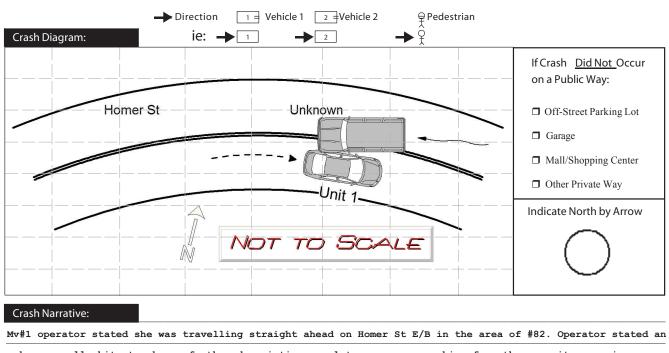
		ce Use Only					f Massa		setts					ıment N		
	Date of Crash 02/04/2022	Time of Crash	City/1	Town	Motor `	Vehi	icle Cra	sh	Number Vehicles			ed Limi itude		State Local	Police Police A Police	
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	Route# Direction Name of Intersecting Roadway/Street					-	Mile Marker Exit Number									
			Also at Int	tersection with		-	Feet [N S E V	V of	Route	_# —	Intersec	ting Ro	adway/St	treet	-
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╣,	Route# Direction Name of Intersecting Roadway/Street					Landmark										
	XVehicle1	1_#Occupants	Hit/Ru	ın Mope	ed Case N	umber		220	00107							
7	License#		St []]	MA DOB/Age -		Reg#7	ZW986			Reg T	vne PA	N	Red	g State_N	1A	
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\neg	Operator TAN		QING QIN	End	dorsment		TANG		LINCH				_ ven e	omig. [
	Address 227 H	OMER ST	First	N	Middle		227 HOMER			First			Midd	le		-
- 1	City NEWTON			State_MA_Zip_0)2459		EWTON					State	MA	Zip 024	59	
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-	Name (Last Firs			A	Address		Age/DOB	Sex Po	s. \$ystem			le Code	Status (edical Facilit	ty
ŀ	Operator				Above				99	4 9	0	0	10	1		
-																
	Please Select O		2 <u>1</u> #Occupa	ants Non-Mo	otorist A Type	14	Action 1	I5 Locat	ion	16 Con	dition	17	XI -	lit/Run	Мор	ed
┨	of the Followin	ng: Verillele	.2 <u>1</u> #Occupa	ants Non Mc	stonstr Type		Action	Locat		Con			Δ.	iit/itaii	Mop	cu
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١	Operator UNKNOWN UNKNOWN Last First Middle					Owner (Same as operator) Last First Middle									-	
1	Address					Address									-	
	City State Zip					City State Zip								-		
-	Insurance Company UNKNOWN					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ee)		
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$					Event Sequence 1 22 22 22 22 3 4										
	venicie Travei I			Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled							
							Driver Contributing Code 99 24 24									
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unknown small white truck, no further description or plates, was approaching from the opposite oncoming direction fishtailing, veering into her lane of travel. Operator stated the white truck sideswiped her vehicle on her driver's side rear and did not stop, leaving the scene. A check of the area for the white truck was negative results. 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) 35 Carrier Name _ ___ Carrier Issuing Authority Code Address_ US DOT #: State Number ____ Issuing State _____ ICC #:___ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #: Hazmat Information: Material Name_____ Material 4 digit # _____ Release code Placard Material 1 digit

ADAM D GABRIEL		25117	NEWTON POLICE DEPARTM	02/04/2022		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date	