	Poli	ice Use Only		Comi	nonwea	lth o	of Massa	achu	ıset	tts			RMV	/ Docu	ımen	ıt Number	
	Date of Crash 01/17/2020	Time of Crash 18:58	City/ NEWTON	Town			icle Cra	sh	Num Vehic		ımber jured	Latitu	l Limit			tate Police ocal Police IBTA Police	Xi
		24HR					Report		2	0			itude_		- 0	ther:	_
		AT INTER	RSECTION	:	< I	LOCAT	TION :	>		N	TO	AT I	INTE	ERSE	ECT	ION:	_
	EAST	BOYLS	TON ST														ŀ
1 4	Route# Direc	tion	Name	of Roadway/Stre	et	I	Route# Direction	on Ad	ldress ‡	#		Nan	ne of R	.oadwa	y/Stre	eet	
		CIRCUI	IT AVE	At			Feet N	N S E	W of			_ •	(or			₋┟
	Route# Direc	etion N	Name of Intersec	ting Roadway/St	reet					N	Iile Ma	rker			Е	xit Number	
			Also at In	tersection with		-	Feet 1	N S E	W of		oute#	—In	itersect	ting Ro	oadwa	y/Street	-
2 1			N. CI.	. D. 1	/G	-	Feet	N S E	W of								
2	Route# Direc	tion	Name of Inte	rsecting Roadway	/Street								Lan	ndmark			
3	XVehicle1	1_#Occupants	Hit/Ru	ın Mor	oed Case I	Number		20	000000	064							
	License#		St	MA DOB/Age	·	Reg#1	R23527			Re	eg Type	CON	1	Re	g Stat	te MA	
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	City BOSTON			State_MA Zip	02132										Zin		
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		fill out for opera				Underr	ide/Override	П	26 Seat Sa		29 g Airbag	30 Eject	31	32 Injury 1	33		-
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	Operator				e Above				1	. 4	99	0	0	10	1		
⁷ 3	Please Select C of the Followi		2 <u>3</u> #Occup	ants Non-I	Motorist A Typ	e 1	4 Action 1	5 Loca	ation	16	Conditi	on	17	اٰت	Hit/Ru	un Mop	ed
	License#			MA DOB/Ag	ge	Reg#_	655JD3			Re	ед Туре	PAN	[Re	g Stat	te_MA	_]
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3	Operator PUS	STILNIKOVA	ANNA First	Y E	Indorsment	Owner	HORVITZ		RIC	CHARD	rst			Mide	11 -		_
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	City NEWTO	N		State_MA_Zip	02459	City N	EWTON						_State_	MA	_Zip	02459	_
	Insurance Com	pany AMICA M	UTUAL			Vehicle	Action Prior to	Crash	1	21	Da	maged	Area	Code:	(Circ	le Up to Thre	ee)
	Vehicle Travel Direction: NSWW Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec				nergency?N	Event S	Sequence 1 2	22 22	2 2	2 22	2		3	<u> </u>	4		
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		· · · · · · · · · · · · · · · · · · ·															

	Direction	1 = Vehicle 1	2 =Vehicle 2	₽Pedestrian	
Crash Diagram:	ie: 🗕	1 -	2	Ŷ	
			N N N N N N N N N N N N N N N N N N N		If Crash <u>Did Not</u> Occur on a Public Way:
	BOYLSTON ST				☐ Off-Street Parking Lot
			<u> </u>		☐ Garage
			<u> </u>	į	☐ Mall/Shopping Center
	mv#2				☐ Other Private Way
				+	Indicate North by Arrow
	CIRCUIT AV	E			

Crash Narrative:

(Continued on next page)

On 1/17/20 at 1858 I responded to the area of Boylston St and Circuit Ave for a report of a MVA where one vehicle fled. Upon arrival I spoke with the operator of MV#1 who stated he was in the left lane traveling EB on Boylston St when MV#2 who was also traveling EB on Boylston St in the right lane almost hit him. There was heavy traffic and the operator of MV#1 stated he pointed at and told the operator of MV#2 to put the phone down. She said, What? He told her again to put the phone down and that she almost hit him. Operator of MV#1 stated that the operator of MV#2 then purposely veered to the left to hit MV#1 and took off.

Ofc. Coletti and Soloman then located MV#2 at her residence and asked her what happened. The operator of MV#2 stated the operator of MV#1 was yelling at her to put her phone down and then veered into her vehicle. The operator of MV#2 had her two children in the car and was scared so she left the scene and planned to call NPD

Witnesses:								
Name (Last, First, Middle)		Address				Phone #	:	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desci	ription of Damag	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)				35
Carrier Name						Carrier Issu	ing Authority Cod	
Address			City			St	Zip	
US DOT#:S			Issuing State	ICC #:_			Interstate	36
Cargo Body Type Code Gross	Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer L	ength		
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Nar	me		Material 4	digit#		Release code	42

CHRISTOPHER J BOUDREAU		1	NEWTON POLICE DEPARTM		01/17/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

From Values Property Damage: Property Damage: Address Phone a Setype Description of Damaged Property	-	Direction 1	ı	2 = Vehicle 2	₹ Pedestr	ian		
	Crash Diagram:	ie: →□	→	2 -	P P			
Winesses: Name (Last, First, Middle) Address Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and 8us Information: Carrier Name Carrier Name Carrier Name Carrier Same Carr	Crash Diagram:	_				If (on	a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way	t Lot
Witnesses: Name (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration #								
Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Carrier Name Trailer Reg #: Itsusing State Trailer Reg #: Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Address Release code 42 Address Address Release code 43 Address Release code 44 Material I digit # Material I digit # Address Address Release code 42								
Witnessee: 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	There was minor damage and	1 no injuries r	reported. Both	operators we	re given	each others i	nfo and advis	sed to
Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration #	contact insurance companie	es.						
Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration #								
Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration #								
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Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration #	Witnesses:							
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CHRISTOPHER I ROUDREAU								
	CUDICTORNER I POLIDREAU						01 11 7100	120

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)