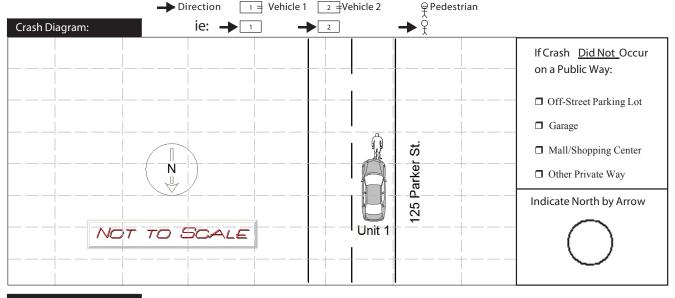
	Poli	ice Use Only		Commonwea	lth o	f Massa	achu	setts			RMV	<sup>7</sup> Docum	ent Number	
	Date of Crash 06/08/2022	Time of Crash 14:39 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		d Latit	d Limit ude gitude_		State Police Local Police MBTA Police Other:	XI D
			RSECTION:		LOCAT		>						CTION:	
						SOUTH	125		PARK	ER ST				
1 <b>1</b>	Route# Direc	tion		padway/Street	F	Route# Direction	on Ado	lress #		Nar	ne of R	oadway/S	Street	
	At				Feet NSEW of or								- F	
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with				Mile Marker Exit Number  Feet NSEW of								$\dashv$	
			Also at Intersec	ction with	-			_	Route	# In	ntersect	ting Road	way/Street	-  -
1	Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of							_ 3		
3	XVehicle1 1_#Occupants						224	200544			Lun	turrur K		$\neg$
	Z vemere z		_		Number			000511			_			_
	License # St MA DOB/Age					SUGAR							State MA 20	-
	Sex_M_ Lic.		Lic. Restrictions SIDNEY	B CDL Endorsment		ar 2007						Veh Con	nfig. 1	$\vdash$
1	Operator GEI		First	Middle	Owner (Same as operator)  Last First Middle								- 1	
	Address 170 COUNTRYSIDE RD  City NEWTON State MA Zip 02459				Address								-	
	Insurance Company GEICO				Vehicle Action Prior to Crach 21 Damaged Area Code: (Circle Up to Three)									
;	1	Direction: N	Y E W Respon	ding to Emergency? N			22 22	22	<b>22</b> 2		3		4	
1		ssued)				armful Event	3 23				\\		10 Undercarr	iage
	`	/		ChSec		Contributing Co		24	24	<b> </b>	9		5 11 Totaled	
1	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 7 6								
	Please fill out for operator and all occupants involved Name (Last First Middle) Address				Seat Safety Airbag Airbag Eject Frap Injury Transp.							ity 3		
	Operator	st Middle)		Address See Above		Age/DOB		os. \$ystem	Status Sw		Code :	\$tatus   Coc 10   1	le Medical Facili	ity C
7	Please Select C	)no			14	1 1	5		16		17			
1	of the Followi	I Vehicle	e# Occupants	Non-Motorist A Typ	e 1	Action 5	Locat	tion 4		dition g	7	Hit	/Run Mop	ed
	License#StDOB/Age				Reg#_	Reg#Reg TypeReg State							_	
	Sex_F Lic. Class 18 18 Lic. Restrictions 19 CDL				Veh Ye	Veh Year Veh Make Veh Config.								
1	Operator EGGLETON DEREK  Last First Middle				Owner								_	
1	Address 95 CONCORD ST				Address								-	
	City MAYNARD State MA Zip				CityStateZip								-	
	Insurance Company				Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)								ee)	
	Vehicle Travel Direction: NSEW Responding to Emergency?				Event Sequence 22 22 22 22 2 3 4 10 Undercarriage							iage		
	Citation # (If Issued)				Most Harmful Event 5 11 Totaled									
	Violation 1: ChSecViolation 2: ChSec				Driver Contributing Code 25 8 7 6									
	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved					ide/Override		Towed			31	32	33	$\Box$
	Name (Last Fi	rst Middle)	1 operator and an 00	Address		Age/DOB	Sex I	os. System	Airbag Air Status Sv	29 Spector Code	Trap 1	njury Tran	nsp. ode Medical Faci	lity
	Operator/	Non-Motorist		See Above								10 1		



## Crash Narrative:

At approximately 1840HRs on Wednesday, June 08, 2022, I was dispatched to 125 Parker St. for a road rage incident. Upon arrival, I spoke with Derek Eggleton, who stated that he was walking from his truck on Glenwood Ave. to 125 Parker St. with building supplies in hand. As he crossed Parker St., he noticed a Maserati bearing MA Plate: SUGAR approaching him, southbound, at a high rate of speed. Derek then threw said building supplies and moved out of the way of the vehicle because he believed it was not going to stop. He then approached the vehicle which had slowed down and Derek states it "tapped" him in the leg. Heated words were exchanged between Derek and the operator of the vehicle, identified as Sidney Gersh, who ultimately drove off.

While I was on scene, Officer Hatfield spoke with Sidney, who stated we was indeed involved in the incident,

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)		Address				Phone #	:	Statement
Property Damage:			_					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descript	tion of Damag	ged Property	
Truck and Bus Information:	Registration #							35
Carrier Name						_ Carrier Issu	ing Authority Cod	e
Address			City			St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_			Interstate	36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Leng			
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#		Release code	42

-	Direction	1 = Vehicle 1	2 =Vehicle 2	₹Pedestri	an				
Crash Diagram:	ie: →	1	2	<b>→</b> Ŷ					
					If Crash <u>Did No</u>				
					☐ Off-Street Par	king Lot			
					Garage				
		_			☐ Mall/Shoppin	g Center			
					☐ Other Private	Way			
					Indicate North b	y Arrow			
		 	 <del> </del>						
		į				)			
			<del>                                     </del>						
Crash Narrative:									
but states he did not hit	Derek. Office	er Hatfield ob	served no dar	mage to the	vehicle and I observed	no marks			
on Derek, who signed a part									
explained to him that if I									
understood and would take	that into co	onsideration.							
Witnesses									
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement			
2									
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property				
Owner (East, First, Middle)	7 Address		Thore "	31 Type	Description of Damagea Froperty				
Truck and Bus Information:	Registration #_		(From \	Vehicle Section)		35			
Carrier Name			Carrier Issuing Authority Code						
Address			_ City		St Zip_				
US DOT #:	_ State Number		Issuing State	ICC #:	Interstate	36			
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38							
Trailer Reg #:	Reg Type	Reg State	Reg Year	r Tra	iler Length 39				
Hazmat Information:		-		<del></del>					
Placard 40 Material 1 digit	# 41 Material	Name		Material 4 d	ligit # Release code	42			
CHRISTOPHER G HOWES		388	04 N	EWTON POLICE DEPARTM	06/	10/2022			

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)