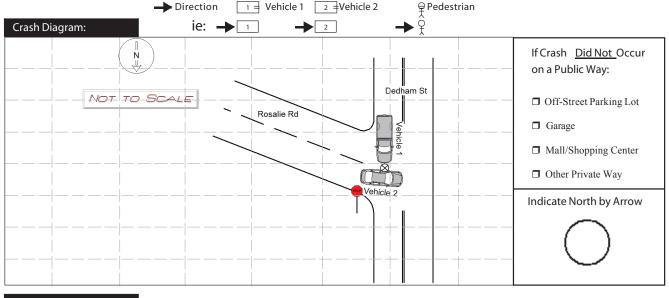
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Crash Narrative:

Operator 1 stated he was traveling Northbound on Dedham St. He stated he saw vehicle 2 at the stop sign at the intersection of Rosalie Rd and Dedham St. Operator 1 stated that vehicle 2 turned out of Rosalie Rd and tried to turn left onto Dedham St and he tried to brake but was unable to stop. Vehicle 1 collided into vehicle 2 in a perpendicular angle.

Operator 2 stated that she was stopped at the intersection of Rosalie Rd and Dedham St and was going to take a left onto Dedham St. After one car passed her going straight on Dedham St, she thought she had enough time to take a left. Operator 2 stated as she proceeded to try and turn left she saw vehicle 1 approaching, and tried to hit her brakes but could not stop in time. The front of vehicle 1 collided into the drivers side door of vehicle 2.

(Continued on next page)									
W itnesses:									
Name (Last, First, Middle)		Address				Phone #	ŧ	Statement	
Property Damage:									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descr	iption of Dama	ged Property		
			-	•					
Truck and Bus Information:	Registration #		(From Vehic	ele Section)					
Truck and Bus Information: Carrier Name			(From Vehic	cle Section)		Carrier Issu	uing Authority Co	35 de	
			(From Vehic					de	
Carrier Name			City			St	Zip	de	
Carrier Name Address US DOT #:	State Number		City			St	Zip	de	
Carrier Name Address US DOT #:	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	de	
Carrier NameAddressUS DOT #: Cargo Body Type Code37 Gross	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	de	
Carrier Name Address US DOT #: Cargo Body Type Code Trailer Reg #:	State Numbers Vehicle Weight Reg Type	Reg State	City Issuing State	ICC#:_ Tr	ailer Le	St	Zip Interstate	de	

ROBERT DRAGONE			NEWTON POLICE DEPARTM		09/28/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

→	▶ Direction 1	1 = Vehicle 1	₂ ≢Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: → 🗆	1 -	2	P		
				<u> </u> 	If Crash <u>Did</u> on a Public W	
					☐ Off-Street F	Parking Lot
				į	☐ Mall/Shopp	oing Center
				+	Other Priva	
		 - 			Indicate North	
)
		<u> </u>		+		/
Crash Narrative:						
There was minor damage to t						the drivers
side door leaving it unable						
Operator 1 was evaluated by					rator 2 stated she may	have hit
her head, and was transport	ted to Newton	Wellesley Hos	spital by Fallo	on.		
Witnesses:		Address			Dhana #	Statement
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Propert	ty
Truck and Bus Information:	Pagistration #		(From Vehi	(ala Castian)		
Carrier Name	Registration #		(From Veni	· · ·	Carrier Issuing Authori	ity Code 35
Address			City		St Zi _l	
US DOT #:						36
27		38	issuing state	1CC#	interstat	
	s Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	
Hazmat Information:	41					42
Placard Material 1 digit #	Material N	Name		Material 4 o	digit # Release co	ode
ROBERT DRAGONE			NEWTO	N POLICE DEPARTM		09/28/2021

CDP1 11 ·24·00

Police Officer Name (Please Print)