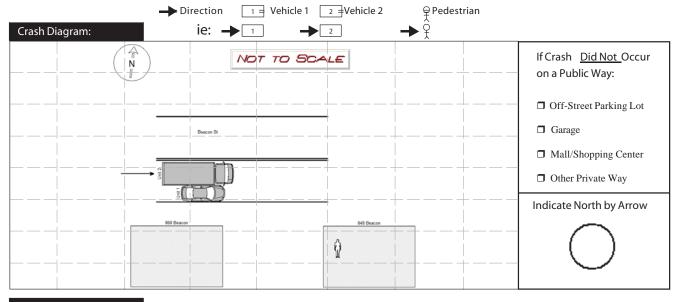
Pol	ice Use Only		Commonw	vealth	of Massa	chus	etts		RM	V Docu	ment Number	
Date of Crash 11/04/2020	Time of Crash 11:50	City/Tov	wn Mot	or Vel	nicle Cra	$\mathbf{sh}$ $\begin{bmatrix} \mathbf{N}_1 \\ \mathbf{V}_2 \end{bmatrix}$		Number Injured	Speed Lin		State Police Local Police MBTA Police	□ Xì
11/04/2020	24HR			Police	Report	2		0	Longitude		Other:	
	AT INTE	RSECTION:	<	LOCA	TION >	>		NOT	AT INT	ERSE	CTION:	
					EAST	860	В	BEACON	ST			ŀ
Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street					//Street		
4		1	At		Feet N	SEW	of		_ • _	or		
Route# Direc	etion 1	Name of Intersectin	g Roadway/Street			1912[11]		Mile Ma	rker	O1	Exit Number	_
		Also at Inters			Feet N	SEW		Route#	Interse	ecting Ros	adway/Street	_
]					Feet N	SEW				8		
Route# Direc	tion	Name of Intersec	ting Roadway/Street				_		L	andmark		_
XVehicle1	_0_#Occupants	Hit/Run	Moped	Case Number	r	20000	000637					-
License#_		St	DOB/Age	Reg#	122KS1		]	Reg Type	PAN	Reg	State_MA	_
Sex Lic.	Class 18				Year_2012	Veh M	ake_MER	RCEDES		_ Veh Co	onfig. 20	
Operator	Last		Endorsment	Owne	EPSTEIN Last	I	LAWREN	ICE	F			_
			Middle	Addre	ess 397 WOODW	ARD ST		First		Middl	e	_
			teZip		WABAN				Stat	e_MA	Zip 02468	_
Insurance Company COMMERCE					Vehicle Action Prior to Crash  11 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel	Direction: N	S X W Resp	onding to Emergency?	N Event	Sequence 1	2 22		2 2		3	4	
Citation # (If I	ssued)			Most	Harmful Event	23		_ (		9	10 Undercar	riage
Violation	1: ChSe	ec Violation	2: ChSec	Drive	r Contributing Co	de 1	24	24			5 11 Totaled	
Violation	3: ChSe	ec Violation	4: ChSec	. Unde	rride/Override	25	Towed _	N 8	7	,	0	
		rator and all occup				26 Seat	27 Safety Air	28 29 bag Airbag	30 3: Eject Trap Code Code	Injury Tr	33 ransp.	
Name (Last Fin	st Middle)		Address See Above		Age/DOB	Sex Pos.	\$ystem Sta	atus \$witch	Code Code	\$tatus C	Code Medical Facil	lity
_												
Please Select ( of the Followi		e2 1_#Occupant	s Non-Motorist A	Type	Action 15	5 Location	n 16	Conditi	on 17	∥□н	lit/Run Mor	ped
License#		St	DOB/Age	Reg#	UNK		]	Reg Type	UNK	Reg	State_XX	
Sex_M Lic.	Class 99 18	18 Lic. Restriction	19		<sub>Year_</sub> UNK	Veh M				_	20	
Operator UN	KNOWN	UNKNOWN	Endorsment		er (Same as oper	ator)						_
Address	Last	First	Middle	Addre	Last			First		Middl	e	_
City		Sta	teZip	City_					Stat	e	Zip	_
	npany_UNKNOV				ele Action Prior to	Crash	1 21	Da	maged Are	a Code: (	Circle Up to Th	ree)
Vehicle Travel	Direction: N	S W Res	ponding to Emergency?	N_ Event	Sequence 2	2 22		2 2		3	4	
Citation # (If I	ssued)	1124		Most	Harmful Event	2 23		_ (			10 Undercar 5 11 Totaled	riage
Violatio	n 1: ChS	Sec Violation	n 2: ChSec	_ Drive	r Contributing Co	de 99	24	24		9	5 11 Totaled	
			1 4: ChSec	_	rride/Override	25	Towed _	N 8	7	7	6	
Pl	ease fill out for		occupants involved			26 Seat	27 Safety Air	28 29 bag Airbag	30 31 Eject Trap	32 Injury Tr	33 ransp.	
Name (Last F	Non-Motorist		Address See Above		Age/DOB	Sex Pos.	System S	status Switch	Code Cod	e Status (	Code Medical Fac	ility
Speratori			200710000				33	99	0	10 1	-	



## Crash Narrative:

Mv#1 was parked unoccupied in front of 860 Beacon St E/B. #1 owner Lawrence Epstien stated he parked his vehicle at 0955hrs and returned to it at 1140hrs to find the rear window smashed out and collision body damage at the top corner edge driver's side of the window.

During canvass for any possible witnesses, I spoke to a day care worker Ms Tiarra Taylor working outdoors in the playground next door at the church, approximately 848 Beacon St. She stated she observed at 1015hrs a beer truck driving E/B when the passenger side refrigerator door swung open and struck #1 as it drove by it. She stated the beer truck operator stopped on Beacon St because it was involved with a different simultaneous MVA at the same location with an unknown van that had tried to pass it on the left, no description. After swapping papers with the unknown van operator, the beer truck operator left the scene. The beer truck

(Continued on next page)

Witnesses:					
Name (Last, First, Middle)	Ac	ldress		Phone #	Statement
TAYLOR , TIARRA,	-	CLASON RD ORCESTOR,MA 01606			N
Property Damage:					
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:  Carrier Name			nicle Section)	Carrier Issuing Authority Co	ode 35
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 Year_	Tr		
Hazmat Information:					
Placard 40 Material 1 digi	t # 41 Material Name_		_ Material 4	digit # Release code	42

•	→ Direction	1 = Vehicle 1	₂ ≢Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →□	1 -	<u>2</u> →	P			
						If Crash <u>Did Not</u> C on a Public Way:	Occur
		<u> </u>				☐ Off-Street Parking	Lot
						☐ Garage	
		į į				☐ Mall/Shopping Ce	enter
						☐ Other Private Way	,
		+				ndicate North by A	rrow
		 -					
						( )	
Crash Narrative:							
operator was described as	a Hispanic mal	Le, 5'7'' wea	ring a Budweis	ser hat.	The beer tru	ıck was describe	ed as a
taller large heavy-duty-h	ox truck type,	not a shorter	roll up-door-	type. Fu	rther descr	bed with truck	body
mostly color blue with wh	ite, with Budwe	eiser, Sam Ada	ms and Boston	Red Sox	logos. Unkno	own plates and u	ınknown
Distributor names. No vid	eo cameras seen	n in this area	. Further canv	ass was	negative res	sults.	
Epstien satisfied with in	vestigation and	d was advised	to furnish all	Linforma	tion to inst	rance company.	Epstien
further advised NPD would	assist with a	any new inform	nation received	d at a la	ter time.		
W itnesses: Name (Last, First, Middle)		Address			Pho	one #	Statement
Traine (East, Frist, Middle)		/ duress			111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of D	amaged Property	
	owner (East, Frist, Middle) Address			,		<u>-</u>	
To all and Donald Comments of							
Truck and Bus Information:  Carrier Name	Registration #		(From Veh	icle Section)	Carrie	Issuing Authority Code	35
			City			Zip	
Address         City         St         Zip           US DOT #:         State Number         Issuing State         ICC #:         Interstate         36							
37	ross Vehicle Weight	38		100		Indistate	
Trailer Reg #:		Reg State	Rag Vaar	Т.,	ailer Length	39	
Hazmat Information:	reg Type	reg state	Reg rear	173	anci Leligui		
Placard 40 Material 1 digi	# 41 Material N	Name		_ Material 4	digit #	Release code	42
ADAM D GABRIEL		25117	7 NEWTO	ON POLICE DEPART?		11/04/20	)20

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)