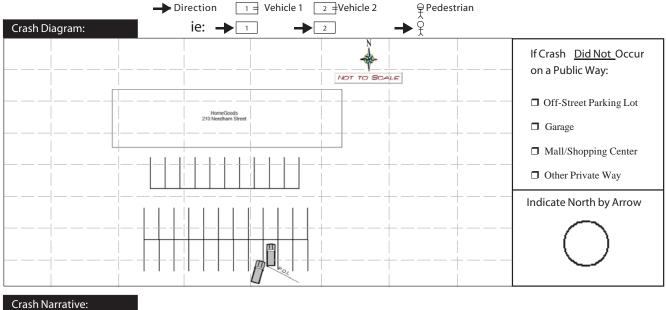
Date of Crash   Time of Crash   City/Town   Police Report   2   2   2   2   3   3   3   3   3   3		Police Use Only		Common	ıwealth	of Massa	achus	etts		RMV	Docum	ent Number	
AT INTERSECTION:    Content			1	Town M	otor Ve	hicle Cra	sh Nu				25	State Police Local Police	N Xi
Route   Direction   Name of Rendway/Stood   Route   Direction   Name of Rendway/Stood   Route   Direction   Name of Intersecting Roadway/Stood   Route   Direction   Name of Intersecting Roadway/Stood   Route   Direction   Name of Intersecting Roadway/Stood   Feet   N   E   W   of   Route   R	01/20/2020						2	1 -				Other:	
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Routes   Direction   Name of Intersecting Roadway/Street   Abo at Intersecting Roadway/Street   Feet   N   S   W   of   Routes   Direction   Name of Intersecting Roadway/Street   Feet   N   S   W   of   Routes   Direction   Name of Intersecting Roadway/Street   Feet   N   S   W   of   Routes   Direction   Name of Intersecting Roadway/Street   Feet   N   S   W   of   Routes   Direction   Roadway/Street   Landmark	_			At		Feet []	N S E W	of — –		• 0	or		
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Development	<b>]</b>					Feet [1	N S E W						
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Sex	License#		St	DOB/Age	Reg	# 4564ZB		Reg	Type PA	N	Reg Si	tate MA	
Operator Lize Findessment Address Addr	1 -	18	18	19	-			_			_	20	_
Address Selections   State   Zip   City   NEEDHAM   State   MA   Zip   02492    Vehicle Travel Direction:   N   S   E   W   Responding to Emergency? N   Event Sequence   1   2   2   2   2   2   2   2   2   2				Endorsn	nent								ŀ
City State Zip City NEEDHAM State MA Zip 02492  Insurance Company SAFTEY INSURANCE COMPANY  Vehicle Travel Direction: NSEW Responding to Emergency? Notication # (If Issued)  Violation 1: Ch. Sec Violation 2: Ch. Sec Underride Override  Violation 3: Ch. Sec Violation 4: Ch. Sec Underride Override  Please fill out for operator and all occupants involved  Nome (Lat First Middle)  Address Seelect One of the Following  Address 704 ALGONQUIN TRAIL  City SHAND  State MA Zip 01721  City Sequence 1 12 22 22 22 22 2 2 2 2 2 3 4  Most Harmful Event 1 23					Add	Las ress 700 (apt. 1120	it 01) GREEN	First DALE AVE			Middle		_
Insurance Company SAFTEY INSURANCE COMPANY  Vehicle Action Prior to Crash  Vehicle Travel Direction: NSEW Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override  Please fill out for operator and all occupants involved  Name Class Piss Middle)  Please File Class Middle)  Non-Motorist A Type  Please File Class Middle)  Operator  See Above  Please File Class Middle)  Non-Motorist A Type  Id Action IS Location  Non-Motorist A Type  Id Action IS Location  Insurance Company ARBELLA MUTUAL INSURANCE COMP  Vehicle Travel Direction: Sec Violation 2: Ch Sec Underride Coverride  Vehicle Action Prior to Crash  Insurance Company ARBELLA MUTUAL INSURANCE COMP  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Please fill out for operator and all occupants involved  Non-Motorist A Type  Id Action IS Location  Insurance Company ARBELLA MUTUAL INSURANCE COMP  Vehicle Travel Direction: Sec Violation 2: Ch Sec Violation 2: Ch Sec Underride Override  Please fill out for operator and all occupants involved  Non-Motorist A Type  Id Action IS Location  Insurance Company ARBELLA MUTUAL INSURANCE COMP  Vehicle Travel Direction: Sec Violation 2: Ch Sec Violation 2: Ch Sec Underride Override  Vehicle Action Prior to Crash  Vehicle Travel Direction: Sec Violation 2: Ch Sec Underride Override  Vehicle Travel Direction: Sec Violation 4: Ch Sec Underride Override  Vehicle Travel Direction: Sec Violation 4: Ch Sec Underride Override  Vehicle Action Prior to Crash  Vehicle Action Prior to C										State	MA 7	in 02492	_
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Citation # (If Issued)  Violation 2: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24 24 24 24 25 11 Totaled  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed N  Please fill out for operator and all occupants involved Address AgeDOB Sec Pro System Stanta Switch Code Code Status Code Mode In Totaled  Please Select One of the Following: Vehicle 2 1 # Occupants Sec Above  Please Select One of the Following: Vehicle 2 1 # Occupants Sec Above  Please Select One of the Following: Vehicle 2 1 # Occupants Sec Above  Please Select One of the Following: Vehicle 2 1 # Occupants Sec Above  Please Select One of the Following: Vehicle 2 1 # Occupants Sec Above  Please Select One of the Following: Vehicle 2 1 # Occupants Sec Above  Please Select One of the Following: Vehicle 2 1 # Occupants Sec Above  Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Wall Hit/Run Modele Medical Facility  Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Wall Hit/Run Modele Medical Facility  Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Wall Hit/Run Modele Medical Facility  Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Wall Hit/Run Modele Medical Facility  Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Wall Hit/Run Modele Medical Facility  Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Wall Hit/Run Modele Medical Facility  Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Wall Hit/Run Modele Medical Facility  Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Wall Hit/Run Modele Medical Facility  Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Wall Hit/Run Modele Medical Facility  Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Wall Hit/Run Modele Medical Facility  Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Wall Hit/Run Modele Medical Facility  Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Wall Hit/Run Modele Medical Facility  Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Wall Hit	_					,			2	3		4	
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Please fill out for operator and all occupants involved Name (Last First Middle)  Address  AgeDOB  Sex Pos. System Blauts Switch Code Code Status Code Code Sta						١		Towad N	8	7		อ	
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Please Select One of the Following:    Non-Motorist A Type	Name (Last	First Middle)	1	Addres			Sex Pos.	System Status	Airbag Ejec Switch Cod	et Trap II le Code S	tatus Code	sp. e Medical Facil	ity
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Operator/Non-Motorist         See Above		t First Middle)		Addre	ess	Age/DOB		Safety Airbag System Status	Airbag Ejec Switch Co	t Trap I de Code	njury [Fran:	sp.	ility
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Owner of V1 stated while shopping, Ruth (HomeGoods employee), called her plate number over the speakers in the store. Ruth told the Owner of V1 she just witnessed a MVA involving her car. Ruth took a photo of the involved vehicle and watched V2 leave. Owner of V1 came and explained what happened to me. Ruth sent the photo to the Owner of V1. V1 sustained damage on the left rear side of the vehicle.

I spoke to Ruth, she stated she watched V2 drive in, attempt to turn left into a spot, hit the vehicle, and leave right away. Ruth stated she took a photo of V2's plate and then went to the store to call it over the speakers. Ruth stated at no time did V2 stop. Ruth spoke to the owner and explained what happened.

During the investigation, I spoke to the Opr of V2. She stated she was in the parking lot, but does not remember hitting a vehicle. Opr of V2 gave me all necessary information and apologized.

(Continued on next page)									
Witnesses:									
Name (Last, First, Middle)	Address			Phone	Phone #				
Property Damage:		1					•		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property			
Truck and Bus Information: Registration # (From Vehicle Section)  Carrier Name _ Carrier Issuing Authority Code									
					Carrier Iss	uing Authority Code			
							e		
Carrier NameAddressUS DOT #:			_ City		St	Zip	e		
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Carrier Name  Address US DOT #: Cargo Body Type Code37 Gros	State Number	38	_ City Issuing State	ICC#:_	St	Zip	e		
Carrier Name	State Numberss Vehicle Weight Reg Type	Reg State _	_ City Issuing State	ICC#:_ Tr	Stailer Length 39	ZipInterstate	e		

Crash Diagram:	-	Direction 1	∃ Vehicle 1 2	_≠Vehicle 2	Pedestr	ian		
### Crash Did Not Occur on a Public Way:    Off-Street Parking Lot   Garage   Material 1 digit #   Material Name   Material 4 digit #   Rolesso code   12   Material 1 digit #   Rolesso code   12   Material 1 digit #   Rolesso code   12   Rolesso code   12   Rolesso code   13   Rolesso code   14   Rolesso code   15   Rolesso	Crash Diagram:	ie: → 1	2	<b>□</b> →	<b>₽</b>			
on the right front side consistent with the damage of V1. V2 will not be charged.  No injuries.  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:  Carrier Name  Carrier Name  Carrier Name  Carrier State  US DOT #:  State Number  Issuing State  ICC #:  Interstate  Trailer Reg #:  Reg Type  Reg State  Reg Type  Reg State  Reg Type  Reg State  Reg Year  Trailer Length  Material 1 digit # 41 Material Name  Material 4 digit # Release code  42	Crash Diagram:	·					on a Public Way:  Off-Street Parking Garage Mall/Shopping Ce Other Private Way	Lot
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 #	Crash Narrative:							
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:  Carrier Name  Carrier Name  Carrier Stating Authority Code  Address  City  Si  Zip  US DOT #:  State Number  Issuing State  Interstate  Trailer Reg #:  Reg Type  Reg State  Reg Year  Trailer Length  Trailer Reg #:  Reg Type  Reg State  Reg Year  Trailer Length  Address  Material 4 digit #  Release code  42	on the right front side c	onsistent with t	the damage of	V1. V2 will r	not be ch	arged.		
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:  Carrier Name  Carrier Name  Carrier Issuing Authority Code  Address  City  St  Zip  US DOT #:  State Number  Issuing State  ICC #:  Interstate  Trailer Reg #:  Reg Type  Reg State  Reg Type  Reg State  Reg Year  Trailer Length  Trailer Reg #:  Reg Type  Reg State  Reg Type  Reg State  Reg Type  Reg State  Material 1 digit # 4 Material Name  Material 4 digit # Release code  42								
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US DOT #: State Number Issuing State ICC #: Interstate 36  Cargo Body Type Code 37 Gross Vehicle Weight 88  Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39  Hazmat Information:  Placard 40 Material 1 digit # Material Name Material 4 digit # Release code 42	Carrier Name					Cai	rier Issuing Authority Code	e
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Placard Material 1 digit # Material Name Material 4 digit # Release code	40	<u> </u>						42
DANIEL ANDERSON 32456 NEWTON BOLLT DATE OF DAT	Placard Material 1 digit	# Material N	ame		Material 4	digit #	Release code	72
DANIEL ANDER SON 37456 NEWTON BOLLT DEPUBLIS 01/20/2020								
	DANIEL ANDERSON		32456		N BOLICE DER .		01/00/00	120

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)