



→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

NOT TO SCALE

N

MV2    MV1

P.O.I.

Commonwealth Ave.

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 5/11/22 I responded to Commonwealth Ave. and Center St. for a 2 car accident.

Upon arrival I spoke with the operator of MV1 who stated he was at fault for the accident. He stated that he was on the center lane of Comm. Ave. heading w/b when he noticed that he had to take a right turn. He stated that he checked his mirror and reversed to merge onto the right lane, and that is when he hit MV2 which was behind him.

The operator of MV2 stated that he was driving e/b on the center lane when MV1 backed up and hit him causing moderate damage to the right front of the vehicle.

Both parties stated they had no injuries and denied medical attention. Both parties were given the report number and given information on how to get a copy of the report.

**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

ELMER ACUNA

NEWTON POLICE DEPT.

05/11/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date