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|--|--|----------------------------------|-------------------------------|---|--|--------------------------------------|---------------------|---|---------------------|---|--|--|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
| Date of Crash 01/24/2022 | | Time of Crash 08:04 24HR | | City/Town NEWTON | | Motor Vehicle Crash Police Report | | Number Vehicles 2 | Number Injured 0 | Speed Limit 25 Latitude _____ Longitude _____ | | State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/> | |
| AT INTERSECTION: | | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | | 9 | |
| Route# Direction Name of Roadway/Street At | | | | Route# Direction Address # Name of Roadway/Street | | | | | | | | 10 | |
| | | | | Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number | | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | | Feet N S E W of _____ Route# Intersecting Roadway/Street | | | | | | | | 11 | |
| Route# Direction Name of Intersecting Roadway/Street | | | | Landmark | | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 52 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 22000068 | | | | | | | |
| License # --- St MA DOB/Age --- | | | | Reg # BU43164 Reg Type BUN Reg State MA | | | | | | | | | |
| Sex M Lic. Class B 18 18 Lic. Restrictions E 19 CDL P Endorsment | | | | Veh Year 2018 Veh Make THOMAS Veh Config. 4 20 | | | | | | | | | |
| Operator DOCANTO ADRIANO A | | | | Owner EASTERN BUS COMI | | | | | | | | 12 | |
| Address 164 BARTLETT STREET (apt. 2) | | | | Address PO BOX 514 | | | | | | | | | |
| City BROCKTON State MA Zip 02301 | | | | City SOMERVILLE State MA Zip 02143 | | | | | | | | | |
| Insurance Company NATIONAL UNION FIRE | | | | Vehicle Action Prior to Crash 3 21 | | | | Damaged Area Code: (Circle Up to Three) | | | | | |
| Vehicle Travel Direction: N S X W Responding to Emergency? N | | | | Event Sequence 2 22 22 22 22 | | | | 2 3 4 | | | | | |
| Citation # (If Issued) N/A | | | | Most Harmful Event 2 23 | | | | 1 9 10 Undercarriage 5 11 Totaled | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 19 24 24 | | | | 8 7 6 | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override 25 Towed N | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | | | 13 | |
| Name (Last First Middle) | | | | Address | | Age/DOB | | Sex | | 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code | | Medical Facility | |
| Operator | | | | See Above | | ----- | | --- | | | | | |
| BARRIENTOS AMBROCIO, BRYAN | | | | 417 AUBURN STREET NEWTON, MA 02466 | | --- -- | | M | | 11 99 4 99 0 0 10 1 | | N/A | |
| BORUS, CLARA | | | | 52 BOURNE ST AUBURNDALE, MA 02466 | | --- -- | | F | | 11 99 4 99 0 0 10 1 | | N/A | |
| BROWN, ELLIS | | | | 68 BOURNE STREET NEWTON, MA | | --- -- | | M | | 11 99 4 99 0 0 10 1 | | N/A | |
| Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | | | | | | | | | | | |
| License # --- St --- DOB/Age --- | | | | Reg # --- Reg Type --- Reg State --- | | | | | | | | | |
| Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL --- Endorsment | | | | Veh Year --- Veh Make --- Veh Config. 20 | | | | | | | | | |
| Operator --- | | | | Owner --- | | | | | | | | | |
| Address --- | | | | Address --- | | | | | | | | | |
| City --- State --- Zip --- | | | | City --- State --- Zip --- | | | | | | | | | |
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| | | | | | | Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | | | Feet N S E W of _____ Route# Intersecting Roadway/Street | | | | | | | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Route# Direction Name of Intersecting Roadway/Street | | | | | Landmark | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4 | License # --- St MA DOB/Age --- | | | | | Reg # BU43164 Reg Type BUN Reg State MA | | | | | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Operator DOCANTO ADRIANO A Last First Middle | | | | | Owner EASTERN BUS COMI Last First Middle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Address 164 BARTLETT STREET (apt. 2) | | | | | Address PO BOX 514 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | City BROCKTON State MA Zip 02301 | | | | | City SOMERVILLE State MA Zip 02143 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Insurance Company NATIONAL UNION FIRE | | | | | Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Vehicle Travel Direction: N S X W Responding to Emergency? N | | | | | Event Sequence 2 22 22 22 22 2 | | | | | 10 Undercarriage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Citation # (If Issued) N/A | | | | | Most Harmful Event 2 23 | | | | | 5 11 Totaled | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | | Driver Contributing Code 19 24 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Please fill out for operator and all occupants involved | | | | | | | | | | | | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Operator | See Above | ----- | --- | --- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 8 | Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | License # _____ St _____ DOB/Age _____ | | | | | Reg # _____ Reg Type _____ Reg State _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Operator _____ Last First Middle | | | | | Owner _____ Last First Middle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Address _____ | | | | | Address _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | City _____ State _____ Zip _____ | | | | | City _____ State _____ Zip _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City BROCKTON State MA Zip 02301 | | | City SOMERVILLE | | State MA Zip 02143 | | | | | | | |
| Insurance Company NATIONAL UNION FIRE | | | Vehicle Action Prior to Crash 3 21 | | Damaged Area Code: (Circle Up to Three) | | | | | | | |
| Vehicle Travel Direction: N S X W Responding to Emergency? N | | | Event Sequence 2 22 22 22 22 | | 2 3 4 | | 10 Undercarriage | | | | | |
| Citation # (If Issued) N/A | | | Most Harmful Event 2 23 | | 1 9 | | 5 11 Totaled | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code 19 24 24 | | 8 7 6 | | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override 25 Towed N | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | | | |
| Name (Last First Middle) | | | Address | | Age/DOB | | Sex | | 26 Seat Pos. | | 27 Safety System | |
| Operator | | | See Above | | --- | | --- | | --- | | --- | |
| NEEL, MADISON | | | 14 OAKLAND AVENUE NEWTON, MA | | --- | | F | | 11 99 | | 4 99 | |
| NORTON, BELETE | | | 117 CRESCENT STREET NEWTON, MA | | --- | | | | 11 99 | | 4 99 | |
| NORTON, CHAKEBO | | | 117 CRESCENT STREET NEWTON, MA | | --- | | | | 11 99 | | 4 99 | |
| Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | | | | | | | | | | |
| License # --- St --- DOB/Age --- | | | Reg # --- | | Reg Type --- | | Reg State --- | | | | | |
| Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL --- | | | Veh Year --- | | Veh Make --- | | Veh Config. 20 | | | | | |
| Operator --- | | | Owner --- | | | | | | | | | |
| Address --- | | | Address --- | | | | | | | | | |
| City --- State --- Zip --- | | | City --- | | State --- Zip --- | | | | | | | |
| Insurance Company --- | | | Vehicle Action Prior to Crash 21 | | Damaged Area Code: (Circle Up to Three) | | | | | | | |
| Vehicle Travel Direction: N S E W Responding to Emergency? --- | | | Event Sequence 22 22 22 22 | | 2 3 4 | | 10 Undercarriage | | | | | |
| Citation # (If Issued) --- | | | Most Harmful Event 23 | | 1 9 | | 5 11 Totaled | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code 24 24 | | 8 7 6 | | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override 25 Towed --- | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | | | |
| Name (Last First Middle) | | | Address | | Age/DOB | | Sex | | 26 Seat Pos. | | 27 Safety System | |
| Operator/Non-Motorist | | | See Above | | --- | | --- | | --- | | --- | |
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|-----------------------------|--|--------------------------------|-------------------------------|---------------------|--|---|---------------------|-------------------------|------------------------|---|--|--|----|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
| Date of Crash 01/24/2022 | | Time of Crash 08:04 24HR | | City/Town NEWTON | | Motor Vehicle Crash Police Report | | Number Vehicles 2 | Number Injured 0 | Speed Limit 25 Latitude _____ Longitude _____ | | State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/> | |
| AT INTERSECTION: | | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | | 9 | |
| 1 | Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | | | | | Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ | | | | | | | 10 |
| | Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | | | | | Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ | | | | | | | 11 |
| | Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | | | Landmark _____ | | | | | | | |
| 2 | <input checked="" type="checkbox"/> Vehicle 1 52 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 22000068 | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 3 | License # _____ St MA DOB/Age _____ | | | | | Reg # BU43164 Reg Type BUN Reg State MA | | | | | | | |
| | Sex M Lic. Class B 18 18 Lic. Restrictions E 19 CDL P Endorsment | | | | | Veh Year 2018 Veh Make THOMAS Veh Config. 4 20 | | | | | | | |
| 4 | Operator DOCANTO ADRIANO A | | | | | Owner EASTERN BUS COMI | | | | | | | 12 |
| | Address 164 BARTLETT STREET (apt. 2) | | | | | Address PO BOX 514 | | | | | | | |
| 5 | City BROCKTON State MA Zip 02301 | | | | | City SOMERVILLE State MA Zip 02143 | | | | | | | |
| | Insurance Company NATIONAL UNION FIRE | | | | | Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) | | | | | | | |
| 6 | Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N | | | | | Event Sequence 2 22 22 22 22 2 3 4 | | | | | | | |
| | Citation # (If Issued) N/A | | | | | Most Harmful Event 2 23 | | | | | | | |
| 7 | Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | | Driver Contributing Code 19 24 24 | | | | | | | |
| | Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | | Underride/Override 25 Towed N | | | | | | | |
| 8 | Please fill out for operator and all occupants involved | | | | | | | | | | | | 13 |
| | Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility | | | | | | | | | | | | |
| 9 | Operator See Above | | | | | | | | | | | | |
| | SANTANA, GABRIEL 5 ADAMS AVENUE NEWTON, MA --- --- 11 99 4 99 0 0 10 1 N/A | | | | | | | | | | | | |
| 10 | SHAH, KASHVI 2320 COMMONWEALTH AVENUE (apt 1-1) NEWTON, MA 02466 --- --- F 11 99 4 99 0 0 10 1 N/A | | | | | | | | | | | | |
| | SONG, EMMA, ZIYING 77 BOURNE STREET NEWTON, MA 02466 --- --- F 11 99 4 99 0 0 10 1 N/A | | | | | | | | | | | | |
| 11 | Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 12 | License # _____ St _____ DOB/Age _____ | | | | | Reg # _____ Reg Type _____ Reg State _____ | | | | | | | |
| | Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsment | | | | | Veh Year _____ Veh Make _____ Veh Config. 20 | | | | | | | |
| 13 | Operator _____ | | | | | Owner _____ | | | | | | | |
| | Address _____ | | | | | Address _____ | | | | | | | |
| 14 | City _____ State _____ Zip _____ | | | | | City _____ State _____ Zip _____ | | | | | | | |
| | Insurance Company _____ | | | | | Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) | | | | | | | |
| 15 | Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? _____ | | | | | Event Sequence 22 22 22 22 2 3 4 | | | | | | | |
| | Citation # (If Issued) _____ | | | | | Most Harmful Event 23 | | | | | | | |
| 16 | Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | | Driver Contributing Code 24 24 | | | | | | | |
| | Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | | Underride/Override 25 Towed _____ | | | | | | | |
| 17 | Please fill out for operator and all occupants involved | | | | | | | | | | | | 18 |
| | Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility | | | | | | | | | | | | |
| 18 | Operator/Non-Motorist See Above | | | | | | | | | | | | |
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Parker Street

Boylston Street (E)

Boylston Street (E) Off-ramp

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

○

Crash Narrative:

On Monday, January 24, 2022, while assigned to Traffic unit N525, I responded to the Brown Middle School for a report of a crash involving a City of Newton contracted school bus. The school bus was involved in a crash on the Boylston Street (Rt.9) Eastbound off-ramp at Parker Street. Boylston Street and Parker Street are both public ways in the City of Newton. The weather at the time of the crash was clear and sunny. The road surface was dry.

I spoke with Officer Durickas of the Newton Police Department in front of Brown Middle School. Officer Durickas stated he witnessed a City of Newton contracted school bus sideswipe a National Grid contractor's vehicle on the Boylston Street (E) off-ramp just before Parker Street. Officer Durickas stated the school bus was filled with students headed to the Brown Middle School. Officer Durickas collected information

(Continued on next page)

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 _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

MICHAEL R GAUDET NEWTON POLICE DEPT 01/24/2022

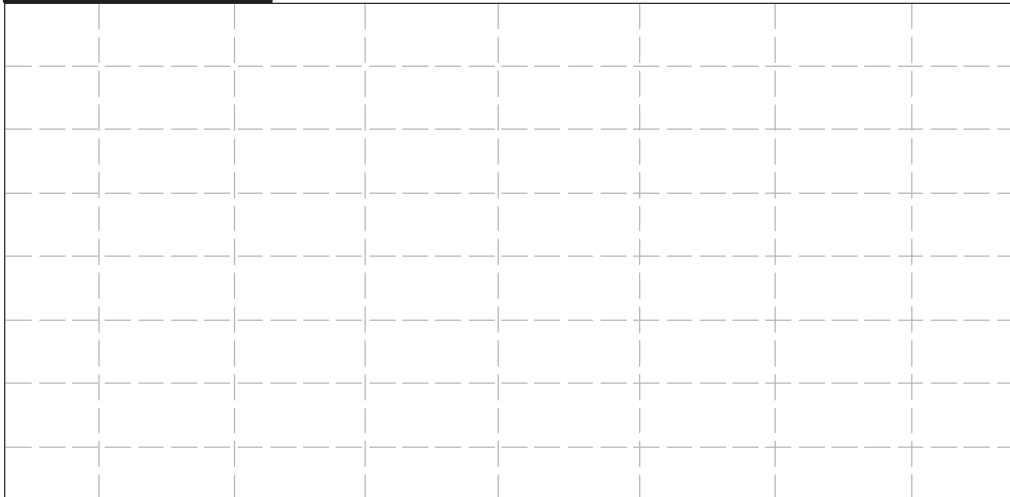
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24-00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



If Crash Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

side of the roadway. Mr. Docanto reported no injuries. I observed minor damage to the rear passegner side of the school bus. The school bus is owned by Eastern Bus Company and is contracted by the City of Newton. I spoke with the owner of the other vehicle involved, Mr. David Nowlan (S18764520). Mr. Nowlan stated he is a contactor for National Grid and was conducting a survey of the immediate area where the crash happened for a reported gas leak. Mr. Nowlan stated his 2017 Toyota Tacoma (MA: 7WDW0) was parked unoccupied on the Boylston Street (E) offramp before Parker Street at the time of the crash. Mr. Nowlan stated the rear passenger side of the bus sidewiped the front passenger side of his vehicle as it approached Parker Street. I observed damage to the front drive side door/fender/bumper area of MV2. Photos were taken of both vehicles and submitted to the IT Bureau.

Witnesses:

| Name (Last, First, Middle) | Address | Phone # | Statement |
|----------------------------|---------|---------|-----------|
| | | | |
| | | | |

Property Damage:

| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|-----------------------------|---------|---------|---------|---------------------------------|
| | | | | |
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Truck and Bus Information:

Registration # _____ (From Vehicle Section)

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 38

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

MICHAEL R GAUDET

NEWTON POLICE DEPART

01/24/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date