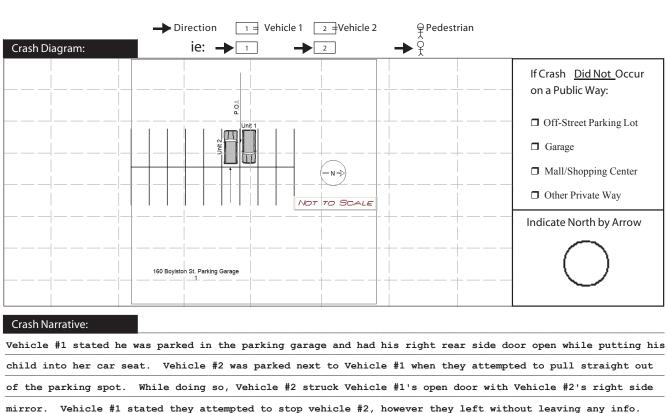
	Poli	ice Use Only		Commonwea	lth o	f Massa	achu	setts			RM	V Docu	ment Numbe	er		
	Date of Crash 11/01/2021	Time of Crash 07:30 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		ed Lati	ed Limitude _		State Police Local Police MBTA Police Other:	e De XI		
						LOCATION > NOT AT INTERSECTION:										
						WEST	160		BOYI	STON S	ST					
1 1	Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street											
						Feet NSEW of or Exit Number										
	Route# Direc	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of									
1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of Route# Intersecting Roadway/Street										
	Route# Direc	tion	Landmark													
3	XVehicle1	#Occupants	Number 2100000893													
	License # St MA DOB/Age				Reg # 437AJW Reg Type PASS Reg State ME											
	Sex_M_ Lic.	Class D	Lic. Restriction	CDL	Veh Ye	ear_2022	Veh	Make_B	MW			_Veh Co	onfig. 2	20		
4 1		Operator FLOWERS JR CHIPMAN Last First Middle					Owner (Same as operator) Last First Middle									
		Address 160 BOYLSTON ST City NEWTON State MA Zip 02465				Address										
	City NEWTO:	ipany STATE FA		Zip <u>02465</u>		City State Zip Damaged Area Code: (Circle Up to Three										
5	1	Direction: N		onding to Emergency? N		Sequence 2	22 22	22		2	•		4			
1		ssued)		sitting to Emergency		Iarmful Event	23					<u>/</u>] `	10 Under	~		
	Violation	1: ChSe	ec Violation	2: ChSec	Driver	L Contributing Co		24	24		9	\bigvee	5 11 Totale	d		
1	Violation	Violation 3: ChSec Violation 4: ChSec Underride/Override								6						
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Sex	26 27 eat Safety os. System	28 Airbag A Status Sv	29 30 Ejec vitch Code) 31 t Trap e Code	32 Injury Tr Status C	33 ransp. ode Medical F	acility		
	Operator			See Above				1	4 4	1 0	0	10 1	NON	E		
7 1	Please Select One of the Following: Vehicle 2 1_# Occupants Non-Motorist A Ty				pe 14	4 Action 1	Loca	tion	16 Cor	ndition	17	Πн	it/Run \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	loped		
	License#						Reg # 441MD8 Reg Type_PAN Reg State_MA						State MA	<u> </u>		
	Sex_F Lic. Class D 18 18 Lic. Restrictions T 19 CDL Endorsment					Veh Year 2012 Veh Make HONDA Veh Config. 20										
1	Operator Last First Middle					Owner (Same as operator) Last First Middle										
	Address 131B MELLEN ST				Address											
	City FRAMINGHAM State MA Zip 01702 Insurance Company PROGRESSIVE				CityStateZip									—— [Γhree)		
	Vehicle Travel Direction: NSEW Responding to Emergency?N					Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 22 2										
	Citation # (If Issued)					Most Harmful Event 2 23								~		
	`	· · · · · · · · · · · · · · · · · · ·	Sec Violation	Driver Contributing Code 99 24 24 5 11 Totaled												
	Violatio	n 3: ChS	Underride/Override 25 Towed N 8 7 6													
	Pl Name (Last Fi		r operator and all	occupants involved		Age/DOB		26 27 eat Safety Pos. System	28 Airbag A Status S	29 Sirbag Ejec) 31 t Trap de Code		33 ransp. Code Medical	Facility		
		Non-Motorist		See Above				1		1 0	0	10 1				
												+				



mirror. Vehicle #1 stated they attempted to stop vehicle #2, however they left without leaving any info. Vehicle #2 stated she entered her vehicle and pulled out of the parking spot. Vehicle #2 stated she doesn't believe she hit Vehicle #1 at all and was unable to see any damage to her vehicle. Both vehicles were able to be driven and didn't require a tow. All operators stated they were uninjured and refused any medical treatment. 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 #_____(From Vehicle Section) 35 Carrier Name _ ___ Carrier Issuing Authority Code Address__ US DOT #: ____ State Number ____ Issuing State ____ ICC #:___ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #: Hazmat Information: Material Name_____ Material 4 digit # _____ Release code Placard Material 1 digit #

DERICK ALAN SIEGAL		30878	NEWTON POLICE DEPARTM	11/02/2021			
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date		