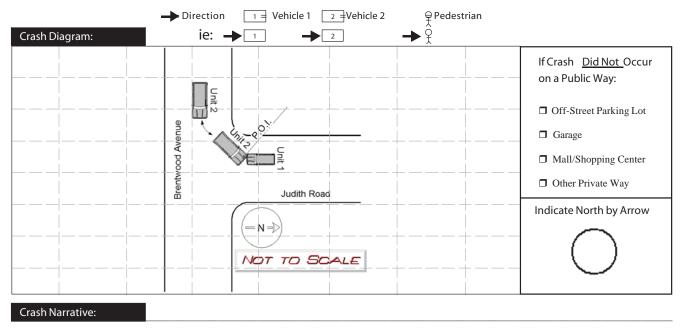
	Poli	ce Use Only		Commonwe	alth (	of Mass	ach	uset	ts		RM	V Docu	ment Number	
	Date of Crash 11/10/2020	Time of Crash 13:04	City/To	Moto	r Veh	icle Cra	ısh	Numl	- 1		peed Lim		State Police Local Police MBTA Police	N X
	11/10/2020	13:04 24HR	NEWTON	Po	olice	Report		2	0		ongitude_		Other:	
		AT INTER	RSECTION:	<	LOCA	TION	>		N	OT A	T INT	ERSE	CTION:	2
	EAST	T BRENT	WOOD AVE											2
<b>1</b>	Route# Direc	tion	Name o	f Roadway/Street		Route# Direction	on A	ddress #	<del>_</del>		Name of I	Roadway	//Street	2
_	At NORTH JUDITH RD					Feet NSEW of or							2	
	Route# Direc			ng Roadway/Street						ile Mark			Exit Number	
			Also at Inte	rsection with		Feet	N S E	W of	Ro	ute#	Intersed	rting Ros	adway/Street	-
2 <b>1</b>						Feet	N S E	W of	100	aton	intersec	ing reor	iaway/Bireet	6
	Route# Direc	tion	Name of Interse	ecting Roadway/Street		Landmark								
$\frac{3}{1}$	XVehicle1	1_#Occupants	Hit/Run	Moped Case	e Number		2	.0000006	649					
	License#		St M	[A DOB/Age	Peg#	2856TE			Par	g Type_I	'AN	Pan	State_MA	
	Sex_F_ Lic.	Class D 18 1		19		ear_2012		h Malra				Veh Co	20	_
4			BARBARA	Endorsment		r GROOT	ve		: EGORY			_ ven co	omig	$ 1^{1}$
1	Operator DAI Address 296 L	Last AKE AVE	First	Middle		296 LAKE A	st VE		Firs	t		Middl	e	_ <u>  1</u>
	City NEWTO		C.	ate MA Zip 02461		NEWTON					State	MA	Zip_02461	_
		pany LIBERTY		Zip_====		le Action Prior to	o Crach		21				Circle Up to The	ree)
5	1	Direction: X		ponding to Emergency? N	-		22 2	1		<b>(</b>	3	·	4	
				ponding to Emergency:		Sequence 1	2	3]				$\overline{A}$	10 Undercar	riage
		ssued)		n 2: ChSec		Harmful Event	1	24	24	•	-   9	$\downarrow \downarrow$	5 11 Totaled	
<sup>6</sup> 1	1					Contributing C	ode 2	1 24 5	1 N	8	7		6	
1	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved					Underride/Override  Towed N  26 27 28 29 30 31 32 733 Seat Safety Airbag Lirbag Eject Trap Injury Crafe.  And DOB Sav Seat Safety Airbag Strong Stron							1	
	Name (Last Fir			Address		Age/DOB		Pos. \$ys	stem Status	Switch C	oue coue	status C	ode Medical Faci	1
	Operator			See Above				2	4	99 (	0	10 1	NONE	
<sup>7</sup> <b>3</b>	Please Select C of the Followi		2 <u>1</u> #Occupar	Non-Motorist A T	ype	14 Action	Loc	cation	16	ondition	17	Пн	it/Run Mo	ped
	License#		St_M		_ Reg#	Reg # 8ZJ527 Reg Type_PAN					'AN	Reg	State MA	
	Sex_F Lic. Class D 18 18 Lic. Restrictions B 19 CDL				_ Veh Y	eh Year_2015 Veh Make_AUDI Veh Config.							20	
8 1	Operator PAN	NGE Last	SHUBHADA		_ Owne	Owner PANGE BHRUGU I					D	DINANATH		
1	Address 70 H		First	Middle	_ Addre	ess 70 HULL ST	REET		Firs	it		Middl	e	_
	City NEWTO	N	Si	ate_MA Zip_02460	_ City _	NEWTON					State	MA	Zip <u>02460</u>	_
Insurance Company GEICO					Vehic	le Action Prior to	o Crash	4	21	Dama	aged Area	Code: (	Circle Up to The	ree)
	Vehicle Travel	_	S W Re	esponding to Emergency?	Event	Sequence 1	22 2		2 22	2	3		4	
					Most	Most Harmful Event 1 23								riage
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 19 24 24 Underride/Override 25 Towed N 5 11 Totaled								
	Pl	ease fill out for		l occupants involved				26 Seat Saf	27 28 fety Airbag	29 Airbag E	30 31 Ject Trap	32 Injury Tr	33 ransp.	$\overline{}$
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos. Sy	ystem Statu	Switch 99 (	Code Code	Status 0	Code Medical Fac	ility
	оргию!			555 15070					1	,,	-	10		
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						1	1 1							



Operator of Motor Vehicle #1 stated she was driving Northbound on Judith Road and was slowing down to stop at the end of the road to take a left (Eastbound) onto Brentwood Street. Operator of Motor Vehicle #1 stated that Motor Vehicle #2 was driving Eastbound on Brentwood Avenue and took a left onto Judith Road and drove right into the front of her vehicle. Operator of Motor Vehicle # 1 stated that Motor Vehicle #2 turned into her lane of travel.

Operator of Motor Vehicle # 2 stated she was driving Eastbound on Brentwood Avenue and was turning onto Judith Road and Motor Vehicle #1 came out of nowhere and struck her vehicle.

Motor Vehicle #1 and Motor Vehicle # 2 sustained moderate front end damage. there were no injuries due to

Witnesses:											
Name (Last, First, Middle)	Address		Phone	# Statemen	nt						
Property Damage:											
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property					
Truck and Bus Information: Registration #(From Vehicle Section)											
Carrier Name					Carrier Iss	uing Authority Code					
Address			City		St	Zip					
US DOT #:			Issuing State	ICC #:_		Interstate 36					
Cargo Body Type Code 37 Gross Vehicle Weight 38 39											
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra							
Hazmat Information:											

ZOI H LAZARAKIS		NEWTON POLICE DEPARTM	11/10/2020		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

this accident and neither vehicle was towed.