

**AT INTERSECTION:** < **LOCATION** > **NOT AT INTERSECTION:**

Route# Direction Name of Roadway/Street At  
 Route# Direction Name of Intersecting Roadway Street Also at Intersection with  
 Route# Direction Name of Intersecting Roadway Street

Route# Direction Address # Name of Roadway/Street  
 Feet N S E W of Mile Marker Exit Number  
 Feet N S E W of Route# Intersecting Roadway/Street  
 Feet N S E W of Landmark

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped **Crash Report ID# 21-1099-AC**

License # St MA DOB Age Reg # Reg Type PC Reg State MA  
 Sex M Lic. Class 19 19 Lic. Restrictions 99 CDL H Endorsement  
 Operator DUNN, HUGH C Owner DUNN, HUGH C  
 Address 24 LOGAN ST APT 502N Address 24 LOGAN ST APT 502N  
 City NEW BEDFORD State MA Zip 02740-7367 City NEW BEDFORD State MA Zip 02740-7367  
 Insurance Company THE COMMERCE INSURANCE CO  
 Vehicle Travel Direction: N X E W Responding to Emergency? 2  
 Citation # (If Issued)  
 Viol. 1: Ch Sec/Sub Viol. 2: Ch Sec/Sub  
 Viol. 3: Ch Sec/Sub Viol. 4: Ch Sec/Sub

Vehicle Action Prior to Crash 10 Damaged Area Code: 3 27 4 27 0 27  
 Event Sequence 2 23 23 23 23 Test Status: 1 28  
 Most Harmful Event 20 24 Type of Test: 29  
 Driver Contributing Code 99 25 25 BAC Test Result: 30  
 Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
 Towed from scene? 1 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB Age	Sex	14 Seat Pos	15 Safety System	16 Airbag Status	17 Eject Code	18 Trap Code	19 Injury Status	20 Transp Code	Medical Facility
Operator	See Above			1	99	4	0	0	8	2	Saint Lukes Hospital

Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # St DOB Age Reg # Reg Type PC Reg State MA  
 Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement  
 Operator Driverless M.V. Owner  
 Address Address  
 City NEW BEDFORD State MA Zip 02745  
 Insurance Company THE STANDARD FIRE INSURAN  
 Vehicle Travel Direction: N X E W Responding to Emergency? 2  
 Citation # (If Issued)  
 Viol. 1: Ch Sec/Sub Viol. 2: Ch/Sec/Sub  
 Viol. 3: Ch Sec/Sub Viol. 4: Ch/Sec/Sub

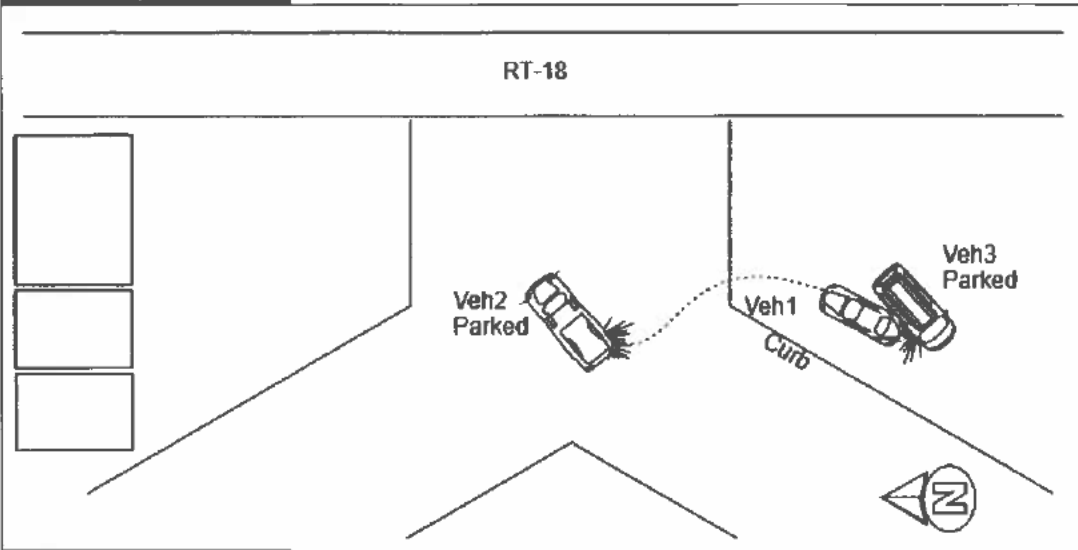
Vehicle Action Prior to Crash 11 Damaged Area Code: 4 27 27 27  
 Event Sequence 1 23 23 23 23 Test Status: 28  
 Most Harmful Event 1 24 Type of Test: 29  
 Driver Contributing Code 1 25 25 BAC Test Result: 30  
 Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32  
 Towed from scene? 2 33

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB Age	Sex	14 Seat Pos	15 Safety System	16 Airbag Status	17 Eject Code	18 Trap Code	19 Injury Status	20 Transp Code	Medical Facility
Operator/Non-Motorist	See Above			1	99	4	0	0	10	1	

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ○ = Bicycle  
 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:**

While backing out of a parking spot, driver operator of Veh. 1 struck an (un-occupied) parked MV, (Veh.2), a granite curb, and lastly an (un-occupied) parked (Veh.3). Driver/Oper of Veh1 then parked his vehicle on the North side of the lot and waited for police to arrive.

He was then asked if he needed medical attention and stated yes. Medics were notified and shortly after he was transported by medics to St. Lukes Hospital for medical evaluation and treatment. Unable to locate POI due to awkward shape of lot and vehicles moved. For further details refer to 21-4797-OF.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX ICC #: \_\_\_\_\_

Interstate  43    Cargo Body Type Code  44    GVWR-GCWR  45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

Placard  47    Material 1 digit #  48    Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code  49

Officer Abraham D Nazario (1A-3988) Sr      3988      New Bedford Police Department      05/01/2021  
 Police Officer Name (Please Print)      Signature      ID Badge #      Department      Precinct/Barracks      Date

**AT INTERSECTION:** < **LOCATION** > **NOT AT INTERSECTION:**

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ **26 S WATER ST** 2 10  
 At \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Also at Intersection with \_\_\_\_\_ Mile Marker \_\_\_\_\_ or \_\_\_\_\_ Exit Number \_\_\_\_\_ 10 11  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle **30** #Occupants  Hit/Run  Moped **Crash Report ID# 21-1099-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type **PC** Reg State **MA** 1 12  
 Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_  
 Operator **Driverless M.V.** Owner \_\_\_\_\_  
 Last First Middle Last First Middle  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **NEW BEDFORD** State **MA** Zip **02740-** \_\_\_\_\_  
 Insurance Company **USAA CASUALTY INSURANCE C** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **4 27 5 27 2 27**  
 Vehicle Travel Direction: **N S E W** Responding to Emergency? \_\_\_\_\_ Event Sequence **1 23 23 23 23** Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32** 2 13  
 Towed from scene? **2 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB Age	Sex	11 Seat Pos	15 Safety System	16 Airbag Status	17 Eject Code	18 Trap Code	19 Injury Status	20 Transp Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:  Vehicle **4** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # \_\_\_\_\_ St \_\_\_\_\_ DOB Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_  
 Operator \_\_\_\_\_ Owner \_\_\_\_\_  
 Last First Middle Last First Middle  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**  
 Vehicle Travel Direction: **N S E W** Responding to Emergency? \_\_\_\_\_ Event Sequence **23 23 23 23** Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **25 25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32** 4 14  
 Towed from scene? **33**

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB Age	Sex	11 Seat Pos	15 Safety System	16 Airbag Status	17 Eject Code	18 Trap Code	19 Injury Status	20 Transp Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>							