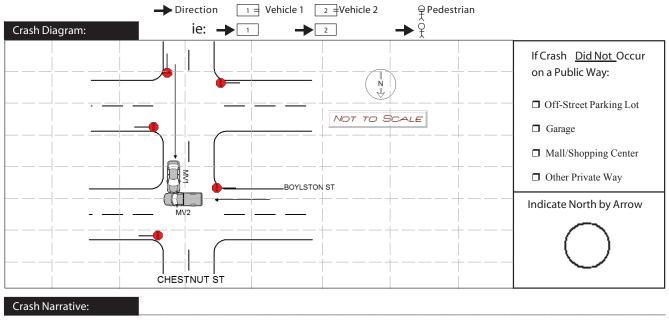
	Poli	ce Use Only		Commonwe	alth (	of Mass	achı	isett	S		RM	V Docu	ment Number		
	Date of Crash 12/21/2020	Time of Crash 17:43	NEWTON	MIOTOI		icle Cra	ash	Numbe Vehicle	s Inju	red La	eed Lim		State Police Local Police MBTA Police	<b>X</b> 1	
		24HR	SECTION:	P(	LOCA	Report	>	2	0		ngitude		Other: CTION:		
		ATINIEN	SECTION.		LOCA	11011			111	JI AI	I IIVI	LKSL	CHON.	2	
1	Route# EAST		TON ST	Roadway/Street		Route# Directi	on Ad	ldress #		N	Jame of I	Roadway	//Street		
4	NORTH CHESTNUT ST  Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address# Name of Roadway/Street								2 <sup>1</sup>			
				Feet NSEW of or Exit Number									_		
	Koute# Direc	tion 1	Also at Inter	·		Feet	N S E	W of	Rou	ta#	Intorco	sting Dog	adway/Street	_	
<sup>2</sup> <b>1</b>						Feet [	N S E	W of	Kou	ic#	Intersec	ang Koa	adway/Sireet	3 <sup>1</sup>	
	Route# Direction Name of Intersecting Roadway/Street					Landmark									
3	Wehicle 1 1_#Occupants					ber 2000000762									
	License#		StM		_ Reg#	EV915B			Reg	Type_P	AS	Reg	State_MA		
	Sex_M Lic.	Class D 18 1	8 Lic. Restriction			ear_2017	Vel	h Make_C	CHEVY			_Veh Co	onfig. 20		
4	Operator KO	CHUKALEEKAI	L ABRAHAM First	Endorsment	_ Owne	(Same as ope	erator)		First			Middl	e	$ 1^1$	
2	Address 259 WASHINGTON ST  City BELMONT State MA Zip 02478			Address											
	Insurance Com	pany SAFECO I	NS CO		Vehic	le Action Prior t		1	21			Code: (	Circle Up to Th	ree)	
5 <b>1</b>	Vehicle Travel	Direction:	S E W Resp	oonding to Emergency? N	Event	Sequence 1	22 22		22	2	3	$\overline{}$	4		
	`	ssued)			Most	Harmful Event	1 23		24	•	9		5 11 Totaled	rriage	
<sup>6</sup> 2	]			2: ChSec		Contributing C	ode =	1 24		<b>0</b>	7		6		
2		Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved					Underride/Override Towed N								
	Name (Last Fir		ator and an occu	Address		Age/DOB	Sex 1	Pos. \$yster	Airbag A n Status S	Airbag Eje witch Co	de Code	32 Injury Tr Status C	ransp. Code Medical Fac	ility 1	
	Operator			See Above				1	3	1 0	0	10 1	1		
-															
<sup>7</sup> 2	Please Select C of the Followi	I X Vehicle	2 <u>1</u> #Occupan	ts Non-Motorist A Ty	ype	Action	Loca	ation	16 Co	ondition	17	Пн	it/Run Mo	ped	
	License# St MA DOB/Age				_ Reg#	Reg #         218LX8         Reg Type PAN         Reg State MA						State MA	_		
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions D 19 CDL_Endorsment				_ Veh Y	Veh Year 2019 Veh Make TOYOTA Veh Config. 20									
8 <b>1</b>	Operator PAPADOPOULOS ILIAS  Last First Middle				_ Owne	Owner (Same as operator)  Last First Middle									
	Address 8 ARTHUR ST					Address									
	City NATICK State MA Zip 01760				_ City _	City State Zip									
	Insurance Company PLYMOUTH ROCK ASSURANCE					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)  Damaged Area Code: (Circle Up to Three)  Damaged Area Code: (Circle Up to Three)								ree)	
	Vehicle Travel Direction: NSWW Responding to Emergency?N					Event Sequence 1 22 10 Undercarriage								rriage	
	Citation # (If Issued) Most Harmful Event 1 23							1	5 11 Totaled						
		Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 4								6					
		Under	Underride/Override  Towed Y  Seat Safety Airbag Airbag Eject Frap Injury Fransp.												
	Name (Last Fi		·	occupants involved  Address  See Above		Age/DOB	Sex		m Status	Switch C	ode Code	Status (	Code   Medical Fac	cility	
	Орегатог	14011-1410101181		See Above				1	4	4 0	0	10 1	L		
							++				+				
						1	1 1								



On December 21, 2020 at approximately 17:43 hours I responded to a two vehicle crash with air bag deployment on Chestnut St. @ Boylston St.

Upon arrival all occupents were out of the vehicles and reported no injuries. Operator of MV1 was traveling

Northbound on Chestnut St when the operator of MV2 attempted to cross Chestnut St from Boylston St and MV1

struck the passanger side of MV2. The operator of MV2 claimed that he stopped at the stop sign and thought

that the roadway was clear to pass but was struck by MV1. MV1 did not have a stop sign at the location of the crash and therefore had the right away.

MV1 was towed from the scene by Tody's, MV2 conacted a private tow from the scene.

Witnesses:										
Name (Last, First, Middle)	Address		Phone #	Statement						
Property Damage:										
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damag	ription of Damaged Property					
Truck and Bus Information:	Registration #	(From Vehi	icle Section)		25					
Carrier Name Carrier Issuing Authority Code										
Address		City		St	Zip					
US DOT#:	State Number	Issuing State	ICC #:_		Interstate 36					
Cargo Body Type Code Gross Vehicle Weight 38										
Trailer Reg #:	Reg Type Reg St	rate Reg Year	Reg Year Trailer Length							
Hazmat Information:										
Placard         40         Material 1 digit #         41         Material Name         Material 4 digit #         Release code         42										