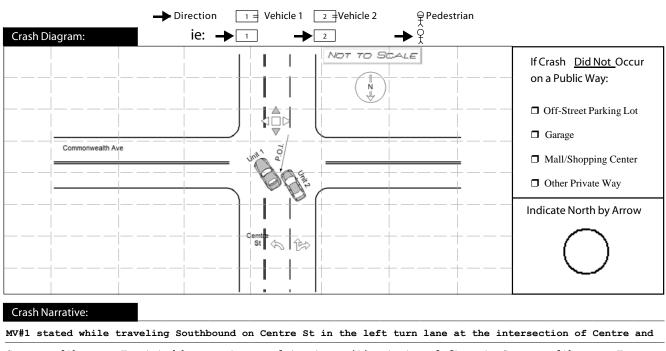
	Poli	ice Use Only		Common	wealth	of Mas	sach	uset	ts		RMV	V Docum	ient Number	
	Date of Crash 04/20/2019	Time of Crash 18:11	City/Tow NEWTON	Mo		hicle Ci		Numb Vehicl	es Inju	ed La	eed Limi		State Police Local Police MBTA Police	XI D
		24HR	CECTION.			Report	>	2	0		ngitude_		Other:	
		ALINIER	RSECTION:	<	LUC				INC	) I A I	11/11	LKSEC	CTION:	
1	SOU													
1	Route# Direc	tion	Name of R	oadway/Street		Route# Dire	ction A	Address #		N	lame of F	Roadway/	Street	$ 2^1$
	EAST	с сомм	ONWEALTH AVE			Feet	N S I	E W of	— — —	e Marker	• —	or	Exit Number	
	Route# Direc	etion N	Jame of Intersecting			Feet	N S I	E W of	14111	VIVIAIRCI	•		Exit Number	
			Also at Interse	ction with				_	Rou	ie#	Intersec	ting Road	lway/Street	- 1
<sup>2</sup> <b>3</b>	Route# Direc	tion	Name of Intersecti	ng Roadway/Street		Feet	N S I	e w of						4
3				<u> </u>		l					Laı	ndmark		┪
	X Vehicle 1	1_#Occupants	X Hit/Run	Moped	Case Numb	er		19000003	99					
	License#		St MA		Reg	# 5HW286			Reg	Гуре_РА	AS	Reg S		_
	Sex_M Lic.	Class D 18 13	Lic. Restrictions			Year_2018	v	eh Make_	PORSCH	IE		Veh Cor	nfig. 20	
4	Operator JRO	DLF Last	MARK	Endorsmer	nt Owr	ner (Same as o	perator)		First			Middle		- <b>1</b>
3	Address 10 TF	HE LEDGES RD	rirst	Middle		ress						wilddie		_  -
	City NEWTO	N	State	MA Zip 02460	City						State	Z	Zip	_
	Insurance Com	pany COMMER	CE		Veh	icle Action Prio	r to Crasl	1 4	21	Damag	ged Area	Code: (C	Circle Up to Three	ee)
5 <b>1</b>	Vehicle Travel	Direction: N	S X W Respon	nding to Emergency?	Ever	nt Sequence 1	22	22 22	22	2	3		•	
1	Citation # (If I	ssued)			Mos	∟ t Harmful Even	t 1 2	23			9	/	10 Undercarr	riage
	Violation	1: ChSec	Violation 2	: ChSec	Driv	er Contributing		1 24	24				5 11 Totaled	
<sup>6</sup> 2	Violation	3: ChSec	Violation 4	: ChSec	Und	erride/Override	2	25 To	wed N	8	7		6	
			ator and all occupa	ants involved		26 27 28 29 30 31 32 33   Seat Safety Aribag Shirbag Siede Crap Jipiny Transp.   April 100 20 20 20 20 20 20 20 20 20 20 20 20 2					33 nsp.	1		
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex	Pos. <b>\$</b> yst	em Status S	witch Co	de Code	\$tatus Coo	de Medical Facili	1 1
	- F							1	7	,,		10 1		
<sup>7</sup> <b>2</b>	Please Select C of the Followi	I X I Venicle	2 <u>0</u> #Occupants	Non-Motorist	A Type	14 Action	15 Lo	cation	16 Co	ndition	17	Hit	/Run Mop	ed
	License#		St_	DOB/Age	Reg	Reg # 7EW346         Reg Type PAI           Veh Year 2005         Veh Make HONDA					Reg Type_PAN Reg State_1		State_MA	
	Sex Lic.	Class 18 1	8 Lic. Restrictions	19 CDL	_							Veh Cor	20	
<sup>8</sup> <b>1</b>	Operator		_	Endorsmer		ner MEDINA			NCISCO					
1	Address	Last	First	Middle		ress 7 WILTO	Last  STREE	T	First			Middle		
	CityStateZip					MA 0040					<sub>zip</sub> 02134	_		
	Insurance Company OCCIDENTAL FIRE						r to Crasl	1 4	21	Damag			Circle Up to Thre	ee)
	Vehicle Travel Direction: N S W W Responding to Emergency?					venicie Action Prior to Crash 4								
	Citation # (If I			g to Emergency		t Harmful Even	t 1 2	23		$\int$		A )	10 Undercarr	iage
							Harmful Event 1 9 5 11 Totaled							
	Violation 3: Ch Sec Violation 4: Ch Sec					25 8 7 6					6			
1				ccupants involved					7 28 ty Airbag A	29 3	30 31 Feet Trap	32 Trail	33	$\dashv$
	Name (Last Fi	rst Middle)	- 	Address		Age/DOE		Pos. Sys	tem Status	Switch Co	ode Code	Injury Tran Status Co	ode Medical Faci	lity
	Operator/	Non-Motorist		See Above	:		-		++					
						_								



MV#1 stated while traveling Southbound on Centre St in the left turn lane at the intersection of Centre and Commonwealth ave. He stated he was at a complete stop waiting to turn left on to Commonwealth ave. He stated MV#2 was in the right lane adjasent to his vehicle when it took a sudden left turn on to Commonwealth Ave striking MV#1 in the right rear side oh his vehicle with the front left end of MV#2. He stated MV#2 then continued to drive behind him Eastbound on Commonwealth ave. MV#1 stopped on Read CT to evaluate the damage at which point MV#2 kept driving. MV#1 stated the car traveling behind MV#2 witnessed the incident and gatherd the plate information.

gatherd the plate information.					
The witness was not on scene upon m	my arrival nor did	d MV#1 gather t	heir informa	tion.	
Newton Dispatch ran MA Reg 7EW346.	The plate came h	oack to a Black	Honda Civio	2005 matchi	ng MV#1's
(Continued on next pa	ige)				
Witnesses:					
Name (Last, First, Middle)	Address			Phone #	Statement
Property Damage:					
Owner (Last, First, Middle) Address	1	Phone #	34-Type Des	scription of Damag	ed Property
Truck and Bus Information: Registrat	ion#	(From Veh	nicle Section)		35
Carrier Name				Carrier Issui	
Address		City		St	 Zip
US DOT #: State Numbe	r	Issuing State	ICC#:		Interstate 36
37	38				
Cargo Body Type Code Gross Vehicle We	ight			39	
Trailer Reg #: Reg Typ	e Reg State _	Reg Year	Trailer	Length	
Hazmat Information:					
Placard 40 Material 1 digit # 41 M	laterial Name		_ Material 4 digit	#	Release code 42
SCOTT SIEGAL		NEWT	ON POLICE DEPARTA		04/20/2019

SCOTT SIEGAL			NEWTON POLICE DEPARTM		04/20/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	Direction 1	Vehicle 1 2	yehicle 2	₽Pedestrian	
Crash Diagram:	ie: → 1	2	□ →	Ŷ	
					If Crash <u>Did Not</u> Occur on a Public Way:
					☐ Off-Street Parking Lot
					☐ Garage
i i	i i		į	i	☐ Mall/Shopping Center
					☐ Other Private Way
	 				_
j	į į		j	į	Indicate North by Arrow
				+	
				+	$\dashv$ $\bigcup$
Crash Narrative:					
description of the vehicle	. The owner of	the Civic wa	s listed out o	f Brighton.	
I followed up at 78R Foste	r St Brighton,	Upon arriva	l I noticed a	black Civic ma	tching the plate and
description. The Civic ha	nd damage to the	front end a	nd damage to t	he back right :	side.
I spoke with owner of the	vehicle that st	ated he had	not been drivi	ng today and l	nad been at home. He did
not know who was operating	the vehicle at	the time. S	peaking with M	edina the owner	r of MV#2 there was a
significant language barri	er issue.				
I will not be charging own	er of MV#2 due	to the vehic	le damage not	being consister	nt with MV#1 statements, as
well as proof of operation	ι.				
MV#1 was not towed. Opera	tor of MV#1 sta	ted he did n	ot sustain any	injuries at	this time.
(Continued o	on next page)				
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:		•			
Owner (Last, First, Middle)	Address		Phone #	34-Type Descript	ion of Damaged Property
Truck and Bus Information:					
Carrier Name	_		(From Vehi		Carrier Issuing Authority Code
Address					
US DOT #:			•		36
37	ss Vehicle Weight	38			
Trailer Reg #:		Reg State	Dag Voor	Trailor I and	39
Hazmat Information:	reg rype	reg sidle	Keg i eai	mailer Leng	
Placard Material 1 digit :	# 41 Material No	ame		Material 4 digit #	Release code 42
Viacina 1 digit	Wiaterial Na			, 1-1αιο11α1 <del>-</del> αι <u>g</u> π	Release code
SCOTT SIEGAL				N POLICE DEPARTA	04/20/2019
Police Officer Name (Please Print)	Signature				recinct/Barracks Date

Couth Nurrative  Crash	<del>-</del>	Direction 1 =	Yehicle 1 2	_≠Vehicle 2	₹ Pedestria	an	
If Crash Did Not Occur   on a Public Way:   Ort. Street Parking Lot	Crash Diagram:	ie: → 1	<b>→</b> 2	□ →	₽Ŷ		
Witnesses: Name (Last, First, Middle)  Property Damage: Owner (Last, First, Middle)  Address  Phone # Statement  Address  Phone # Statement  Property Damage: Owner (Last, First, Middle)  Address  Phone # Statement  Address  Phone # Statement  Currier Name  Currier Name  Currier Name  Currier State  Address  Currier State  Currier Stat	Crash Diagram:	ie: -> 1				on a P	Street Parking Lot rage  Il/Shopping Center ter Private Way
Witnesses: Name (Last, First, Middle)  Property Damage: Owner (Last, First, Middle)  Address  Phone # Statement  Address  Phone # Statement  Property Damage: Owner (Last, First, Middle)  Address  Phone # Statement  Address  Phone # Statement  Currier Name  Currier Name  Currier Name  Currier State  Address  Currier State  Currier Stat	Crach Narrativa			'		,	
Witnesses:  Name (Last, First, Middle)  Address  Phone # Statement  Property Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Address  Phone # 34-Type Description of Damaged Property  Carrier Name  Carrier Sauing Authority Code  Address  City  Sauite Number  Lissuing State  LICC #:  Interstate  Address  Cargo Body Type Code  Trailer Reg #:  Reg Type  Reg State  Reg Year  Trailer Length  Address  Address  Reg Year  Trailer Length  Address  Release Code  Address  Address  Address  Cargo Body Type Code  Address  Reg Type  Reg State  Reg Year  Trailer Length  Address  Address  Reg State  Reg Year  Trailer Length  Address  Address  Address  Address  Address  Cargo Body Type Code  Address  A							
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:  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 Type  Reg State  Reg Year  Trailer Length  39  Hazmat Information:  Placard  40  Material 1 digit #  Material Name  Material 4 digit #  Release code  42  SCOTT SIEGAL  NEWTON TOLICE DEFARD  04/20/2019	Owner of MV#2 did not have	any injuries t	o him consis	tent with bei	ng in a MV	accident.	
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:  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 Type  Reg State  Reg Year  Trailer Length  39  Hazmat Information:  Placard  40  Material 1 digit #  Material Name  Material 4 digit #  Release code  42  SCOTT SIEGAL  NEWTON TOLICE DEFARD  04/20/2019							
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Property Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration #			1				
Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truckand Bus Information:  Registration #	Name (Last, First, Middle)		Address			Phone #	Statement
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Truck and Bus Information:  Registration #	Property Damage:			1			
Carrier Issuing Authority Code  Address	Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damage	d Property
Carrier Issuing Authority Code  Address							
Carrier Issuing Authority Code  Address							
Carrier Issuing Authority Code  Address							
Carrier Name Carrier Issuing Authority Code St City St Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 89	Truck and Bus Information:	Registration #		(From Vel	nicle Section)		
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 39  Hazmat Information:  Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42  SCOTT SIEGAL NEWTON FOLICE DEPARTM 04/20/2019	Carrier Name					Carrier Issuing	g Authority Code 35
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 39  Hazmat Information:  Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42  SCOTT SIEGAL NEWTON FOLICE DEPARTM 04/20/2019	A 11			City		G4	7:
Cargo Body Type Code 37 Gross Vehicle Weight 38  Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39  Hazmat Information:  Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42  SCOTT SIEGAL Reg Name Newton Police Departs 04/20/2019				•			36
Cargo Body Type Code Gross Vehicle Weight Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information:  Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42  SCOTT SIEGAL Newton Police DEPARTA 04/20/2019		_ State Number		Issuing State	ICC #:		Interstate
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length         39           Hazmat Information:         Material 4 digit # Release code         42           SCOTT SIEGAL         NEWTON POLICE DEPARTA         04/20/2019	Cargo Body Type Code 37 Gro	oss Vehicle Weight	38				
Hazmat Information:  Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42  SCOTT SIEGAL NEWTON POLICE DEPARTM 04/20/2019		Pag Type	Dea State	Dag Vaar	T:	ler Length	
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Placard Material 1 digit # Material Name Material 4 digit # Release code  SCOTT SIEGAL NEWTON POLICE DEPARTS 04/20/2019	40	41					42
	Placard Material 1 digit	# Material Na	ime		_ Material 4 di	git # F	telease code
	SCOTT SIEGAL			NEWI	ON POLICE DEPARTA		04/20/2019
		Signature				Precinct/Barrack	

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