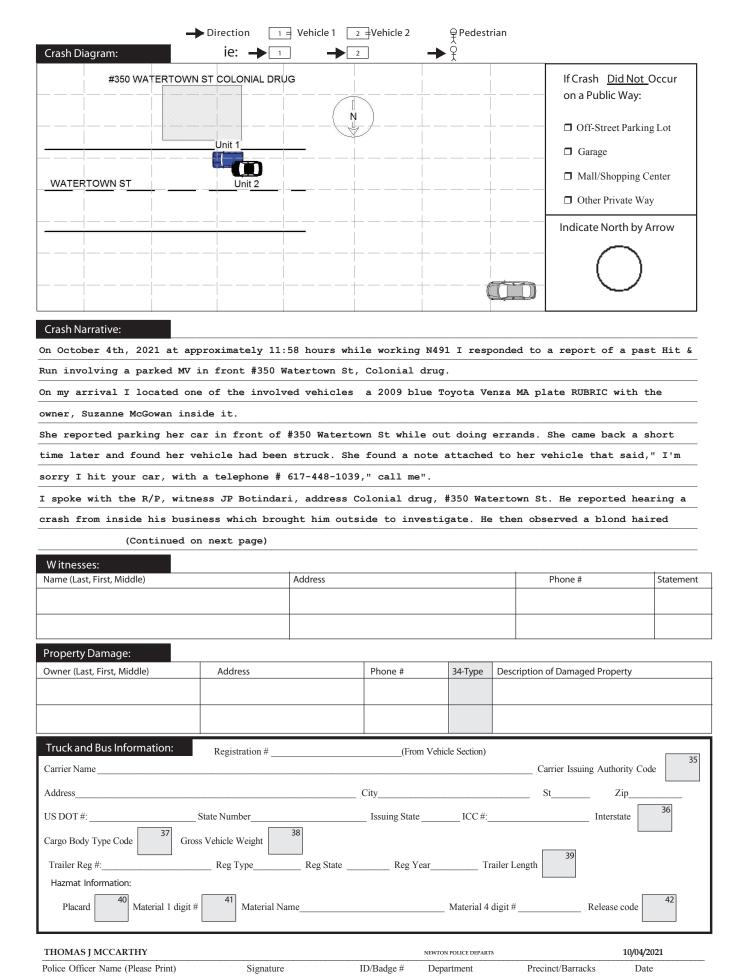
|               | Poli   | ice Use Only                                |  | Commonw                                     | ealth (    | of Mass  | achu  | setts                              | ,                          |                               | RM                             | V Doci             | ıment                 | Number   |          |  |
|---------------|--|---|--|---|------------|--|---|------------------------------------|----------------------------|-------------------------------|--------------------------------|--------------------|-----------------------|--|----------|--|
|               | Date of Crash<br>10/04/2021  | Time of Crash<br>11:58                      | NEWTON   | 141010                                      |            | iicle Cra<br>Report  | nsh [   | Number<br>Vehicles<br>2            |                            | red Lat                       | eed Lim<br>titude _<br>ngitude |                    | Sta<br>Lo<br>MI<br>Ot | nte Police<br>cal Police<br>BTA Police<br>her: | Xi<br>O  |  |
|               |  |   | ERSECTION:   | <   | LOCA       |  | >   |                                    | N(                         | от ат                         |                                |                    | ECTI                  | ON:  |          |  |
|               |  |   |  |   |            | EAST   | 350   |                                    | WAT                        | ERTOW                         | VN ST                          |                    |                       |  | _        |  |
| 1<br>[        | Route# Direc   | Route# Direction Name of Roadway/Street  At |  |   |            |  | Route# Direction Address # Name of Roadway/Street |                                    |                            |                               |                                |                    |                       |  |          |  |
|               | Route# Direction Name of Intersecting Roadway/Street                                       |   |  |   |            | Feet N S E W of or Exit Number   |   |                                    |                            |                               |                                |                    |                       |  |          |  |
|               | Route# Direc   | etion                                       |  | Feet NSEW of                                |            |  |   |                                    |                            |                               |                                |                    |                       |  |          |  |
| 3             |  |   |  |   |            | Feet [   | N S E   | W of                               | Rou                        | te#                           | Intersec                       | ting Ko            | oadway                | /Street  | 4        |  |
|               | Route# Direc   | tion  | Name of Interse  | cting Roadway/Street                        |            | Landmark   |   |                                    |                            |                               |                                |                    |                       |  |          |  |
|               | XVehicle1  | _1_#Occupant                                | ts Hit/Run   | ☐ Moped Ca                                  | ase Number |  | 21  | 00000784                           |                            |                               |                                |                    |                       |  | _        |  |
|               | License#   | 18  | St M   | A DOB/Age                                   |            | RUBRIC   |   |                                    |                            | Type_PA                       |                                |                    |                       | 20   |          |  |
|               | Sex_F_ Lic.  | Class D                                     | Lic. Restriction                                       |   |            | ear_2009   |   | Make_T                             | OYOTA                      | A                             |                                | _Veh C             | Config.               | 2  | 1        |  |
| 1             | Operator MC Address 52 M   | GOWAN  Last  AYFLOWER R                     | SUZANNE<br>First                                       | Middle                                      |            | Owner (Same as operator)  Last First Middle  |   |                                    |                            |                               |                                |                    |                       |  |          |  |
|               | City NEWTO   |   |  | ate MA Zip 02467                            |            | Address  City State Zip  |   |                                    |                            |                               |                                |                    |                       |  |          |  |
|               | Insurance Com  |   |  |   |            | le Action Prior t  |   |                                    | 21                         |                               |                                |                    |                       | e Up to Three                                  | e)       |  |
| 5             | Vehicle Travel   | Direction: N                                | N S X W Res  | ponding to Emergency? N                     | Event      | Event Sequence 1 22 22 22 2 3 4  |   |                                    |                            |                               |                                |                    |                       |  |          |  |
|               | Citation # (If I   | ssued) N/A                                  |  |   | Most       | Harmful Event  | 1 23  |                                    |                            | 1 👉                           | 9                              | $\left\{ \right\}$ |                       | 10 Undercarria<br>11 Totaled                   | ige      |  |
| 2             |  |   |  | n 2: ChSec                                  | Drive      | Contributing C   | ode 1   |                                    | 24                         | <b>0</b>                      |                                | 7                  | )<br>ഉ                |  |          |  |
| 2             |  |   | erator and all occu                                    | 1 4: ChSec                                  | Under      | ride/Override  |   | Towe                               | d_N                        |                               |                                |                    |                       |  | +        |  |
|               | Name (Last Fir   | rst Middle)                                 |  | Address See Above                           |            | Age/DOB  | Sex P   | eat Safety<br>os. System           | 28<br>Airbag A<br>Status S | 29 Eje<br>Switch Coo          | ct Trap<br>de Code             | platus             |                       | Medical Facility                               | 2        |  |
|               | Operator   |   |  | See Above                                   |            |  |   |                                    |                            |                               |                                | 10                 | 1                     |  | -        |  |
|               |  |   |  |   |            |  |   |                                    | $\vdash$                   |                               |                                |                    |                       |  | $\dashv$ |  |
|               |  |   |  |   |            |  |   |                                    |                            |                               |                                |                    |                       |  | -        |  |
| 7<br><b>1</b> | Please Select C<br>of the Followi  | IX Vahic                                    | cle2 1_#Occupar  | ts Non-Motorist A                           | Туре       | 14 Action  | 15 Loca   | tion                               | 16 Co                      | ondition                      | 17                             | X                  | Hit/Rur               | п Море   | d        |  |
|               | License#   |   | St   | A DOB/Age                                   | Reg#       | Reg # 8880YD Reg Type PAN  |   |                                    |                            |                               |                                |                    | Reg State MA          |  |          |  |
|               | Sex_F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment                             |   |  |   |            | Veh Year 2016 Veh Make JEEP Veh Config. 2  |   |                                    |                            |                               |                                |                    |                       |  |          |  |
| 1             | Operator MC  | Last  | Owne   | Owner (Same as operator)  Last First Middle |            |  |   |                                    |                            |                               |                                |                    |                       |  |          |  |
|               | Address 33 W   |   |  | ate MA Zip 02458                            | Addre      | Address  |   |                                    |                            |                               |                                |                    |                       |  |          |  |
|               | City NEWTO   |   | City State Zip Damaged Area Code: (Circle Up to Three) |   |            |  |   |                                    |                            |                               |                                |                    |                       |  |          |  |
|               | Insurance Company LIBERTY MUTUAL  Vehicle Travel Direction: NSWW Responding to Emergency?N |   |  |   |            | Vehicle Action Prior to Crash  Event Sequence  2 22 22 22 22 22 22 22 22 22 22 22 22 |   |                                    |                            |                               |                                |                    |                       |  | '        |  |
|               | Citation # (If I   |   | Most Harmful Event 2 23                                |   |            |  |   |                                    |                            |                               |                                | ige                |                       |  |          |  |
|               | Violatio   | on 1: Ch                                    | Drive  | Driver Contributing Code 10 24 24           |            |  |   |                                    |                            |                               |                                |                    |                       |  |          |  |
|               | Violatio   | on 3: Ch                                    | Under  | Underride/Override 25 Towed N 8 7 6         |            |  |   |                                    |                            |                               |                                |                    |                       |  |          |  |
|               | Pl<br>Name (Last Fi  |   | or operator and al                                     | l occupants involved<br>Address             |            | Age/DOB  | Sex I   | 26 27<br>eat Safety<br>Pos. Syster | 28<br>Airbag A<br>n Status | 29<br>Airbag Eje<br>Switch Co | ode Code                       |                    | 33<br>Transp.<br>Code | Medical Facili                                 | у        |  |
|               | Operator/  | Non-Motorist                                | :  | See Above                                   |            |  | -   | 99                                 | 4                          | 99 0                          | 0                              | 10                 | 1                     | N/A  |          |  |
|               |  |   |  |   |            |  |   | $\perp$                            |                            |                               |                                |                    |                       |  | $\perp$  |  |
|               |  |   |  |   |            |  |   |                                    |                            |                               |                                |                    |                       |  |          |  |
|               |  |   |  |   |            | 1  |   |                                    |                            |                               |                                |                    |                       |  |          |  |



| <b>→</b>                                 | ■ Direction    | 1 =    | Vehicle    | 1 2    | _ <del>+</del> Vehicle 2            |          | Pedestr                            | ian     |   |             |
|--|----------------|--------|------------|--------|-------------------------------------|----------|------------------------------------|---------|---|-------------|
| Crash Diagram:                           | ie: →[         | 1      | -          | 2      |                                     | <b>→</b> | Ŷ                                  |         |   |             |
|  |                |        |            |        |                                     |          |                                    |         | If Crash <u>Did Not</u> Con a Public Way: | Occur Occur |
|  | _              | _      |            |        |                                     |          |                                    |         | ─ ☐ Off-Street Parking                    | ; Lot       |
|  |                |        |            |        |                                     |          |                                    |         | ☐ Garage                                  |             |
|  |                |        |            |        |                                     |          |                                    |         |   | ,           |
|  | _              |        |            |        |                                     |          |                                    |         | ☐ Mall/Shopping Ce                        | enter       |
|  |                |        |            |        |                                     |          |                                    |         | ☐ Other Private Way                       | ,           |
|  |                |        |            |        |                                     |          |                                    |         | Indicate North by A                       | rrow        |
|  | <br> <br>      |        |            |        | <del> </del><br> <br>  <del> </del> |          | —— <del> </del><br>—— <del> </del> |         |   |             |
| Crash Narrative:                         |                |        |            |        |                                     |          |                                    |         |   |             |
| white female, 40's ruddy co              | mplexion wea   | arin   | ng ripp    | ed blu | ue jeans pu                         | ıt a     | note on                            | the     | e parked vehicle she jus                  | st hit.     |
| He asked her if she was ok?              | Women said     | not    | thing b    | efore  | getting in                          | ito a    | grey c                             | olor    | ed SUV Ma reg.888-oyd.w                   | with        |
| heavy passenger side damag               | e. The vehic   | cle    | fled E     | /B on  | Watertown                           | St.      |                                    |         |   |             |
| The registration was later               | queried but    | dic    | in't co    | me bad | ck to any v                         | rehic    | le.                                |         |   |             |
| The phone # left on the not              | e was trace    | d ba   | ack to     | a wome | en out of A                         | rlin     | gton Ma                            | . bu    | t after dispatch had sp                   | ooke        |
| with her realized this was               | not the wome   | en i   | involve    | d. Tl  | he only veh                         | icle     | attach                             | ed t    | o her name was a Nissar                   | n           |
| Pathfinder. Her drivers lic              | ense picture   | e di   | idn't m    | atch f | the witness                         | ed d     | lescript                           | ion     | either.                                   |             |
| An attempt will be made to               | identify the   | e ot   | ther ve    | hicle  | through si                          | mila     | r licen                            | se p    | plates.                                   |             |
|  |                |        |            |        |                                     |          |                                    |         |   |             |
| (Continued on                            | next page)     |        |            |        |                                     |          |                                    |         |   |             |
|  | F9-/           |        |            |        |                                     |          |                                    |         |   |             |
| W itnesses: Name (Last, First, Middle)   |                |        | Address    |        |                                     |          |                                    |         | Phone #                                   | Statement   |
| Traine (2054) First, Finance,            |                |        | 71441.633  |        |                                     |          |                                    |         | Thomas is                                 | Statement   |
|  |                |        |            |        |                                     |          |                                    |         |   |             |
|  |                |        |            |        |                                     |          |                                    |         |   |             |
| Property Damage:                         |                |        |            |        |                                     |          |                                    |         |   |             |
| Owner (Last, First, Middle)              | Address        |        |            |        | Phone #                             |          | 34-Type                            | Desc    | ription of Damaged Property               |             |
|  |                |        |            |        |                                     |          |                                    |         |   |             |
|  |                |        |            |        |                                     |          |                                    |         |   |             |
|  |                |        |            |        |                                     |          |                                    |         |   |             |
| Truck and Bus Information:  Carrier Name | Registration # |        |            |        |                                     |          | le Section)                        |         | Carrier Issuing Authority Code            | 35          |
|  |                |        |            |        |                                     |          |                                    |         |   |             |
| Address                                  |                |        |            |        |                                     |          |                                    |         |   | 36          |
| US DOT #:S                               | tate Number    |        | 38         |        | _ Issuing State _                   |          | ICC #:_                            |         | Interstate                                |             |
| Cargo Body Type Code Gross               | Vehicle Weight |        | 30         |        |                                     |          |                                    |         |   |             |
| Trailer Reg #:                           | Reg Type       |        | <br>Reg St | ate    | Reg Yea                             | ar       | Tra                                | ailer L | Length 39                                 |             |
| Hazmat Information:                      |                |        | -          |        | -                                   |          | _                                  |         |   |             |
| Placard 40 Material 1 digit #            | 41 Materia     | al Nar | me         |        |                                     |          | Material 4                         | digit#  | Release code                              | 42          |
| THOMAS J MCCARTHY                        |                |        |            |        |                                     | NEWTON   | POLICE DEPART!                     |         | 10/04/20                                  | 121         |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

| Crash Disgram:   | _                           | Direction 1       | delicle 1 ≥ 2 | _ <del> </del> Vehicle 2 | Pedestria        | n                               |                     |
|--|-----------------------------|-------------------|---------------|--------------------------|------------------|---------------------------------|---------------------|
| Gash Narrative:  Traffic Bureau update (Officer Gaudet): A query of MVZ (MA: 8880YD) showed it comes back to a 2016 gray Jeep Cherokee registered to Ms. Johanna McGlame out of Newton. I spoke with Ms. McGlame via telephone. Ms. McGlame stated he was involved in the creath and did leave a note on the vehicle she hit with the phone number. Ms. McGlame stated she was traveling on Watertown Street and the passenger side of her vehicle made contact with a parked car. Ms. McGlame stated her vahicle had damage as a result of the creath and it is currently being fixed. Ms. McGlame's evehicle information and contact information was updated in this report. Ms. McGlame will not be cited for leaving the scene of property damage.  Witnesses:  Name (Last First, Middle)  Address Phone # Statement  Witnesses:  Owner (Last First, Middle)  Address Phone # Statement  Address Phone # Statement  Truck and Bus Information:  Carrier Name Carrier Issuing Authority Code 3  Green Vehick Weight Ms. McGlame Reg Your Trailer Length 3  Truck Reg # Reg Type Reg State Reg Your Trailer Length 3  Haterial I digit # 41 Material Name Material 4 digit # Release code 4  Material 4 digit # Release code 4  Address Reg Your Trailer Length 3  Release code 4  Material 4 digit # Release code 4  Mate | Crash Diagram:              | ie: 🕕 🛚 1         | 2             | □ →                      | ₽Ŷ               |                                 |                     |
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| Trackand Bus Information:  Registration #  |                             |                   | į             |                          |                  | ☐ Mall/Shopping C               | enter               |
| Crash Narrative:  Traffic Bureau update (Officer Gaudet): A query of MV2 (MA: 8880YD) showed it comes back to a 2016 gray Jeep Cherokee registered to Ms. Johanna McGlame out of Newton. I spoke with Ms. McGlame via telephone. Ms. McGlame stated he was involved in the crash and did leave a note on the vehicle she hit with the phone number. Ms. McGlame stated she was traveling on Watertown Street and the passenger side of her vehicle made contact with a parked car. Ms. McGlame stated her vehicle had damage as a result of the crash and it is currently being fixed. Ms. McGlame's vehicle information and contact information was updated in this report. Ms. McGlame will not be cited for leaving the scene of property damage.  Witnesses:  Name (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truckand Bus Information:  Carrier Name  Carrier Name  Carrier Issuing Authority Code  Statement  Truckand Bus Information:  Carrier Issuing Authority Code  Truckand Bus Information:  Carrier Issuing Authority Code  Truckand Bus Information:  Carrier Issuing Authority Code  Truckand Bus Information:  Truckand Bus Information:  Registration # Registra |                             |                   |               |                          |                  | Other Private Wa                | y                   |
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| telephone. Ms. McGlame stated he was involved in the crash and did leave a note on the vehicle she hit with her phone number. Ms. McGlame stated she was traveling on Watertown Street and the passenger side of her vehicle made contact with a parked car. Ms. McGlame stated her vehicle had damage as a result of the crash and it is currently being fixed. Ms. McGlame's vehicle information and contact information was updated in this report. Ms. McGlame will not be cited for leaving the scene of property damage.  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 Vehicle Section)  Carrier Name   |                             | e (Officer Gau    | det): A quer  | y of MV2 (MA:            | 8880YD) sh       | howed it comes back             |                     |
| her phone number. Ms. McGlame stated she was traveling on Watertown Street and the passenger side of her vehicle made contact with a parked car. Ms. McGlame stated her vehicle had damage as a result of the crash and it is currently being fixed. Ms. McGlame's vehicle information and contact information was updated in this report. Ms. McGlame will not be cited for leaving the scene of property damage.  Witnesses:  Name (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Property Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truckand Bus Information:  Carrier Name  Carrier Issuing 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 Trailer Length 39  Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39  Hazmat Information:  Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42   | to a 2016 gray Jeep Cherok  | ee registered     | to Ms. Johann | a McGlame out            | of Newton        | . I spoke with Ms. McGla        | me via              |
| wehicle made contact with a parked car. Ms. McGlame stated her vehicle had damage as a result of the crash and it is currently being fixed. Ms. McGlame's vehicle information and contact information was updated in this report. Ms. McGlame will not be cited for leaving the scene of property damage.  Witnessee:  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:  Carrier Name  Carrier Name  Carrier Name  Carrier Name  Carrier Stating Authority Code  35  Address  City  State Number  Issuing State  ICC #: Interstate  36  Cargo Body Type Code  37  Gross Vehicle Weight  38  Trailer Reg #: Reg Type Reg State Reg Year Trailer Length  39  Hazmat Information:  Placard  40  Material I digit # 41  Material Name  Material 4 digit # Release code  42  | telephone. Ms. McGlame st   | ated he was in    | volved in the | crash and di             | d leave a r      | note on the vehicle she h       | it with             |
| Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name  Carrier Name  Carrier Name  State Number  State Number  State Number  State Number  Insuring State  Cargo Body Type Code  37 Gross Vehicle Weight  38  Trailer Reg #:  Reg Type  Reg State  Reg State  Reg State  Reg State  Reg State  Material 1 digit #  Release code  42  Material 4 digit #  Release code  42  | her phone number. Ms. McG   | lame stated she   | e was traveli | ng on Waterto            | wn Street a      | and the passenger side of       | her                 |
| 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:  Carrier Name   | vehicle made contact with   | a parked car. 1   | Ms. McGlame s | tated her veh            | icle had da      | amage as a result of the        | crash               |
| 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 Vehicle Section) Carrier Name   | and it is currently being   | fixed. Ms. Mc     | Glame's vehic | le informatio            | n and conta      | act information was updat       | ed in               |
| Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name   | this report. Ms. McGlame    | will not be ci    | ted for leavi | ng the scene             | of property      | y damage.                       |                     |
| Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name   |                             |                   |               |                          |                  |                                 |                     |
| Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  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 Reg Type Reg State Reg Year Trailer Length 39  Hazmat Information:  Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42   |                             |                   |               |                          |                  |                                 |                     |
| Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name Carrier Issuing Authority Code 35  Address City St Zip  |                             |                   |               |                          |                  |                                 |                     |
| Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  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 Reg Type Reg State Reg Year Trailer Length 39  Hazmat Information:  Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42   |                             |                   |               |                          |                  |                                 |                     |
| Property Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name  |                             |                   | Address       |                          |                  | Phone #                         | Statement           |
| Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truckand Bus Information:  Registration #   | rame (zasty) msey madaley   |                   | 7.00.055      |                          |                  | Thomas                          | J. G. Carterine II. |
| Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truckand Bus Information:  Registration #   |                             |                   |               |                          |                  |                                 |                     |
| Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truckand Bus Information:  Registration #   | Duran anti- Danisa an       |                   |               |                          |                  |                                 |                     |
| Truck and Bus Information:  Registration #   |                             | Address           |               | Phone #                  | 34-Type D        | Description of Damaged Property |                     |
| Carrier Name Carrier Issuing Authority Code Address City St Zip   US DOT #: State Number Issuing State ICC #: Interstate    Cargo Body Type Code   |                             |                   |               |                          |                  |                                 |                     |
| Carrier Name Carrier Issuing Authority Code Address City St Zip  |                             |                   |               |                          |                  |                                 |                     |
| Carrier Name Carrier Issuing Authority Code Address City St Zip  | Truck and Bus Information:  | D. i.e. ii. II.   |               |                          | .1.0             |                                 |                     |
| 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 Trailer Length 39  Hazmat Information:  Placard 40 Material 1 digit # Material Name Material 4 digit # Release code 42  |                             |                   |               |                          |                  | Carrier Issuing Authority Co    |                     |
| 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 Trailer Length 39  Hazmat Information:  Placard 40 Material 1 digit # Material Name Material 4 digit # Release code 42  | Address                     |                   |               | City                     |                  | St Zip                          |                     |
| Cargo Body Type Code Gross Vehicle Weight Reg State Reg Year Trailer Length Hazmat Information:  Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42   | US DOT #:                   | State Number      |               | Issuing State            | ICC #:           | Interstate                      | 36                  |
| Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information:  Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42   | Cargo Body Type Code 37 Gro | ss Vehicle Weight | 38            |                          |                  |                                 |                     |
| Hazmat Information:  Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42   | Trailer Reg #:              | Reg Type          | Reg State     | Reg Year_                | Trail            | er Length 39                    |                     |
| Placard Material 1 digit # Material Name Material 4 digit # Release code   |                             |                   |               |                          |                  |                                 |                     |
|  | Placard 40 Material 1 digit | # 41 Material N   | Jame          |                          | _ Material 4 dig | git # Release code              | 42                  |
|  |                             |                   |               |                          |                  |                                 |                     |

ID/Badge #

Signature

Department

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)