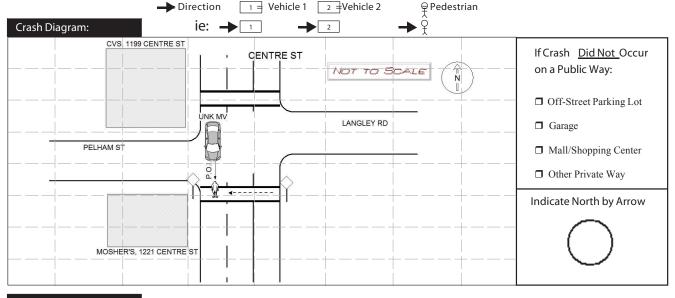
|          | Poli  | ice Use Only           |   | Common  | wealth       | of Massa                | achus                              | setts                   |                           |                      | RMV            | Docum                   | ient Number                                 |          |
|----------|---|------------------------|---|---|--------------|-------------------------|------------------------------------|-------------------------|---------------------------|----------------------|----------------|-------------------------|---|----------|
|          | Date of Crash<br>10/28/2021   | Time of Crash<br>18:18 | City/Town NEWTON  | Mo  | tor Ve       | hicle Cra               | sh [                               | Number<br>Vehicles      | Numbe<br>Injured          |                      | d Limit<br>ude |                         | State Police<br>Local Police<br>MBTA Police | □<br>Xi  |
|          | 10/20/2021  | 24HR                   |   |   | Police       | Report                  |                                    | 0                       | 1                         |                      | gitude_        |                         | Other:                                      |          |
|          |   | AT INTER               | RSECTION:   | <   | LOCA         | ATION :                 | >                                  |                         | NOT                       | AT                   | INTE           | RSEC                    | CTION:                                      |          |
|          |   |                        |   |   |              | SOUTH                   | 1221                               |                         | CENTR                     | E ST                 |                |                         |   | -        |
|          | Route# Direc  |                        | Route# Direction Address # Name of Roadway/Street                               |   |              |                         |                                    |                         |                           |                      | _              |                         |   |          |
| $\dashv$ |   |                        | Feet N S E W of or  |   |              |                         |                                    |                         |                           |                      | -              |                         |   |          |
|          | Route# Direc  | etion N                | Mile Marker Exit Number   |   |              |                         |                                    |                         |                           |                      |                |                         |   |          |
|          |   |                        |   | Feet NSEW of Route# Intersecting Roadway/Street |              |                         |                                    |                         |                           |                      |                |                         |   |          |
| 2        |   |                        |   |   | Feet NSEW of |                         |                                    |                         |                           |                      |                |                         |   |          |
|          | Route# Direc  | tion                   | Name of Intersecti  | ng Roadway/Street                               |              | Landmark                |                                    |                         |                           |                      |                |                         |   |          |
|          | Vehicle   | #Occupants             | Hit/Run   | Moped   | Case Numbe   | r                       | 210                                | 0000877                 |                           |                      |                |                         |   |          |
|          | License#  |                        | St  | DOB/Age   | Reg          | #                       |                                    |                         | Reg Ty                    | ре                   |                | Reg                     | State                                       |          |
|          | Sex Lic.  | Class 18 1             |   | 19  |              | Year                    |                                    |                         |                           |                      |                |                         | 20  |          |
|          |   |                        | First   | Endorsmen                                       | nt           | er                      |                                    |                         |                           |                      |                |                         |   |          |
| 1        |   |                        | First   |   |              | Tess                    |                                    |                         |                           |                      |                |                         |   | _        |
|          |   |                        | State   |   |              |                         |                                    |                         |                           |                      |                |                         | <br>  |          |
|          |   |                        |   |   |              | cle Action Prior to     | Crash                              | 2                       | 1 [                       | amageo               | d Area (       | Code: (C                | Circle Up to Th                             | ree)     |
|          | Vehicle Travel  | Direction: N           | S E W Respor  | ding to Emergency?                              | ? Ever       | t Sequence 2            | 2 22                               | 22                      | <b>22</b> 2               |                      | 3              |                         | 4   |          |
| L        |   | ssued)                 |   |   |              | Harmful Event           | 23                                 |                         |                           |                      | 9              | $/  \ \ )$              | 10 Undercar                                 | rriage   |
|          |   |                        | c Violation 2   | ChSec   | Driv         | L<br>er Contributing Co | ode                                | 24                      | 24                        | •                    |                |                         | 5 11 Totaled                                |          |
| L        | Violation   | 3: ChSec               | c Violation 4   | ChSec   | Und          | erride/Override         | 25                                 | Towe                    | 8 `                       |                      | 7              |                         | 6   |          |
|          |   | fill out for opera     |   |   | Se           | 26 27<br>at Safety      | 28 2<br>Airbag Airb<br>Status Swit | 9 30<br>ag Eject        | 31<br>Trap I<br>Code S    | hiury Trai           | 33<br>nsp.     |                         |   |          |
|          | Name (Last First Middle)         Addr           Operator         See Ab |                        |   |   |              | Age/DOB                 | Sex Po                             |                         | Status Swit               | ch Code              | Code S         | status Coo              | de Medical Faci                             | lity     |
|          | *   |                        |   |   |              |                         |                                    |                         |                           |                      |                |                         |   |          |
|          |   |                        |   |   |              |                         |                                    |                         |                           |                      |                |                         |   |          |
|          |   |                        |   |   |              |                         |                                    |                         |                           |                      |                |                         |   |          |
| _        |   |                        |   |   |              |                         |                                    |                         |                           |                      |                |                         |   |          |
| 2        | Please Select C<br>of the Followin                                      |                        | e# Occupants  | Non-Motorist                                    | A Type       | Action 1                | Locati                             | on                      | Cond                      | ition                | 17             | Hit                     | /Run Mo                                     | ped      |
|          | License#  |                        | St  | DOD/A go  | Pag          | #                       |                                    |                         | Pag Ty                    | no.                  |                | Dag                     | State                                       | ┥        |
|          | Sex Lic. (  | 18 1                   | Lic. Restrictions   | DOB/Age<br>19<br>CDL                            |              | †<br>Year               |                                    |                         |                           |                      |                |                         | 20  | -        |
|          |   |                        | Lic. Restrictions   | Endorsmen                                       | nt           |                         |                                    |                         |                           |                      |                | ven coi                 | ilig.                                       |          |
| L        | Operator  | Last                   | First   | Middle  |              | erLast                  |                                    |                         |                           |                      |                | Middle                  |   | _        |
|          |   |                        | State   | 7in   |              | ress                    |                                    |                         |                           |                      |                |                         | /in   | -        |
|          | Insurance Com   |                        | City State Zip Damaged Area Code: (Circle Up to Three)                          |   |              |                         |                                    |                         |                           | _                    |                |                         |   |          |
|          | Vehicle Travel  |                        | Vehicle Action Prior to Crash  Event Sequence  22 22 22 22 23 4  Event Sequence |   |              |                         |                                    |                         |                           |                      |                |                         |   |          |
|          | Citation # (If I  |                        | S E W Respo   | onding to Emergency                             |              | Harmful Event           | 23                                 |                         |                           |                      | $\prod$        | $A \supset A$           | 10 Undercar                                 | rriage   |
|          | `   | ·                      | ec Violation 2  | )· Ch Saa                                       |              | er Contributing Co      | vde                                | 24                      | 24                        | <b>←</b>             | 9              |                         | 5 11 Totaled                                |          |
|          |   |                        | ec violation .  |   |              | er Contributing Co      | 25                                 | Towed                   | 8                         |                      | 7              | كالما                   | 6   |          |
| ſ        |   |                        | operator and all o  |   |              | and Override            | Se                                 |                         | 28 2<br>Airbag Airb       | 9 30                 | 31<br>Trap I   | 32 Fran                 | 33  | $\dashv$ |
|          | Name (Last Fi   | rst Middle)            |   | Address   |              | Age/DOB                 | Sex Po                             | at Safety<br>os. System | Airbag Airb<br>Status Swi | ag Eject<br>tch Code | Code           | njury Tran<br>Status Co | nsp.<br>ode Medical Fac                     | ility    |
| ļ        | Operator/   | Non-Motorist           |   | See Above                                       | ;            |                         |                                    | -                       |                           | +                    |                |                         |   | $\dashv$ |
|          |   |                        |   |   |              |                         |                                    |                         |                           | -                    |                |                         |   |          |
|          |   |                        |   |   |              |                         |                                    |                         |                           |                      |                |                         |   |          |
|          |   |                        |   |   |              |                         |                                    |                         |                           |                      |                |                         |   |          |

| Insurance Company  Vehicle Travel Direction:  NSEW Responding to Emergency?  Event Sequence  22 22 22 22 22 23 4  Most Harmful Event  Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  AgeDOB  Please Select One of the Following:  Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Throw Contributing Code  |  | ice Use Only                          | O': F                         | Commonw                            |                            |                                       |                                 |                                     | N                          |                      |            |                   | t Number                                |      |  |
|--|--|---------------------------------------|-------------------------------|------------------------------------|----------------------------|---------------------------------------|---------------------------------|-------------------------------------|----------------------------|----------------------|------------|-------------------|---|------|--|
| Police Report   Congruence   College   Colle   | Date of Crash  | Time of Crash                         | City/Tow                      | WIOU                               |                            |                                       | sh   N                          |                                     |                            | Latitud              | de         |                   | ate Police<br>ocal Police<br>BTA Police |      |  |
| Route   Direction   Name of Roadway/Street   Route   Direction   Address     Name of Roadway/Street  |  |                                       |                               |                                    |                            |                                       |                                 |                                     | 2100                       |                      |            | Ot                | ther:                                   | _    |  |
| Peet   N   E   W   of   Mile Marker   or   Exit Number   |  | AT INTER                              | RSECTION:                     | <                                  | LOCA                       | TION                                  | >                               |                                     | NOT                        | ATI                  | NTERS      | ECTI              | ION:                                    |      |  |
| Peet   N   E   W   of   Mile Marker   or   Exit Number   | <u> </u>   |                                       |                               |                                    |                            |                                       |                                 |                                     |                            |                      |            |                   |   |      |  |
| Rouse® Direction  Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Feet   N   S   E   W   of   Rouse® Intersecting Roadway/Street    Peet   N   S   E   W   of   Rouse® Intersecting Roadway/Street    Peet   N   S   E   W   of   Rouse® Intersecting Roadway/Street    Peet   N   S   E   W   of   Rouse® Intersecting Roadway/Street    Peet   N   S   E   W   of   Rouse® Intersecting Roadway/Street    Peet   N   S   E   W   of   Rouse® Intersecting Roadway/Street    Peet   N   S   E   W   of   Rouse® Intersecting Roadway/Street    Peet   N   S   E   W   of   Rouse® Intersecting Roadway/Street    Peet   N   S   E   W   of   Rouse® Intersecting Roadway/Street    Peet   N   S   E   W   of   Rouse® Intersecting Roadway/Street    Peet   N   S   E   W   of   Rouse® Intersecting Roadway/Street    Peet   N   S   E   W   of   Rouse® Intersecting Roadway/Street    Peet   N   S   E   W   of   Rouse® Intersecting Roadway/Street    Peet   N   S   E   W   of   Rouse® Intersecting Roadway/Street    Peet   N   S   E   W   of   Rouse® Intersecting Roadway/Street    Peet   N   S   E   W   of   Rouse® Intersecting Roadway/Street    Peet   N   S   E   W   of   Rouse® Intersecting Roadway/Street    Peet   N   S   E   W   of   Rouse® Intersecting Roadway/Street    Peet   N   S   E   W   of   Rouse® Intersecting Roadway/Street    Peet   N   S   E   W   of   Rouse® Intersecting Roadway/Street    Peet   N   S   E   W   of   Rouse® Intersecting Roadway/Street    Peet   N   S   E   W   of   Rouse® Intersecting Roadway/Street   Peet   N   S   E   W   of   Rouse® Intersecting Roadway/Street   Peet   N   S   E   W   of   Rouse® Intersecting Roadway/Street   Peet   N   S   E   W   of   Rouse® Intersecting Roadway/Street   Peet   Rouse® Intersecting Roadway/Street    | Route# Direc   | tion                                  |                               |                                    |                            | Route# Direction                      | on Addre                        | ess#                                |                            | Name                 | e of Roadv | /ay/Stre          | et                                      |      |  |
| Name of Intersecting Roadway/Street  | 1  |                                       |                               | Feet NSEW of or or                 |                            |                                       |                                 |                                     |                            |                      |            |                   |   |      |  |
| Feet   S   W   | Route# Direc   | ction N                               |                               |                                    |                            | Feet 1                                | N S E W                         | of                                  | 11110 11                   |                      |            |                   | ar rumoer                               |      |  |
| Route#   Direction   Name of Intersecting Roadway/Sirvet   Landmark       Vehicle  |  |                                       |                               | Route# Intersecting Roadway/Street |                            |                                       |                                 |                                     |                            |                      |            |                   |   |      |  |
| Vehicle #Occupants   | Route# Direction Name of Intersecting Roadway/Street |                                       |                               |                                    |                            |                                       |                                 |                                     |                            |                      |            |                   |   |      |  |
| See_ Lic. Class   18   18   Lic. Restrictions   19   CDL   Veh Year   Veh Make   Veh Config.   20    Operator  | Vehicle  | #Occupants                            | Hit/Run                       | Moped                              |                            |                                       |                                 |                                     |                            |                      |            |                   |   |      |  |
| Sex_ Lie. Class  | License#   |                                       | St                            | DOR/A ge                           | Reg#                       |                                       |                                 |                                     | Reg Tyr                    | ne.                  | R          | Peg Stati         | 2                                       |      |  |
| Operator tast Prior Madels   State   Zip   City   State   Zip   Damaged Area Code: (Circle Up to Three Vehicle Travel Direction: NSEW   Responding to Emergency?   Event Sequence   Zi   Zi   Zi   Zi   Zi   Zi   Zi   Z   |  | 18 1                                  | 18                            | 19                                 |                            |                                       |                                 |                                     |                            |                      |            |                   | 20                                      | _    |  |
| Address  City State Zip City State Zip City State Zip City State Zip Damaged Area Code: (Circle Up to Three Company)  Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 22 22 22 22 22 22 23 3 4 10 Undercraft Most Harmful Event 23 11 Totaled Driver Contributing Code Driver  |  |                                       | _                             | Endorsment                         |                            |                                       |                                 |                                     |                            |                      |            |                   |   |      |  |
| City   | II .   |                                       |                               |                                    |                            |                                       |                                 |                                     |                            |                      |            | ddle              |   | _    |  |
| Insurance Company  Vehicle Travel Direction:  N S EW  Responding to Emergency?  Vehicle Travel Direction:  N S EW  Responding to Emergency?  Vehicle Travel Direction:  N S EW  Responding to Emergency?  Vehicle Travel Direction:  N S EW  Responding to Emergency?  Vehicle Travel Direction:  N S EW  Responding to Emergency?  Vehicle Travel Direction:  Nost Harmful Event  22 22 22 22 22 22 23 3 4 10 Underrear  S 11 Totaled  Driver Contributing Code  Please fill out for operator and all occupants involved  Name (Last First Middle)  Operator  See Above  Non-Motorist A Type  Address  St. DOB/Age —  See M. Lic. Class  St. DOB/Age —  See M. Lic. Restrictions  Operator  Operator  Operator  Operator  State MA Zip 02459  City NEWTON  State MA Zip 02459  City State  Vehicle Action Prior to Crash  State  St. Dob Age —  See M. Lic. Class  State State  Owner  Last  Address  Owner  Last  Owner  Last  Address  Owner  Last  Owner  Last  Address  Owner  Last  Owner  Last |  |                                       |                               |                                    |                            |                                       |                                 |                                     |                            |                      |            |                   |   |      |  |
| Citation # (If Issued)   |  |                                       |                               |                                    |                            | e Action Prior to                     | Crash                           | 21                                  | D                          | amaged               | Area Code  | : (Circl          | e Up to Thre                            | ee)  |  |
| Violation # (If Issued)  | Vehicle Travel                                       | l Direction: N                        | S E W Respo                   | nding to Emergency?_               | Event                      | Sequence 2                            |                                 | 22                                  | 22 2                       |                      | 3          | 4                 |   |      |  |
| Violation 1: ChSee   | Citation # (If I                                     | issued)                               |                               |                                    | Most I                     | Harmful Event                         | 23                              |                                     | 1                          | <b>←</b>  `          | 9          |                   |   | iage |  |
| Please fill out for operator and all occupants involved  Name (Last First Middle)  Please Select One of the Following:    Please Select One of the Following:   Vehicle  | Violation  | 1: ChSec                              | c Violation 2                 | 2: ChSec                           | Driver                     | Contributing Co                       |                                 | 24                                  |                            |                      |            |                   |   |      |  |
| Please Select One of the Following:  | Violation  | Violation 3: ChSecViolation 4: ChSec  |                               |                                    |                            |                                       |                                 |                                     | l                          |                      |            |                   |   |      |  |
| Please Select One of the Following:  Vehicle #Occupants Non-Motorist A Type  |  |                                       | Age/DOB                       | Sex Pos.                           | 6 27<br>Safety A<br>System | 28 29<br>Airbag Airba<br>Status Swite | g Eject I<br>h Code             | 31 32<br>Frap Injury<br>Code Status | Transp.<br>Code            | Medical Facili       | ity        |                   |   |      |  |
| Condition   Cond   | Operator   |                                       |                               | See Above                          |                            |                                       |                                 | -                                   |                            |                      |            |                   |   |      |  |
| Condition   Cond   |  |                                       |                               |                                    |                            |                                       |                                 |                                     |                            |                      |            |                   |   |      |  |
| Condition   Cond   |  |                                       |                               |                                    |                            |                                       |                                 |                                     |                            |                      |            |                   |   |      |  |
| Ticense # St DOB/Age Reg # Reg Type Reg State  Sex M Lic. Class I8 I8 Lic. Restrictions Print Middle State Middle Address Age/DoB Sex Pos System Status Switch Code Code Status Code Medical Facility Address System Status Switch Code Code Status Code Medical Facility Address System Status Switch Code Code Status Code Medical Facility Status Switch Code Code Status Swit |  |                                       |                               |                                    |                            |                                       |                                 |                                     |                            |                      |            |                   |   |      |  |
| Sex_M_Lic. Class   |  | I Vehicle                             | e# Occupants                  | Non-Motorist A                     |                            | 4 Action 1                            | Location                        | on 1                                |                            | tion 1               | 17         | Hit/Ru            | п Мор                                   | ed   |  |
| Sex_M Lic. Class   | License#   |                                       |                               |                                    |                            |                                       |                                 |                                     |                            |                      |            |                   |   |      |  |
| Operator GIMBRONE CRAIG  Operator GIMBRONE CRAIG  Address 33 PAUL ST (apt. 11)  Address State State State State Switch Code Code Status Code Medical Facil  Owner Last First Middle  Address State State State State State State Switch Code Medical Facil  Owner Last First Middle  Address State State State State State State Switch Code Medical Facil  Owner Last First Middle  Address State State State State State Switch Code Medical Facil  Owner Last First Middle  Address State State State State State Switch Code Medical Facil  Owner Last First Middle Address State Switch Code Medical Facil  Owner Last First Middle Address State Switch Code Code Status Code Medical Facil  Owner Last First Middle Address Status Switch Code Code Status Code Medical Facil  Owner Last First Middle Address Status Switch Code Code Status Code Medical Facil  Owner Last First Middle Address Status Switch Code Code Status Code Medical Facil  Owner Last First Middle Address Status Switch Code Code Status Code Medical Facil  Owner Last First Middle Status Switch Code Code Status Code Medical Facil  Owner Last First Middle Status Switch Code Code Status Code Medical Facil  Owner Last First Middle Status Switch Code Code Status Code Medical Facil  Owner Last First Middle Status Switch Code Code Status Code Medical Facil  Owner Last First Middle Status Switch Code Code Status Code Medical Facil  Owner Last First Middle Status Switch Code Code Status Code Medical Facil  Owner Last First Middle Status Switch Code Code Status Code Medical Facil  Owner Last First Middle Status Switch Code Code Status Code Medical Facil  Owner Last First Middle Status Switch Code Code Status Code Medical Facil  Owner Last First Middle Status Switch Code Code Status Code Medical Facil  Owner Last First Middle Status Switch Code Code Status Code Medical Facil  Owner Last First Middle Status Switch Code Code Status Switch Code Code Status Code Medical Facil  Owner Last First Middle Status Switch Code Code Status Switch Code Code Status Switch Code Code Status Switch Code  |  | Class                                 |                               | CDL                                | Veh Ye                     | ear                                   | Veh N                           | ſake                                |                            |                      | Veh        | Config.           |   |      |  |
| City NEWTON  State MA Zip 02459  City State Zip  Damaged Area Code: (Circle Up to Three Vehicle Travel Direction: N S E W Responding to Emergency?  Citation # (If Issued)   |  | Last                                  | First                         |                                    | Owner                      | Las                                   | t                               |                                     | First                      |                      | Mi         | iddle             |   | _    |  |
| Insurance Company  |  |                                       |                               | 7.5.1                              | Addres                     | SS                                    |                                 |                                     |                            |                      |            |                   |   | _    |  |
| Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 22 22 22 22 22 22 22 23 4 10 Undercarr 5 11 Totaled Violation 1: ChSecViolation 2: ChSec Driver Contributing Code Violation 3: Ch_SecViolation 4: Ch_Sec Underride/Override   | City NEW   | City NEWTON State MA Zip 02459        |                               |                                    |                            |                                       |                                 |                                     |                            |                      |            |                   |   |      |  |
| Vehicle Travel Direction: NS E W Responding to Emergency? Event Sequence  Citation # (If Issued)   | 1  |                                       | venicie Action Prior to Crasn |                                    |                            |                                       |                                 |                                     |                            |                      |            |                   |   |      |  |
| Citation # (If Issued)   | l .  |                                       |                               |                                    |                            |                                       | Event Sequence 10 Undercarriage |                                     |                            |                      |            |                   |   |      |  |
| Violation 1: ChSec Violation 2: ChSec Driver Contributing Code  Violation 3: ChSec Violation 4: ChSec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB                           | `  | · · · · · · · · · · · · · · · · · · · |                               |                                    |                            |                                       | Most Harmful Event 5 11 Totaled |                                     |                            |                      |            |                   |   |      |  |
| Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override   | 1  |                                       |                               |                                    |                            |                                       | 25                              |                                     |                            | V                    | 7          | $\mathcal{L}_{6}$ |   |      |  |
| Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System Status Switch Code Code Status Code Medical Facil   |  |                                       |                               |                                    | _ Under                    | nde/Override                          |                                 |                                     | 28   29                    | 30                   | 31   32    | 33                |   |      |  |
| Operator/Non-Motorist See Above 8 1  | Name (Last F   | irst Middle)                          | . operator and an C           | Address                            |                            |                                       | Sex Pos                         | Safety .<br>System                  | Airbag Airba<br>Status Swi | g Eject I<br>ch Code | Code Statu | Transp.<br>s Code | Medical Faci                            | lity |  |
|  | Operator/  | Non-Motorist                          |                               | See Above                          |                            |                                       |                                 | -                                   |                            |                      | 8          | 1                 |   |      |  |
|  |  |                                       |                               |                                    |                            |                                       |                                 |                                     |                            |                      |            | 1                 |   |      |  |
|  |  |                                       |                               |                                    |                            |                                       |                                 |                                     |                            |                      |            |                   |   |      |  |



## **Crash Narrative:**

On October 28, 2021 at approximately 18:26 hours I, Officer Guarino, spoke with Craig Gimbrone over the phone, who reported that he was hit by a motor vehicle in the crosswalk at 1221 Centre St between 15:00 and 15:13 hours.

Craig said that he was crossing the crosswalk at 1221 Centre St east to west and was struck by a black car traveling southbound in the far right lane of Centre St. Craig said that the vehicle struck him and caused him to fall over, Craig got up and continued to cross the street and enter CVS without speaking with the operator of the vehicle. Craig did not get a license plate, description of the vehicle or the operator. Craig could only recall that the vehicle was a black sedan. Craig was wearing blue jeans and a gray jacket at the time of the collision. Craig said that the crosswalk flashing lights were not activated prior to him crossing

(Continued on next page)

| Witnesses:   |                |           |               |             |                      |                               |      |  |  |  |
|--|----------------|-----------|---------------|-------------|----------------------|-------------------------------|------|--|--|--|
| Name (Last, First, Middle)   |                | Address   |               |             | Phone #              | Phone #                       |      |  |  |  |
|  |                |           |               |             |                      |                               |      |  |  |  |
|  |                |           |               |             |                      |                               |      |  |  |  |
|  |                |           |               |             |                      |                               |      |  |  |  |
| Property Damage:   |                |           |               |             |                      |                               |      |  |  |  |
| Owner (Last, First, Middle)  | Address        |           | Phone #       | 34-Type     | Description of Damag | scription of Damaged Property |      |  |  |  |
|  |                |           |               |             |                      |                               |      |  |  |  |
|  |                |           |               |             |                      |                               |      |  |  |  |
|  |                |           |               |             |                      |                               |      |  |  |  |
| Truck and Bus Information:   | Registration # |           | (From Vehic   | le Section) |                      |                               |      |  |  |  |
| Carrier Name   |                |           |               |             | Carrier Issu         | ing Authority Cod             | e 35 |  |  |  |
| 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      | Tra         |                      |                               |      |  |  |  |
| Hazmat Information:  |                |           |               |             |                      |                               |      |  |  |  |
| Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code |                |           |               |             |                      | 42                            |      |  |  |  |
|  |                |           |               |             |                      |                               |      |  |  |  |

| →  | Direction         | 1 = Vehic | le 1 2 =  | Vehicle 2     | Pedestr         | ian               |  |           |
|--|-------------------|-----------|-----------|---------------|-----------------|-------------------|--|-----------|
| Crash Diagram:                               | ie: →[            | 1         | 2         | <b>→</b>      | · <del>}</del>  |                   |  |           |
|  |                   | _ <br>_   |           |               | <u> </u><br>    |                   | f Crash <u>Did Not</u> C<br>on a Public Way: | Occur     |
|  |                   | _         |           |               |                 |                   | ☐ Off-Street Parking                         | g Lot     |
|  |                   | _         |           |               |                 |                   | ☐ Garage                                     |           |
|  |                   |           |           |               |                 |                   | ☐ Mall/Shopping Ce                           | enter     |
|  | - —   — — — -     | _         |           |               |                 |                   | ☐ Other Private Way                          | ,         |
|  | - —   — — –       | _         |           |               |                 |                   | ndicate North by A                           | rrow      |
|  |                   | _         |           |               |                 |                   |  |           |
|  | į                 | į         | į         |               |                 |                   |  |           |
|  |                   |           |           |               |                 |                   | $\sim$                                       |           |
| Crash Narrative:                             | '                 |           |           | '             | ,               |                   |  |           |
| the roadway.                                 |                   |           |           |               |                 |                   |  |           |
| Crag said that he did not                    | need EMS but      | was star  | ting to   | have pain in  | his rig         | ht ankle and      | right shoulder                               | r. He     |
| emailed me photographs of l                  | his ankle whi     | ch was f  | forwarded | l to IT to be | attache         | d to this re      | port. Craig was                              | s given   |
| the crash report number for                  | or his record     | ls.       |           |               |                 |                   |  |           |
|  |                   |           |           |               |                 |                   |  |           |
|  |                   |           |           |               |                 |                   |  |           |
|  |                   |           |           |               |                 |                   |  |           |
|  |                   |           |           |               |                 |                   |  |           |
|  |                   |           |           |               |                 |                   |  |           |
|  |                   |           |           |               |                 |                   |  |           |
| W itnesses: Name (Last, First, Middle)       |                   | Addres    | ·c        |               |                 | Pho               | ne #   | Statement |
| Nume (East, 1 iist, Middle)                  |                   | naures    |           |               |                 | 1110              | пс п   | Statement |
|  |                   |           |           |               |                 |                   |  |           |
|  |                   |           |           |               |                 |                   |  |           |
| Property Damage: Owner (Last, First, Middle) | Address           |           |           | Phone #       | 34-Type         | Description of Da | maged Property                               |           |
| Owner (East, 111st, Middle)                  | Address           |           |           | THORE #       | эт турс         | Description of De | imagearroperty                               |           |
|  |                   |           |           |               |                 |                   |  |           |
|  |                   |           |           |               |                 |                   |  |           |
| Truck and Bus Information:  Carrier Name     | Registration #    |           |           | (From Vehic   | , i             | Carrier           | Issuing Authority Cod                        | e 35      |
| Address                                      |                   |           | Ci        | ty            |                 | St                | Zip  |           |
| US DOT #:                                    | State Number      |           |           | Issuing State | ICC #:_         |                   | Interstate                                   | 36        |
| Cargo Body Type Code Gros                    | ss Vehicle Weight | 38        |           |               |                 |                   |  |           |
| Trailer Reg #:                               | Reg Type          | Reg       | State     | Reg Year      | Tr              | ailer Length      | 39   |           |
| Hazmat Information:                          |                   |           |           |               |                 |                   |  |           |
| Placard 40 Material 1 digit #                | 41 Material       | l Name    |           |               | Material 4      | digit #           | Release code                                 | 42        |
| CHARLES P GUARINO                            |                   |           | 38802     | NEWTO         | N POLICE DEPART | Λ.                | 10/28  | /2021     |

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date