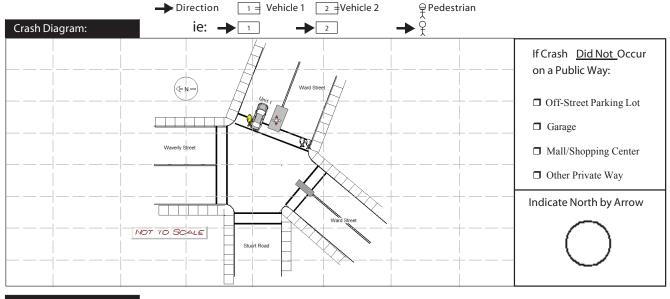
|   | Poli                              | ice Use Only        |                         | Commonwea             | alth c | of Massa          | achu      | setts                     |                            |                     | RMV I                   | Oocume                   | nt Number                                   |                          |
|---|-----------------------------------|---------------------|-------------------------|-----------------------|--------|-------------------|-----------|---------------------------|----------------------------|---------------------|-------------------------|--------------------------|---|--------------------------|
|   | Date of Crash<br>11/23/2021       | Time of Crash 08:15 | City/Town               | MIOTOI                |        | icle Cra          | sh        | Number<br>Vehicles        |                            |                     | l Limit <u>2</u><br>ıde | 25                       | State Police<br>Local Police<br>MBTA Police | NA NA                    |
|   | , ,,                              | 24HR                |                         |                       |        | Report            |           | 1                         | 1                          |                     | itude                   | (                        | Other:                                      | _                        |
|   |                                   | AT INTER            | RSECTION:               | <                     | LOCA   | ΓΙΟΝ              | >         |                           | NOT                        | ATI                 | INTER                   | RSECT                    | TION:                                       | 2                        |
|   | EAST                              | T WARD              | ST                      |                       |        |                   |           |                           |                            |                     |                         |                          |   |                          |
| $\begin{array}{ c c } 1 \\ 1 \end{array}$ | Route# Direc                      | tion                |                         | oadway/Street         |        | Route# Direction  | on Ado    | dress #                   |                            | Nam                 | ne of Roa               | idway/St                 | reet  | _ 2 10                   |
|   | NOR                               | TH WAVE             | At<br>RLEY AVE          |                       |        | Feet [            | N S E     | W of                      |                            | •                   | or                      |                          |   |                          |
|   | Route# Direc                      | ction N             | Name of Intersecting    |                       |        | F. 4 5            | ulelel    |                           | Mile N                     | larker              |                         | ]                        | Exit Number                                 | _                        |
|   |                                   |                     | Also at Intersec        | ction with            | -      |                   | N S E     | _                         | Route#                     | In                  | ntersectin              | g Roadw                  | ay/Street                                   | - 11                     |
| 2<br><b>1</b>                             | Route# Direc                      | tion                | Name of Intersecti      | ng Roadway/Street     |        | Feet [            | N S E     | <b>W</b> of               |                            |                     |                         |                          |   | _ 1                      |
| 3   | Route# Direc                      | tion                |                         | ng Roadway/Street     |        |                   |           |                           |                            |                     | Landr                   | nark                     |   | -                        |
|   | XVehicle1                         | _0_#Occupants       | Hit/Run                 | Moped Case            | Number |                   | 21        | 00000977                  |                            |                     |                         |                          |   |                          |
|   | License#                          |                     | St                      | DOB/Age               | Reg#   | UNK               |           |                           | Reg Ty                     | pe PAN              | ſ                       | _Reg Sta                 | ate_MA                                      |                          |
|   | Sex Lic.                          | Class 18 1          |                         | 19 CDL                | Veh Ye | ear UNK           | Veh       | Make H                    | ONDA                       |                     | V                       | eh Confi                 | g. 20                                       |                          |
| 4   | Operator                          |                     | <del>_</del>            | Endorsment            |        | Las               |           |                           |                            |                     |                         |                          |   | - <b>1</b> <sup>12</sup> |
| 3   | ll .                              |                     |                         | Middle                |        | Las               |           |                           |                            |                     |                         | Middle                   |   | .  -                     |
|   |                                   |                     |                         | Zip                   |        |                   |           |                           |                            |                     |                         | Zip                      | )   | .                        |
|   |                                   |                     |                         |                       |        | e Action Prior to |           |                           |                            |                     |                         |                          | cle Up to Thre                              |                          |
| 5<br><b>1</b>                             | Vehicle Travel                    | Direction: N        | S X W Respon            | iding to Emergency? N | Event  | Sequence 3        | 22 22     | 22                        | 22 2                       |                     | 3                       | 4                        |   |                          |
| 1   | Citation # (If I                  | ssued)              |                         |                       | Most I | Harmful Event     | 3 23      |                           | (                          |                     | 9                       | ´                        | 10 Undercarri                               | age                      |
|   | Violation                         | 1: ChSec            | Violation 2             | ChSec                 | Driver | Contributing Co   | ode 9     | 24 3                      | 24                         |                     | /                       | $\int \int_{0}^{3}$      | 11 Totaled                                  |                          |
| <sup>6</sup> <b>1</b>                     | Violation                         | 3: ChSec            | Violation 4             | ChSec                 | Under  | ride/Override     | 25        | Towe                      | 8                          |                     | 7                       | 6                        |   |                          |
|   |                                   |                     | ator and all occupa     |                       |        |                   | s         | 26 27<br>eat Safety       | 28 2<br>Airbag Airba       | 9 30<br>Eject       | 31<br>Trap Inji         | 32 33<br>ury Transj      | 3<br>p.                                     | 3 13                     |
|   | Name (Last Fir                    | st Middle)          |                         | Address<br>See Above  |        | Age/DOB           |           | os. \$ystem               | Status Swite               | h Code              | Code \$ta               | itus Code                | Medical Facilit                             | y                        |
|   | 1                                 |                     |                         |                       |        |                   |           |                           |                            |                     |                         |                          |   |                          |
|   |                                   |                     |                         |                       |        |                   |           |                           |                            |                     |                         |                          |   |                          |
|   |                                   |                     |                         |                       |        |                   |           |                           |                            |                     |                         |                          |   |                          |
| 7   |                                   |                     |                         |                       |        |                   |           |                           |                            |                     |                         |                          |   |                          |
| 8   | Please Select C<br>of the Followi | Vehicle             | e# Occupants            | Non-Motorist A Ty     | pe 1   | 4 Action 1        | 5<br>Loca |                           | 16 Cond                    | ition 1             | 17                      | Hit/R                    | Run Mope                                    | ed                       |
|   |                                   | ng.                 |                         |                       |        |                   |           |                           |                            |                     |                         |                          |   | -                        |
|   | License#                          | 18 1                |                         | DOB/Age               |        |                   |           |                           | _ 0,                       | `                   |                         |                          | 20  | -                        |
| Q   | Sex_M Lic. ( Operator DUI         |                     | Lic. Restrictions  MARC | CDL<br>Endorsment     |        | ear               |           | Make                      |                            |                     | V                       | eh Confi                 | g.  |                          |
| <sup>8</sup> <b>3</b>                     | Address 23 O                      | Last                | First                   | Middle                |        | Las               | t         |                           | First                      |                     |                         | Middle                   |   | -                        |
|   | Address 25 Oz                     |                     | Q                       | MA Zip 02464          |        | SS                |           |                           |                            |                     |                         |                          |   |                          |
|   |                                   |                     | State                   | Zip <u>02404</u>      |        |                   |           | 2                         | 1 F                        | amaged              | State                   | Zip                      | cle Up to Thre                              |                          |
|   | Insurance Com                     |                     | O P W                   | - T- 4 F - 2          |        | e Action Prior to | Crash     | 22                        | 22 2                       | umageu              | 3                       | 4 de.                    | or op to rine                               | "                        |
|   | Vehicle Travel                    |                     | S E W Respo             | onding to Emergency?  |        | Sequence          | 23        |                           |                            |                     |                         |                          | 10 Undercarri                               | age                      |
|   | Citation # (If I                  | -                   |                         |                       |        | Harmful Event     |           | 24                        | 24                         | ←                   | 9                       | 5                        | 11 Totaled                                  |                          |
|   |                                   |                     |                         | 2: ChSec              |        | Contributing Co   | ode       |                           |                            |                     | 7                       | 6 كلا                    |   |                          |
|   |                                   |                     | operator and all o      |                       | Underi | ride/Override [   |           | Towed                     | 28 29<br>Airbag Airb       | 9   30              | 31   3                  | 32 \ 33                  | 3   | $\dashv$                 |
|   | Name (Last Fi                     | irst Middle)        | operator and an 0       | Address               |        | Age/DOB           |           | eat Safety<br>Pos. Systen | Airbag Airba<br>Status Swi | g Eject<br>tch Code | Trap Inju               | ury Transp<br>tatus Code | p.  | ity                      |
|   | Operator/                         | Non-Motorist        |                         | See Above             |        |                   |           |                           |                            |                     | 8                       | 1                        | NOT TRANSPORTE                              | D                        |
|   |                                   |                     |                         |                       |        |                   |           |                           |                            |                     |                         |                          |   |                          |
|   |                                   |                     |                         |                       |        |                   |           |                           |                            |                     |                         |                          |   |                          |
|   |                                   |                     |                         |                       |        |                   |           |                           |                            |                     |                         |                          |   | $\dashv$                 |



## Crash Narrative:

On Tuesday, November 23, 2021, while assigned to Traffic unit N525, I was asked to investigate a past hit and run crash involving a City of Newton School Traffic Supervisor. Mr. Mark Dumoulin reported to the Newton Police Traffic Bureau that sometime during his assigned school crossing post on the morning of November 23, 2021, a passing vehicle made contact with his left leg while he was crossing children on Ward Street. I responded to Newton Wellesley Hospital to speak with Mr. Dumoulin.

Mr. Dumoulin stated this morning, he was at his assigned school crossing post of Ward Street and
Waverly Avenue in his official capacity as a City of Newton School Traffic Supervisor. Mr. Dumoulin stated
he was wearing his department issued yellow reflective jacket and his department issued yellow hi-vis gloves.
Mr. Dumoulin stated he also had his department issued stop sign with him while performing his duties. Mr.

| (Continued o   | n next page)   |          |             |              |            |              |                   |           |
|--|----------------|----------|-------------|--------------|------------|--------------|-------------------|-----------|
| Witnesses:   |                |          |             |              |            |              |                   |           |
| Name (Last, First, Middle)   | Addre          | ess .    |             |              |            | Phone #      | ŧ                 | Statement |
|  |                |          |             |              |            |              |                   |           |
|  |                |          |             |              |            |              |                   |           |
| Property Damage:   | ,              |          |             |              |            |              |                   |           |
| Owner (Last, First, Middle)  | Address        | Ph       | one #       | 34-Type      | Descript   | ion of Dama  | ged Property      |           |
|  |                |          |             |              |            |              |                   |           |
|  |                |          |             |              |            |              |                   |           |
|  |                |          |             |              |            |              |                   |           |
| Truck and Bus Information:   | Registration # |          | (From Vehic | cle Section) |            |              |                   | 35        |
| Truck and Bus Information:  Carrier Name   | -              |          | (From Vehic | cle Section) |            | Carrier Issu | uing Authority Co |           |
|  |                |          |             |              |            |              |                   | de        |
| Carrier Name   |                | City_    |             |              |            | St           | Zip               | de        |
| Carrier NameAddressUS DOT #:   |                | City_    |             |              |            | St           | Zip               | ode       |
| Carrier NameAddressUS DOT #:   | State Number   | City Iss | uing State  | ICC#:_       |            | St           | Zip               | ode       |
| Carrier Name  Address US DOT #: Cargo Body Type Code37 Gro   | State Number   | City Iss | uing State  | ICC#:_       |            | St           | Zip               | ode       |
| Carrier NameAddressUS DOT #: Groot Groot Grailer Reg #: Groot Gr | State Number   | City Iss | uing State  | ICC#:_<br>Tr | ailer Leng | St           | Zip Interstate    | ode       |

| MICHAEL R GAUDET                   |           |            | NEWTON POLICE DEPARTM |                   | 11/23/2021 |
|------------------------------------|-----------|------------|-----------------------|-------------------|------------|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department            | Precinct/Barracks | Date       |

| -  | <b>→</b> Direction | 1 = Vehicle 1  | 2 =Vehicle 2    | Pedestr           | ian                |   |            |
|--|--------------------|----------------|-----------------|-------------------|--------------------|---|------------|
| Crash Diagram:                                     | ie: →□             | 1 -            | 2               | Ŷ                 |                    |   |            |
|  |                    |                | <u> </u><br>    | <u> </u><br>      |                    | Crash <u>Did Not (</u><br>n a Public Way: | Occur      |
|  |                    |                |                 |                   |                    | Off-Street Parking                        | g Lot      |
|  |                    |                |                 |                   |                    | Garage                                    |            |
|  |                    |                | į               | į                 | -                  | Mall/Shopping Co                          | enter      |
|  |                    |                |                 |                   |                    | Other Private Way                         | y          |
|  |                    |                |                 | +                 | Inc                | dicate North by A                         | rrow       |
|  |                    |                |                 |                   |                    | $\bigcirc$                                |            |
| Crash Narrative:                                   |                    |                |                 |                   |                    |   |            |
| Dumoulin stated at some p                          | oint during his    | s post (0745-0 | )830 hours), he | was att           | empting to cr      | oss two                                   |            |
| children on Ward Street (                          | S to N). Mr. D     | Oumoulin state | ed he entered t | the cross         | walk of Ward       | Street on the                             |            |
| NE corner of Ward Street                           | at Waverly Aver    | nue. Mr. Dumo  | oulin stated th | e pedest          | rian signal w      | as activated                              | at this    |
| time and the intersection                          | traffic signal     | ls were all re | ed.             |                   |                    |   |            |
| Mr. Dumoulin stated                                | while entering     | g the crosswal | lk, he observed | l a black         | Honda sedan        | traveling on                              | Stuart     |
| Road (E) towards the inte                          | rsection of War    | d Street and   | Waverly Avenue  | . Mr. D           | umoulin state      | d the license                             |            |
| plate had 3 characters on                          | it and believe     | es the first l | letter may have | been "E           | ". Mr. Dumou       | lin stated t                              | he<br>———— |
| operator was a heavy set                           | female with blo    | onde hair in h | ner 30's or 40' | s. Mr.            | Dumoulin stat      | ed the operat                             | or         |
| appeared to speed up towa                          | rds his location   | on to beat the | e light turning | red. M            | r. Dumoulin s      | tated the veh                             | icle       |
| (Continued   | on next page)      |                |                 |                   |                    |   |            |
| Witnesses:   |                    |                |                 |                   |                    |   | +          |
| Name (Last, First, Middle)                         |                    | Address        |                 |                   | Phone              | e #                                       | Statement  |
|  |                    |                |                 |                   |                    |   |            |
|  |                    |                |                 |                   |                    |   |            |
| Property Damage:                                   |                    | '              |                 |                   | ·                  |   |            |
| Owner (Last, First, Middle)                        | Address            |                | Phone #         | 34-Туре           | Description of Dam | naged Property                            |            |
|  |                    |                |                 |                   |                    |   |            |
|  |                    |                |                 |                   |                    |   |            |
| Truck and Bus Information:                         | Registration #     |                | (From Veh       | icle Section)     |                    |   |            |
| Carrier Name                                       |                    |                |                 |                   | Carrier Is         | ssuing Authority Coc                      | 35<br>le   |
| Address  |                    |                | City            |                   | St                 | Zip                                       |            |
| US DOT #:  | _ State Number     |                | Issuing State   | ICC #:_           |                    | Interstate                                | 36         |
| Cargo Body Type Code 37 Gr                         | oss Vehicle Weight | 38             |                 |                   |                    |   |            |
| Trailer Reg #:                                     | Reg Type           | Reg State      | Reg Year        | Tra               | ailer Length       |   |            |
| Hazmat Information:  Placard  40  Material 1 digit | # 41 Material 1    | Name           |                 | Material 4 o      | ligit #            | Release code                              | 42         |
|  |                    |                |                 |                   |                    |   |            |
| MICHAEL R GAUDET                                   |                    |                | NEWTO           | ON POLICE DEPARTM |                    | 11/23/2                                   | 021        |

Department

Signature

Precinct/Barracks

Date

| <del>-</del>                | <b>→</b> Direction | 1 = Vehicle 1  | ≥ ≢Vehicle 2    | ₽ Pedestriar    | 1  |           |
|-----------------------------|--------------------|----------------|-----------------|-----------------|--|-----------|
| Crash Diagram:              | ie: →□             | 1 -            | 2               | <b>→</b> ĝ      |  |           |
|                             |                    |                |                 |                 | If Crash <u>Did Not</u> Oo<br>on a Public Way: | ccur      |
|                             |                    | <u> </u>       |                 |                 | Off-Street Parking I                           | Lot       |
|                             |                    |                |                 |                 |  |           |
|                             |                    |                |                 |                 | ☐ Mall/Shopping Cen                            | iter      |
|                             |                    |                |                 |                 | Other Private Way                              |           |
|                             |                    |                | +               |                 | Indicate North by Arr                          | row       |
|                             |                    | <br>-          |                 |                 |  |           |
|                             |                    |                |                 |                 |  |           |
|                             |                    | +              | +               |                 |  |           |
| Crash Narrative:            |                    |                |                 |                 |  |           |
| then continued through the  | e intersection     | onto Hammond   | Street (E), 1   | but it did n    | ot keep right with the                         |           |
| normal flow of traffic and  |                    |                |                 |                 |  |           |
| Mr. Dumoulin stated         | he attempted t     | to get the ope | erators atten   | tion to stop    | her from continuing in the                     | ne        |
| wrong lane of Hammond Stre  | eet. Mr. Dumou     | ılin stated at | this time,      | the vehicle     | made contact with his left                     | t knee    |
| area and continued travel:  | ing down Hammon    | nd Street with | out stoppin     | g. Mr. Dumo     | ulin stated the children h                     | ne was    |
| crossing were not near the  | e vehicle and t    | they did not s | see the contact | ct. I asked     | Mr. Dumoulin if there wer                      | re any    |
| other witnesses in the are  | ea. Mr. Dumouli    | in stated he   | loes not beli   | eve there we    | re.  |           |
| Mr. Dumoulin reporte        | ed this collisi    | on to the New  | ton Police T    | raffic Burea    | u at approximately 1030 ho                     | ours.     |
| I asked Mr. Dumoulin why    | he did not cont    | act us when t  | the incident    | first took p    | lace. Mr. Dumoulin stated                      | d he      |
| (Continued                  | on next page)      |                |                 |                 |  |           |
| Witnesses:                  |                    |                |                 |                 |  |           |
| Name (Last, First, Middle)  |                    | Address        |                 |                 | Phone #  | Statement |
|                             |                    |                |                 |                 |  |           |
|                             |                    |                |                 |                 |  |           |
| Property Damage:            |                    |                |                 |                 |  |           |
| Owner (Last, First, Middle) | Address            |                | Phone #         | 34-Type D       | escription of Damaged Property                 |           |
|                             |                    |                |                 |                 |  |           |
|                             |                    |                |                 |                 |  |           |
| Truck and Bus Information:  | Designation II     |                | (ΓV             | 1:1.0           |  |           |
| Carrier Name                |                    |                |                 | ehicle Section) | Carrier Issuing Authority Code                 | 35        |
| Address                     |                    |                | City            |                 | St Zip   |           |
| US DOT#:                    | State Number       |                | Issuing State   | ICC#:           | Interstate                                     | 36        |
| Cargo Body Type Code 37 Gro | oss Vehicle Weight | 38             |                 |                 |  |           |
| Trailer Reg #:              | Reg Type           | Reg State      | Reg Year_       | Traile          | er Length 39                                   |           |
| Hazmat Information:         |                    |                |                 |                 |  |           |
| Placard 40 Material 1 digit | # 41 Material N    | Name           |                 | Material 4 dig  | it # Release code                              | 42        |
|                             |                    |                |                 |                 |  |           |

Signature

Department

Precinct/Barracks

Date

| •                                      | Direction           | 1 = Vehicle 1  | 2 =Vehicle 2    | Pedestr           | ian                |   |              |
|--|---------------------|----------------|-----------------|-------------------|--------------------|---|--------------|
| Crash Diagram:                         | ie: →□              | 1 -            | 2               | <b>₽</b> Ŷ        |                    |   |              |
|  | <br>                |                | <u> </u><br>    | <u> </u><br>      |                    | Crash <u>Did Not</u> (<br>n a Public Way: | Occur        |
|  |                     | <u> </u>       |                 |                   |                    | Off-Street Parking                        | g Lot        |
|  |                     |                |                 |                   |                    | Garage                                    |              |
|  |                     |                |                 |                   |                    | Mall/Shopping Co                          | enter        |
|  |                     | -              |                 |                   |                    | Other Private Way                         | y            |
|  |                     | -              |                 |                   | Inc                | licate North by A                         | rrow         |
|  |                     |                |                 |                   |                    | $\bigcirc$                                |              |
| Crash Narrative:                       |                     |                |                 |                   |                    |   |              |
| thought his injury was su              | perficial and t     | that he knew w | we were busy.   | At this           | time, Mr. Dum      | oulin is repo                             | rting a      |
| left knee injury as a res              | sult of the cras    | sh. Mr. Dumou  | ulin stated vel | nicles tra        | avel on the w      | rong side of                              | the          |
| medium on Hammond Street               |                     |                |                 |                   |                    |   |              |
| stated the keep right sign             | gn on Hammond St    | treet near the | e crash site ne | eds to be         | e addressed        | because some                              | of the       |
| letters are peeling.                   |                     |                |                 |                   |                    |   |              |
| I canvassed the are                    | ea where the cra    | ash occurred i | for the fleeing | y vehicle         | with a negat       | ive result.                               | I also       |
| covered the afternoon sch              | nool post (1450-    | -1535 hours) 1 | to ask passing  | students          | if they with       | essed the cra                             | sh<br>       |
| with a negative result.                | I observed the      | "Keep Right"   | sign Mr. Dumou  | ılin made         | mention of a       | t this location                           | on. The      |
| sign appears to be in wor              | rking condition     | and visible    | from Stuart Roa | ad. I to          | ok photos of       | the intersect                             | ion          |
| (Continued                             | on next page)       |                |                 |                   |                    |   |              |
| W itnesses: Name (Last, First, Middle) |                     | Address        |                 |                   | Phone              | \ #                                       | Statement    |
| ivairie (Last, First, Middle)          |                     | Address        |                 |                   | FIIOIR             | = #                                       | Statement    |
|  |                     |                |                 |                   |                    |   |              |
|  |                     |                |                 |                   |                    |   |              |
| Property Damage:                       |                     |                |                 |                   |                    |   |              |
| Owner (Last, First, Middle)            | Address             |                | Phone #         | 34-Type           | Description of Dam | naged Property                            |              |
|  |                     |                |                 |                   |                    |   |              |
|  |                     |                |                 |                   |                    |   |              |
| Truck and Bus Information:             | D. interview !!     |                | (F V.1          | : 1. 6 - 4: - )   |                    |   |              |
| Carrier Name                           |                     |                |                 | icle Section)     | Carrier Is         | suing Authority Cod                       | 35<br>le     |
|  |                     |                |                 |                   |                    |   |              |
| US DOT #:                              |                     |                |                 |                   |                    |   | 36           |
| 37                                     | ross Vehicle Weight | 38             | issuing state   | ICC #             |                    | Interstate                                |              |
| Trailer Reg #:                         |                     | Reg State      | Reg Veer        | Tre               | ailer Lenoth       |   |              |
| Hazmat Information:                    |                     | Acg state      | Neg 1 tai       | 112               | mor Longin         | J   |              |
| Placard 40 Material 1 dig              | t # 41 Material N   | Name           |                 | _ Material 4 c    | ligit #            | Release code                              | 42           |
| MICHAEL R GAUDET                       |                     |                | NEWTY           | ON POLICE DEPARTM |                    | 11/23/20                                  | n <b>2</b> 1 |

Department

Precinct/Barracks

Date

Signature

|  | Direction           | 1 = Vehicle 1  | 2 =Vehicle 2   | ₽Pedestr          | ian   |           |
|--|---------------------|----------------|----------------|-------------------|---|-----------|
| Crash Diagram:                           | ie: →               | 1 -            | 2              | Ŷ                 |   |           |
|  |                     |                |                |                   | If Crash <u>Did Not</u><br>on a Public Way: | Occur     |
|  |                     | <u> </u>       |                |                   | ☐ Off-Street Parkir                         | ng Lot    |
|  |                     |                |                |                   | Garage                                      |           |
|  |                     | į į            |                | į                 | ☐ Mall/Shopping (                           | Center    |
|  |                     |                |                |                   | Other Private Wa                            | ay        |
|  |                     |                | + _            |                   | Indicate North by                           | Arrow     |
|  |                     |                |                |                   |   |           |
|  | 21, I covered Mr    | . Duboulin's   | school crossin |                   | gain for the morning post                   |           |
|  |                     |                |                |                   | icle. I attempted to cont                   |           |
|  |                     |                |                |                   | ould not speak at this mor                  |           |
| asked me to call her back                |                     |                |                | - Dire c          |   |           |
| asked me to call hel back                | . I WIII IOIIC      | ow up with Ms. | . ZUKOI.       |                   |   |           |
|  |                     |                |                |                   |   |           |
|  |                     |                |                |                   |   |           |
|  |                     |                |                |                   |   |           |
|  |                     |                |                |                   |   |           |
| 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 | Registration #      |                | (From Veh      |                   | Carrier Issuing Authority Co                | 35        |
| Address                                  |                     |                | City           |                   |   | ldc       |
| US DOT #:                                |                     |                | City           |                   |   | 36        |
| 37                                       |                     | 38             | issuing state  | 1CC#              | merstate                                    |           |
|  | ross Vehicle Weight |                | _              |                   | 39  |           |
| Trailer Reg #:  Hazmat Information:      | Reg Type            | Reg State      | Reg Year       | Tra               | aller Length                                |           |
| Placard 40 Material 1 digi               | t # 41 Material N   | Name           |                | Material 4        | ligit # Release code                        | 42        |
|  |                     |                |                |                   |   |           |
| MICHAEL R GAUDET                         |                     |                | NEWTO          | ON POLICE DEPARTS | 11/23/                                      | 2021      |

Signature

Department

Precinct/Barracks

Date