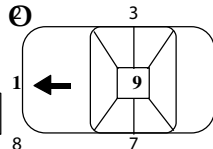
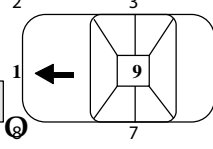


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/10/2019	Time of Crash 08:32 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
<div><div>NORTH</div><div>WALNUT ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST</div><div>HULL ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>			<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of _____ • _____ or _____</div><div>Mile Marker Exit Number</div><div>Feet N S E W of _____</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of _____</div><div>Landmark</div></div>							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000038			
License # --- St MA DOB/Age -- -- --			Reg # 6YL621		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____			Veh Year 2017		Veh Make PORSCHE		Veh Config. 2 20			
Operator LADHA AKILA			Owner (Same as operator)							
Address 32 PHILMORE RD			Address _____							
City NEWTON State MA Zip 02458			City _____ State _____ Zip _____							
Insurance Company PLYMOUTH ROCK			Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? _____			Event Sequence 1 22 22 22 22				10 Undercarriage 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event 1 23							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25		Towed N					
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		Age/DOB		Sex		Seat Pos.	
Operator			See Above		-----		---		26 99	
LADHA, TAHIR			32 PHILMORE RD NEWTON, MA 02458		-----		M		27 99	
									28 4	
									29 4	
									30 0	
									31 0	
									32 5	
									33 1	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants										
<input type="checkbox"/> Non-Motorist A Type			14 Action		15 Location		16 Condition		17	
<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped							
License # --- St MA DOB/Age -- -- --			Reg # 7KX977		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____			Veh Year 2017		Veh Make INFINITI		Veh Config. 2 20			
Operator LIPSITT DAVID J			Owner (Same as operator)							
Address 87 FLORAL ST (apt. 1)			Address _____							
City NEWTON State MA Zip 02461			City _____ State _____ Zip _____							
Insurance Company LM GENERAL			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? _____			Event Sequence 1 22 22 22 22				10 Undercarriage 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event 1 23							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25		Towed N					
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		Age/DOB		Sex		Seat Pos.	
Operator/Non-Motorist			See Above		-----		---		26 99	
									27 4	
									28 4	
									29 0	
									30 0	
									31 5	
									32 1	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian
ie: → 1 → 2 →

Crash Diagram:

	<p>If Crash <u>Did Not</u> Occur on a Public Way:</p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p> <p>Indicate North by Arrow</p> <div style="text-align: center;"> </div>
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Crash Narrative:

The operator of MV#1 stated she was travelling northbound on Walnut St attempting to make a left turn onto Hull St when her front passenger mirror was struck by MV#2 who was travelling northbound on Walnut St. The operator of MV#1 stated the operator of MV#2 must have known their vehicles made contact because he stopped momentarily, looked at her and drove away at a high rate of speed. The operator of MV#2 was described as a white male in his 40's. The registration for MV#2 was 7KX977. There were no reported injuries to the operator of MV#1 or its passenger. There were no visible damages to MV#1.

A query of MV#2 (MA REG 7KX977) showed that it is registered to a female party out of a Newton MA

(Continued on next page)

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)		Carrier Issuing Authority Code 35
Carrier Name _____		
Address _____ City _____ St _____ Zip _____		
US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36		
Cargo Body Type Code 37	Gross Vehicle Weight 38	
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39		
Hazmat Information:		
Placard 40	Material 1 digit # 41	Material Name _____ Material 4 digit # _____ Release code 42

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

If Crash Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

address. I was able to speak to the registered owner of MV#2 and she stated that her husband was driving her vehicle this morning and gave me his cell phone. I spoke to the husband (Operator of MV#2) and he verified that he was travelling northbound on Walnut St earlier this morning but was unaware that he had made contact with any other vehicles on the road. I examined the driver's side mirror of MV#2 and did not observe any visible damages. The operator of MV#2 was forthcoming with his statements. There were no reported injuries to the operator of MV#2.

Based on the statements made to me I advised all parties involved that this accident will be documented.

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)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42