     |               |               |                   |  |               |
|  |                     |               |               |                   |  |               |
|  |                     |               |               |                   |  |               |
|  |                     |               |               |                   |  |               |
|  |                     |               |               |                   |  |               |
|  |                     |               |               |                   |  |               |
|  |                     |               |               |                   |  |               |
| W itnesses: Name (Last, First, Middle) |                     | Address       |               |                   | Phone #  | Statement     |
| Name (Last, First, Middle)             |                     | Address       |               |                   | Priorie #  | Statement     |
|  |                     |               |               |                   |  |               |
|  |                     |               |               |                   |  |               |
| Property Damage:                       |                     |               |               |                   |  |               |
| Owner (Last, First, Middle)            | Address             |               | Phone #       | 34-Type           | Description of Damaged Property  |               |
| Owner (East, First, Middle)            | Address             |               | THORE #       | эттурс            | Description of Damagea Property  |               |
|  |                     |               |               |                   |  |               |
|  |                     |               |               |                   |  |               |
| Truck and Bus Information:             | P :: " "            |               |               |                   |  |               |
|  |                     |               |               | nicle Section)    | Control to the Autoria C   | 35            |
| Carrier Name                           |                     |               |               |                   | Carrier Issuing Authority Co   | de            |
| Address                                |                     |               | City          |                   | St Zip   |               |
| US DOT #:                              | State Number        |               | Issuing State | ICC #:_           | Interstate   | 36            |
| Cargo Body Type Code 37 Gi             | ross Vehicle Weight | 38            |               |                   |  |               |
|  |                     |               |               |                   | 39   |               |
| Trailer Reg #:                         | Reg Type            | Reg State     | Reg Year      | Tra               | ailer Length   |               |
| Hazmat Information:                    |                     |               |               |                   | _  |               |
| Placard 40 Material 1 digit            | # 41 Material       | Name          |               | _ Material 4 o    | digit # Release code   | 42            |
|  |                     |               |               |                   |  |               |
| MICHAEL R GAUDET                       |                     |               | NEWI          | ON POLICE DEPARTM | 09/23/   | 2021          |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)