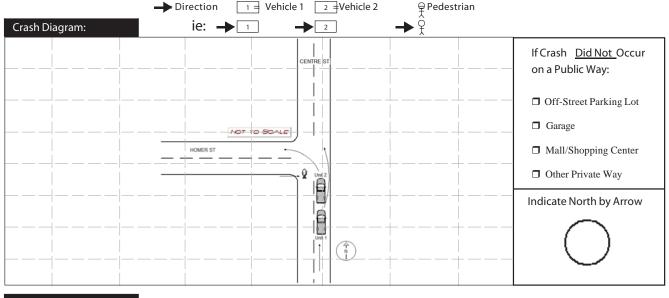
	Poli	ice Use Only		Commonw	ealth	of Massa	achus	setts			RMV	V Docur	nent Number	
	Date of Crash 04/11/2019	Time of Crash 16:09	City/To NEWTON	IVIOU		nicle Cra	$\mathbf{sh} \begin{bmatrix} \mathbf{N} \\ \mathbf{N} \end{bmatrix}$	Number /ehicles	Numbe Injured	_ ^	ed Limi tude		State Police Local Police MBTA Police	XI
		24HR		<u>F</u>		Report		2	0		gitude_		Other:	
		AT INTER	RSECTION:	<	LOCA	TION	>		NO	AT	INTI	ERSE	CTION:	2
		CENTR	RE ST											
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direc	tion		Roadway/Street At		Route# Direction	on Addr	ess #		Na	me of F	Roadway	Street	$ 1^{1}$
	1	HOME				Feet [N S E W	of -		• Iarker		or	Exit Number	_
	Route# Direc	ction N	Name of Intersecting Also at Inter	g Roadway/Street		Feet I	N S E W	of	Wille I	Tarker			Exit Number	_
2	1		Also at filter	section with		_	N S E W	_	Route	I	intersec	ting Roa	dway/Street	_
² 1	Route# Direc	tion	Name of Interse	cting Roadway/Street		rect	N B E N				Lat	ndmark		4
3	X Vehicle 1	1 #Occupants	☐ Hit/Run	☐ Moped C			1000				230			\neg
	ZZ vemere 1				ase Numbe			0000365						
	License#	18 1	St <u>M</u>	19	_								State MA 20	-
	Sex_M_ Lic.		Lic. Restriction	Endorsment		Year 2000						Veh Co	onfig. 2	
3	Operator ARA	Last	First	J Middle	Own	(Same as oper	rator)		First			Middle		- 1
	Address 30 TA			244		ess								-
	City HYDE PA			nte MA Zip 02136										
5	1	npany_USAA GE				cle Action Prior to		1 22	1 1 22 2	amage	a Area 3	Code: (C	Circle Up to Thi	ree)
1	Vehicle Travel	Direction:	S E W Resp	oonding to Emergency?	Even	t Sequence 1	22 22 23	22			\bigcap	$\overline{\mathcal{A}}$	10 Undercar	riage
		ssued)				Harmful Event	1	24	24	←	9		5 11 Totaled	nage
⁶ 1	1			2: ChSec		er Contributing Co	ode 99				7		6	
1			e Violation ator and all occu	4: ChSec	Unde	rride/Override		Towed		0 30	31	32	33	1
	Name (Last Fir		ator and an occu	Address		Age/DOB	Sex Sea Pos	26 27 t Safety . System	28 2 Airbag Airb Status Swit	9 30 ag Eject ch Code	31 Trap Code	32 Injury Tra Status Co	ansp. ode Medical Facil	1 1
	Operator			See Above				- 1	4 4	0	0	10 1		
⁷ 3	Please Select (of the Followi	IX Vehicle	2 <u>1</u> #Occupan	ts Non-Motorist A	Туре	14 Action 1	Locatio		Conc	ition	17	Ні	t/Run Mor	ped
	License#		StM	A DOB/Age	Reg #	6TV764			_Reg Ty	pe_PAI	N	Reg	State MA	
	Sex_M_ Lic.	Class D 18 1	8 Lic. Restriction	19 CDL	Veh	Year_2014	Veh N	Make_FC	RD			Veh Co	20	
⁸ 1	Operator MC	CAFFERY	CONNOR	Endorsment	Own	er (Same as ope								_
1	Address 77 M	ORTON ST	First	Middle	Addr	ess	t		First			Middle		_
	City NEWTO	N	Sta	ate_MA Zip_02459	City						_State	:	Zip	_
	Insurance Com	npany STANDAI	RD FIRE		Vehic	cle Action Prior to	Crash	4 2	I I	Damage	d Area	Code: (0	Circle Up to Thi	ree)
	Vehicle Travel	_		sponding to Emergency?	Even	t Sequence 1	22 22	22	22 0		3		4	
	Citation # (If Issued)					Most Harmful Event 1 23								riage
	Violatio	n 1: ChSe	ec Violatio	n 2: ChSec	Drive	ا r Contributing Co		24	24	_	9	\bigvee ,	3 11 Totaled	
	l			n 4: ChSec		rride/Override	25	Towed	_N 8		7		6	
			operator and all	occupants involved			2 Sea	6 27 t Safety	28 2 Airbag Airb	9 30 ag Eject	31 Trap		33 ansp.	
	Name (Last Fi	Non-Motorist		Address See Above		Age/DOB	Sex Po	s. System	Status Sw 4 4	tch Cod	e Code 0	Status C	Code Medical Fac	ility
	*	<u> </u>												
										+				
							1 1						1	



Crash Narrative:

Vehicle #1 stated they were traveling northbound on Centre St. when Vehicle #2 was stoped infront of him and was attempting to take a left on Homer St. Vehicle #1 stated he attempted to pass Vehicle #2 on the right to continue going straight when Vehicle #2 cut his wheel and pulled out infront of him. Vehicle #1 stated he continued around Vehicle #2 and continued to drive. Vehicle #1 stated that Vehicle #2 started to follow him and at some point his vehicle was struck by Vehicle #2 on the side of the rear left bumper.

Vehicle #2 stated he was attempting to turn left onto Homer St. and was allowing a pedestrian to cross the road infront of him. Vehicle #2 stated he saw Vehicle #1 passing him on his right and attempted to get his attention. Vehicle #2 stated that when Vehicle #1 was passing him he clipped the front right of his vehicle.

(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) 35 Carrier Name _ ___ Carrier Issuing Authority Code Address__ US DOT #: __ Issuing State _____ ICC #:___ State Number Gross Vehicle Weight Cargo Body Type Code Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #:_ Hazmat Information: Material Name______ Material 4 digit # ______ Release code Placard Material 1 digit #

DERICK ALAN SIEGAL		30878	NEWTON POLICE DEPARTM	04/11/2019		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date	

	→ Direction 1	1 = Vehicle 1	₂ =Vehicle 2	₽Pedestr	ian
Crash Diagram:	ie: → 🗆	1 -	2	Ŷ	
					If Crash <u>Did Not</u> Occur on a Public Way:
		<u> </u>	<u>-</u>		☐ Off-Street Parking Lot
					☐ Garage
	į		į	į	☐ Mall/Shopping Center
					☐ Other Private Way
		 -		- — — 	
				į	Indicate North by Arrow
	· — — — — — —	 			
Crash Narrative:					
_					
Vehicle #1 had minor dam	age to the side	of his rear l	left bumper and	was abl	e to be driven away. Vehicle #2
had minor damage to the	front right corn	er of his veh	nicle and was a	ble to b	e driven.
Both operators were aske	d if they were i	njured in the	accident and	both sta	ted they were uninjured.
Due to many inconsistance	ys in the storie	s from both o	operators and t	he state	ments from witnesses I am unable
to determine who is at f	ault in the acci	dent. Please	see incident	# 190138	29 for additional information
regarding the accident.					
\/\'.\\					
W itnesses: Name (Last, First, Middle)		Address			Phone # Statem
Property Damage:	0.4.4		Phone #	24 7	Description of Description
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property
Truck and Bus Information:	Registration #		(From Vehi	cle Section)	
Carrier Name			· 		Carrier Issuing Authority Code
Address			City		St Zip
US DOT#:	State Number		Issuing State	ICC #:	Interstate 36
37	Gross Vehicle Weight	38	·		
		Dag State	Dag Vaar	T	oilar Langth
Trailer Reg #: Hazmat Information:		Keg State	keg Year	1ra	mier Length
Placard 40 Material 1 dig	git # 41 Material N	Name		Material 4	digit # Release code 42
- And Tul	,	-			
DERICK ALAN SIEGAL		3087	8 NEWTO	N POLICE DEPARTM	04/11/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)