

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 12/01/2020	Time of Crash 18:01 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 20 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:				
Route# Direction Name of Roadway/Street At			SOUTH 291 DORSET RD Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				Route# Direction Name of Roadway/Street Feet N S E W of				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Intersecting Roadway/Street				Landmark				
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000688		
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Reg # 7WLH80 Reg Type PAN Reg State MA			Veh Year 2012 Veh Make HONDA Veh Config. 1 20			Operator Last First Middle Address City NEWTON State MA Zip 02468 Insurance Company GEICO		
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 97 22 22 22 22 22 23 24 24 25			Damaged Area Code: (Circle Up to Three)			10 Undercarriage 11 Totaled		
Citation # (If Issued)			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y					
Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec								
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility								
Operator See Above											
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Reg # Reg Type Reg State			Veh Year Veh Make Veh Config. 20			Operator Last First Middle Address City State Zip Insurance Company		
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 22 22 22 22 23 24 24 25			Damaged Area Code: (Circle Up to Three)			10 Undercarriage 11 Totaled		
Citation # (If Issued)			Driver Contributing Code 24 24			Underride/Override 25 Towed					
Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec								
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility								
Operator/Non-Motorist See Above											

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.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

JOHN F PANICA			NEWTON POLICE DEPT.		12/01/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					