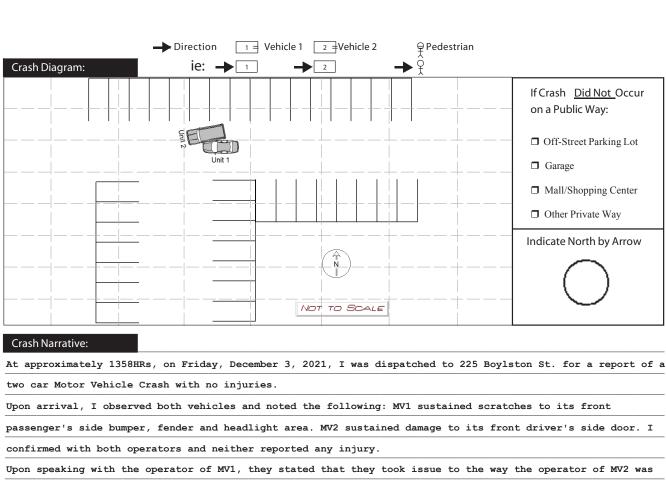
Poli	ice Use Only		Common	nwealth	of Ma	assac	chuse	etts			RMV	/ Docu	ıment N	Number	
Date of Crash 12/03/2021	Time of Crash 13:55	City/To NEWTON	own M	otor V	ehicle (	[ras]	$\mathbf{h}$ $\begin{bmatrix} Nu \\ Ve \end{bmatrix}$	mber hicles	Number		d Limi		State	e Police al Police TA Police	N
12/03/2021	13.55 24HR			Police	e Repo	rt	2		0		gitude_		Othe	IA Police	
	AT INTER	RSECTION:	<	LOC	CATION	>			NOT	'ΑΤ	INTI	ERSE	CTIO	N:	
					E	AST	225		BOYLS	TON S	Т				
Route# Direc	tion	Name o	f Roadway/Street		Route# I	Direction	Addres	ss #		Naı	me of R	Roadway	y/Street		_
-			At		F	eet N	S E W	of _		•		or			
Route# Direc	etion N	Name of Intersecti	ng Roadway/Street		-				Mile M	larker			Exit	Number	_
		Also at Inte	rsection with		F	eet N	S E W	of	Route#	I	ntersec	ting Roa	adway/S	Street	-
7					_	eet N	S E W	of				Ü	,		
Route# Direc	tion	Name of Interse	ecting Roadway/Street	1				-			Lar	ndmark			
XVehicle 1	#Occupants	Hit/Run	Moped	Case Num	ber		21000	01014							
License#		St M	A DOB/Age	Re	g # 3CWG74				Reg Ty	<sub>oe</sub> PAN	N	Res	g State 1	MA	
Sex_F Lic.	18 1		19		h Year_2018									1 20	-
Operator REY		MIKYRAH	Endorsn	nent	vner (Same a		,								
Address 91 CF		First	Middle		ldress				First			Middl	le		_
City NEWTO		Si	ate MA Zip 02465		ty								Zip		
	pany PROGRES				hicle Action I			97 21						Up to Thre	_
			ponding to Emergence		ent Sequence	22	22		22 <b>(</b> )		3		4		
	ssued) T1448277		ponding to Emergent		ost Harmful E		23		_ (		M	Λ		Undercarr	iage
			n 2: ChSec		iver Contribut			24	24	<b>+</b>	9		5 11	Totaled	
			n 4: Ch Sec		iderride/Overr		25	Towed	N 8		7	لل	6		
		ator and all occu			lderride/Overi	Tuc			28 29 irbag Airba	30 Eject	31 Trap Code	32 Injury Ti	33		$\dashv$
Name (Last Fir			Addres See Abo		Age/D		ex Pos.	1 1				Status C		fedical Facili	ity
Орегатог			3cc A00					1 4	4	0	0	10	1		
													_		
Please Select C of the Followi	IX Mahicle	e2 <u>1</u> #Occupar	Non-Motori	st A Type	14 Action	15	Location	10	Condi	tion	17	□н	lit/Run	Мор	ed
License#		St_M	A DOB/Age	Re	g# RWR840				Reg Ty	pe_PAN	N	Reg	g State_	MA	
Sex_F_ Lic.		Lic. Restrictio			h Year 2015		_ Veh Ma	ake_ME	RZ			Veh C	onfig.	2	
Operator SIN	GER	SUSAN	Endorsn	O۱	vner SINGE	R	S	AMUE				Middl			_
Address 11 ST	EWART RD	First	Middle	Ao	ldress 11 STE	Last WART F	RD		First			Middl	le		
City_NEEDH	AM	S1	ate MA Zip 02492	2 Ci	ty NEEDHAI	И					_State	MA	Zip_024	492	
Insurance Com	<sub>ipany</sub> GEICO			Ve	hicle Action I	rior to C	Crash	4 21	D	amage	d Area	Code: (	(Circle I	Up to Thre	ee)
Vehicle Travel	Direction: N	<b>¥</b> E W R€	sponding to Emergen	cy?N Ev	ent Sequence	1 22	22	22	22 2		3		4		
Citation # (If I	ssued)			М	ost Harmful E	vent 1	23		_ (	_	M			Undercarr	iage
		ec Violatio	on 2: Ch Sec		iver Contribut			24	24	+	9		5 11	Totaled	
Violatio			on 4: Ch Sec		nderride/Overr		25	 Γowed _	8` N		Ø		6		
			l occupants involve				26 Seat		28 29 irbag Airba	30 Eject	31 Trap	32 Injury Ti	33 ransp.		$\dashv$
Name (Last Fi	rst Middle) Non-Motorist		Addre See Abo		Age/l	OOB S	Sex Pos.	System	Status Swi	ch Code	e Code	Status	Code N	Medical Facil	lity
Орегаюн	1 1011-1VIOLOTISE		See Abo					1 4	4	0	0	10	1		
										+			_		



Upon speaking with the operator of MV1, they stated that they took issue to the way the operator of MV2 was driving around a rotary in The Town Of Brookline (Newton St. and Lagrange St.). They then proceeded in the same direction as MV2 and when they both were in the parking lot of 225 Boylston St., they attempted to pull their vehicle along side MV2 to voice their disapproval. At this point, MV2 was making a left hand turn

(Continued o	n next page)						
Witnesses:							
Name (Last, First, Middle)	Ad	ddress			Phone :	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information: Carrier Name	Registration #		(From Vehic	cle Section)	Carrier Issi	uing Authority Code	35
			·				
Carrier Name			City		St	Zip	
Carrier NameAddressUS DOT #:			City		St	Zip	;
Carrier NameAddressUS DOT #:	State Number		City Issuing State	ICC#:_	St	Zip	;
Carrier Name  Address US DOT #: Cargo Body Type Code37 Gros	State Number		City Issuing State	ICC#:_	St	Zip	;
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Growth Grailer Reg #:	State Number	Reg State	City Issuing State Reg Year	ICC#:Tr	St	ZipInterstate	;

CHRISTOPHER G HOWES		38804	NEWTON POLICE DEPARTM		12/03/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	Direction	1 =	Vehicle 1	2 ≢Vehicle 2	Pedesti	ian		
Crash Diagram:	ie: →	1	<b>→</b> □	2	₽ 9			
							If Crash <u>Did No</u> on a Public Ways	
	_	_ _					☐ Off-Street Park	ing Lot
							☐ Garage	
							☐ Mall/Shopping	Center
	_	_					☐ Other Private V	/ay
	_	_					Indicate North by	Arrow
	_	_	+					
							( )	
Crash Narrative:			1	-	-			
and MV1 collided with MV2.								
Upon speaking to the operator	or of MV2,	they	stated tha	at the operato	or of MV1	became	upset with them in	n the
Brookline rotary. They then	proceeded	to 2	225 Boylston	St. to make	a return	of an i	tem they had purch	nased. It
was when they attempted to	turn MV2 le	ft (	(southbound)	/towards an o	open parki	ng stal	1 that MV1 proceed	led
from behind them and collide	ed with the	ir d	loor.					
During my investigation, I	ran all par	ties	and the li	cense plates	to the re	spectiv	re vehicles they we	ere
operating. It was during the	is time tha	t I	discovered	the operator	of MV1's	Driver'	s License is suspe	ended and
I confirmed this through dis	spatch. To	this	end, the o	perator of M	/1 was iss	ued, vi	a mail, MA Crimina	al
Citation: T1448277 for viola	ating one c	ount	of MGL Ch.	90 S. 23 (O	perating W	ith A S	uspended License)	•
(Continued on	next page)							
Witnesses:			A 1.1				21 "	ls
Name (Last, First, Middle)			Address				Phone #	Statement
Property Damage:								
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description	on of Damaged Property	
Truck and Bus Information:	Registration #	±		(From Ve	ehicle Section)			35
Carrier Name							Carrier Issuing Authority C	
Address				City			St Zip	
US DOT #: Se	tate Number			Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gross	Vehicle Weight		38					
Trailer Reg #:	Reg Type		Reg State	Reg Year_	Tr	ailer Lengtl	39 h	
Hazmat Information:	A1							42
Placard 40 Material 1 digit #	Materia	al Nan	ne		Material 4	digit#	Release code	42

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)

	Direction	1 = Vehicle 1	2 #Vehicle 2	₹ Pedest	rian	
Crash Diagram:	ie: →[	1 -	2	<b>→</b> ♀		
Crash Diagram:	_	_	. —		If Cr. on a	ash Did Not Occur Public Way:  ff-Street Parking Lot Garage  fall/Shopping Center other Private Way  ate North by Arrow
Crash Narrative:						
The operator of MV1 was ab	ole to contact	a licens	ed driver to	respond to th	e scene to give	them a ride.
Note: This Motor Vehicle (	Crash took pla	ce in the	parking lot o	f 225 Boylsto	n St., a shoppi	ng mall, in which
all the patroness share a	public right	of access.				
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Warne (East, First, Middle)		Address			T Hone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ed Property
Owner (East, 1113t, Middle)	7 ddi C33		THORE #	ЗТТУРС	Description of Damag	earroperty
Truck and Bus Information:					I	
	Registration #_		(Fr	om Vehicle Section)		35
Carrier Name					Carrier Issui	ing Authority Code
Address			City		St	Zip
US DOT #:	_State Number		Issuing Sta	te ICC #:_		_ Interstate 36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38				
					39	
Trailer Reg #:	Reg Type	Reg Sta	te Reg	YearTr	ailer Length	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material	Name		Material 4	digit #	Release code 42
CHRISTOPHER G HOWES			38804	NEWTON POLICE DEPART		12/03/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)