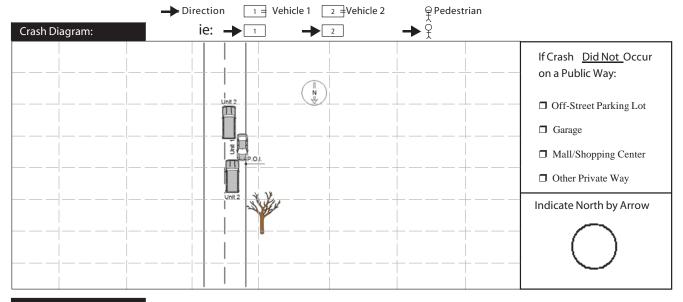
Date of Crash 12/01/2020 Time of Crash 18:01 NEWTON NEWTON  AT INTERSECTION:  Motor Vehicle Crash Vehicles Injured 1 Number Vehicles 2 Number Vehicles 1 Number Vehicles 1 Number Vehicles 1 Number Vehicles 2 Number Vehicles 2 Number Vehicles 2 Number Vehicles 3 Number Vehicles 2 Number Vehicles 3 Number Vehicles 4 Number Vehicles 3 Number Vehicles 4 Number Vehicles 4 Number Vehicles 3 Number Vehicles 4 Num	ice lice lice lice
AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:	
DORGET RD	
SOUTH 291 DORSET RD	2
Route# Direction Name of Roadway/Street Route# Direction Address # Name of Roadway/Street	
Route# Direction Name of Intersecting Roadway/Street  Name of Intersecting Roadway/Street  Name of Intersecting Roadway/Street	iber
Route# Intersecting Roadway/Street	5
2 Route# Direction Name of Intersecting Roadway/Street Feet N S E W of  Landmark	5
3 <b>M</b> Y 1 1 4 0 40 <b>M</b> Y	
Case Number 200000000	
	20
Sex Lic. Class Lic. Restrictions CDL Veh Year 2012 Veh Make HONDA Veh Config. 1	
OperatorOwner HADIDI KASRA	1
Address         Address         291 DOKSET ND           City         State         Zip         City NEWTON         State         MA Zip 02468	
Jamaged Area Code: (Circle Up to	Three)
Vehicle Travel Direction: NXEW Responding to Emergency? N Event Sequence 97 22 22 22 22 20 3 49	
Citation # (If Issued)  Most Harmful Event 2 23	ercarriage
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24 5 11 Total	led
Violation 3: ChSec Violation 4: ChSec Underride/Override	
Please fill out for operator and all occupants involved    Seat Safety And State   State   State State   State State   State State   State State   State   State State   State State   State State   State State   State   State State   S	
Name (Last First Middle)  Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Operator  See Above	1 Facility 2
Cperator See Above	
Please Select One of the Following: Vehicle#Occupants  Non-Motorist A Type	Moped
License # St DOB/Age Reg # Reg Type Reg State	
Sex Lic. Class         18         18         19         Lic. Restrictions         CDL Veh Year Veh Make Veh Config.	20
Endorsment Operator Owner Last First Middle Last First Middle	
Address Address Address	
CityStateZip         CityStateZip	
Insurance Company Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to	Three)
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 3 4	
Citation # (If Issued) Most Harmful Event 23 10 Under 5 11 Total	ercarriage iled
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 24 24	
Violation 3: ChSec Violation 4: ChSec Underride/Override	
Please fill out for operator and all occupants involved  Name (Last First Middle)  Name (Last First Middle)  Address  Age/DOB  Sex Pos. System Status Switch Code Code Status Code Medica	al Facility
Operator/Non-Motorist See Above See System Status Switch Code Code Status Code Medica	I doility



## Crash Narrative:

Spoke with vehicle owner, Kasra Hadidi, who stated that he parked his vehicle in front of his residence, 291 Dorset Rd, at approximately 1800 hrs on monday 11/30/2020. When he returned to his vehicle at approximately 1800 hrs on Tuesday 12/01/2020 he drove it for a short distance and returned home. It was then that he noticed that the vehicle had been damaged. There is damage to the front bumper, passenger side, front passenger side quarter panel and rear passenger side quarter panel. I spoke with a teenage neighbor across from 291 Dorset Rd who stated that he heard the crash at approximately 2300 hrs on Monday 11/30/2020. when he looked out his bedroom window which is across from 291 Dorset Rd he observed a small dark SUV had crashed into the front of the victims vehicle. The small SUV then left the scene striking the rear of the victims vehicle. Neighbor is unsure of the make, model, color or any information about the operator.

Witnesses:									
Name (Last, First, Middle)		Address			Pho	ne #	Statement		
Property Damage:									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Da	maged Property			
Truck and Bus Information: Registration #									
Carrier Name					Carrier	Issuing Authority Coo			
Address			City		St	Zip			
US DOT #:	State Number		_ Issuing State	ICC #:_		Interstate	36		
Cargo Body Type Code Gros	s Vehicle Weight	38				39			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr					
Hazmat Information:									
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	Release code	42		

JOHN F PANICA			NEWTON POLICE DEPARTM	12/01/2020	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date