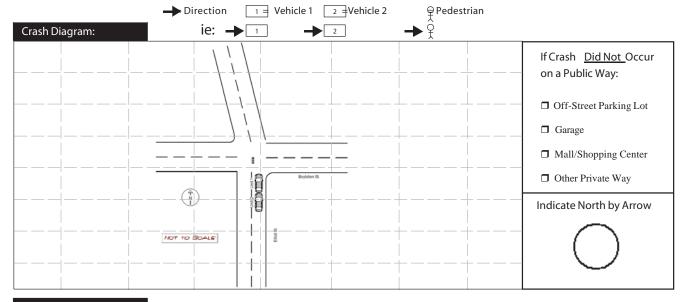
	Poli	ice Use Only		Commonw	ealth	of Mass	achu	isetts	5		RM	V Docum	nent Number	
	Date of Crash 01/24/2019	Time of Crash	City/To	Mote	or Vel	hicle Cra	ash	Number			ed Limi		State Police Local Police MBTA Police	□ Xi
	01/24/2019	16:16 24HR]	Police	Report		2	1		ngitude_		MBTA Police Other:	
		AT INTER	RSECTION:	<	LOCA	TION	>		NC	T AT	INT	ERSE	CTION:	2
	EAST	Γ BOYLS	TON ST											2
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc	tion	Name of	Roadway/Street		Route# Direct	ion Ad	ldress #		N	ame of I	Roadway	Street	2 ¹⁰
	NOR	TH ELLIOT		At		Feet	N S E	W of			•	or		2
	Route# Direc		Name of Intersecting	g Roadway/Street						Marker			Exit Number	_
			Also at Inter			Feet	N S E	W of	Rout		Intersec	ting Road	dway/Street	
² 3						Feet [N S E	W of	Rout	en.	THEFSEC	ang Rou	away/Bireet	2
	Route# Direc	tion	Name of Interse	cting Roadway/Street							La	ndmark		
3	XVehicle1	_1_#Occupants	Hit/Run	☐ Moped C	ase Numbe	r	19	900000103	3					
	License#		St M	A DOB/Age	Page	1NB459			Pag.	Evne PA	N	Pag	State MA	
	Sex_M Lic.	18 1	Lic. Restriction	19		Year_1999							20	-
4	l		JEAN First	Endorsment WESLY										- 1
3	Address 20 FA	Last AIRLAWN ST (a	pt. 2)	Middle	OWII	ess						Middle		- 1
	City MATTA			nte_MA Zip_02126		ess						, ,	Zin	-
	Insurance Com			neZip_ 0222 0		cle Action Prior			21				Circle Up to Thr	_
5	1	Direction:		onding to Emergency?		t Sequence 1	22 22	2 22	22	2	3		4	
1				onding to Emergency?			23					\overline{A}	10 Undercarr	riage
	,	ssued)		2: ChSec		Harmful Event		, 24	24	1	9		11 Totaled	
⁶ 2	1			4: Ch Sec		er Contributing C	25	1 4	1 N	8	7		6	
			ator and all occu		Unde	erride/Override		26 27 Seat Safety	ed N 28 Airbag A	29 3 irbag Ejec	0 31	32 Injury Tra	33 unsp.	13
	Name (Last Fir			Address		Age/DOB	Sex I	Pos. Systen	1 Status Sv	witch Coc	ic code	Injury Tra Status Co	de Medical Facil	1
	Operator			See Above				1	4 4	1 0	0	3 1	CARNEY HOSPIT	AL
									1					
⁷ 2	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupan	s Non-Motorist A	Туре	14 Action	15 Loca	ation	16 Cor	ndition	17	☐ Hi	t/Run Mop	ed
	License#		St_M		Reg	3EY477			Reg	Гуре_РА	N	Reg	State_MA	
	Sex_F_ Lic.	Class D 18 1	8 Lic. Restriction	19 CDL			Vel	n Make_V	OLVO			Veh Co	20	
8 1	Operator FLC	ORIO	SUSAN	M Endorsment	Own	er (Same as ope	erator)							_
1		Last OTTAGE ST (ap	First	Middle	Addr	ess	ast		First			Middle		_
	City NEWTO	N	St	nte_MA Zip_02464	City						State	2	Zip	_
	Insurance Com	npany METROPO	OLITAN		Vehi	cle Action Prior	to Crash	2	21	Damag	ed Area	Code: (0	Circle Up to Thr	ee)
	Vehicle Travel			sponding to Emergency?_		t Sequence 1	22 22	2 22	22	2	3		4	
	Citation # (If Issued)					Most Harmful Event 1 23						riage		
	Violatio	n 1: ChSe	ec Violatio	n 2: ChSec	_ Drive	Driver Contributing Code 1 24 24 5 11 Totaled								
				n 4: ChSec		erride/Override	25		d_N	8	7		6	
	Pl	ease fill out for		occupants involved				26 27 Seat Safety	28 Airbag A	29 3 irbag Ejec	0 31 Et Trap	32 Injury Tra	33 ansp.	\dashv
	Name (Last Fi	Non-Motorist		Address See Above		Age/DOB	Sex	Pos. Syste	m Status S	witch Co	de Code		ode Medical Faci	lity
	Орегиюн			500 115000				1		- 0	0	J 1		\dashv
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Crash Narrative:

(Continued on next page)

At approximately 1615HRs. on Thursday, January 24, 2019, I was dispatched to the intersection of Elliot St. and Boylston St. for a report of an MVA. Upon arrival, I located the operator of MV1 (MA Pass: 1NB459) who had pulled into the BP gas station. He stated that he was traveling Northbound on Elliot St. when his traffic signal turned red and he brought his vehicle to a complete stop at the intersection. He stated that at this time, he was rear ended by MV2. He and the operator of MV2 then got out of their respective vehicles and spoke about the collision, after a few moments, the operator of MV2 got in her vehicle and left. Using the picture of MV2's license plate (MA Pass: 3EY477) which he provided me, I was able to contact the operator of MV2 at her residence. She stated that she was traveling Northbound on Elliot St. and observed MV1 come to a stop and she applied her brakes and came to a complete stop aswell, without making any contact to

Witnesses: Name (Last, First, Middle) Address Phone # Statem Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property	ment
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	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	
Hazmat Information:	
Placard Material 1 digit # 41 Material Name Material 4 digit # Release code 42	

	→ Direction 1 = \	/ehicle 1 2 = Vehicle 2	♀ Pedestrian	
Crash Diagram:	ie: → 1	2	→ ♀ ♠	
			<u> </u> 	If Crash <u>Did Not</u> Occur on a Public Way:
				☐ Off-Street Parking Lot
	_			☐ Garage
				☐ Mall/Shopping Center
				☐ Other Private Way
			+	Indicate North by Arrow
	- -			
Crash Narrative:				
MV1. She further stated	that the operator o	f MV1 became agitated	and started to yel	ll at her. She then left
because she asserts that	there was no colli	sion and she was conc	erned by the operat	tor of MV1's behavior. I
observed no damage to MV	1's rear bumper are	a, with the exception	of an old dent, ag	oprox. the size of a
quarter, which was highl	ighted with some ty	pe of permanent marke	r. I observed no o	damage to MV2's front

because she asserts that there was no collision and she was concerned by the operator of MV1's behavior. I observed no damage to MV1's rear bumper area, with the exception of an old dent, approx. the size of a quarter, which was highlighted with some type of permanent marker. I observed no damage to MV2's front bumper area and I noted large, pronounced license plate bolts affixing MV2's license plate to its bumper. The operator of MV1 stated that he was suffering from back pain due to the collision and elected to drive himself to Carney Hospital. Due to there being no damage to either vehicle and the large plate bolts on MV2, which would have likely caused notable damage to MV1's bumper, I will not be charging the operator of MV2 with leaving the scene of an accident at this time. Both parties have been advised to contact their insurance

(Continued or	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descr	iption of Damag	ged Property	
			1					
Truck and Bus Information:	Registration #		(From Vehic	le Section)		Carrier Issu	ing Authority Co	35 de
								de
Carrier Name			City			St	Zip	de
Carrier Name Address US DOT #:	State Number		City			St	Zip	de
Carrier Name Address US DOT #:	State Numbers Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	de
Carrier NameAddress US DOT #: Cargo Body Type Code37 Gros	State Numbers Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	de
Carrier Name	State Numbers Vehicle WeightReg Type	38 Reg State	City Issuing State	ICC#: Tra	ailer Le	St	Zip Interstate	de

CHRISTOPHER G HOWES		38804	NEWTON POLICE DEPARTM		01/24/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

•	Direction	1 = Vehicle 1	2 =Vehicle 2	₹ Pedestr	rian		
Crash Diagram:	ie: →	1	2	→ Ŷ			
Crash Diagram:	ie: -> [If Crash Did Not Coon a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North by A	g Lot enter
Crash Narrative:							
companies and I cleared w	ithout inciden	t.					
M/**							
W itnesses: Name (Last, First, Middle)		Address			Pł	none #	Statement
rame (East) instringate)		, radicss				ione "	Statement
Property Damage:		-			·		1
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of l	Damaged Property	
Truck and Bus Information:	D :		Æ	W1:1 C &)			
Carrier Name	_		(From	Vehicle Section)	Comi	er Issuing Authority Cod	35
Carrier Name					Cam	er issuing Authority Cod	е
Address			City		St_	Zip	
US DOT #:	_ State Number		Issuing State _	ICC #:_		Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38					
		_	_			39	
Trailer Reg #:	Reg Type	Reg State _	Reg Yea	ır Tra	ailer Length		
Hazmat Information:	41						42
Placard 40 Material 1 digi	# 41 Material	Name		Material 4	digit #	Release code	42
CHRISTOPHER G HOWES		388	304	NEWTON POLICE DEPART!		01/24/20	119

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)