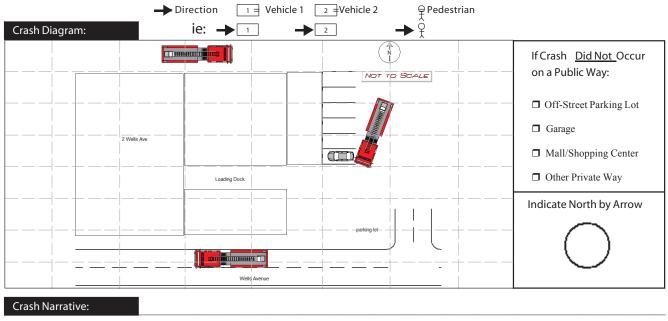
Date of Crash   Time of Crash   Police Report   Police Repor	Po	lice Use Only		Common	wealth	of Mas	sach	usetts	<b>.</b>		RMV I		nt Number	
AT INTERSECTION:    Country   Countr				M M	otor Ve	hicle Cr	ash					5 S	State Police Local Police	N Xi
Router   Direction   Name of Randway/Steed   Router   Direction   Address or   Name of Roudway/Steed   Address or   Name of Roudway/Steed   Address or   Name of Roudway/Steed   Address or   Name of Intersecting Roudway/Steed   Pet   N   E   W   of   Router   Intersecting Roudway/Steed   Each steed   Pet   N   E   W   of   Router   Intersecting Roudway/Steed   Each steed   Pet   N   E   W   of   Router   Intersecting Roudway/Steed   Each steed   Pet   N   E   W   of   Router   Intersecting Roudway/Steed   Each steed   Pet   N   E   W   of   Router   Intersecting Roudway/Steed   Each steed   Pet   N   E   W   of   Router   Intersecting Roudway/Steed   Each steed   Pet   N   E   W   of   Router   Intersecting Roudway/Steed   Each steed   Pet   N   E   W   of   Router   Intersecting Roudway/Steed   Each steed   Pet   N   E   W   of   Router   Intersecting Roudway/Steed   Each steed   Pet   N   E   W   of   Router   Intersecting Roudway/Steed   Each steed   Pet   O   O   O   O   O   O   O   O   O	00/10/2021							2	0				Other:	
Routel Direction Name of Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersection with  Routel Direction Name of Intersecting Roadway/Street Also at Intersection With Routel Direction Name of Intersecting Roadway/Street  Intersecting Roadway/Street  Routel Direction Name of Intersecting Roadway/Street  Intersecting Roadway/Street  Intersecting Roadway/Street  Intersecting Roadway/Street  Landmark  Roaddress  State State State State Now  Landmark  Landmark  Landmark  Land		AT INTE	RSECTION:	<	LOCA	ATION	>		NOT	<b>AT</b> 1	INTE	RSECT	TION:	
Feet   S   E   W of   Milk Marker   or   Feet Number						WEST	г 2		WELLS	AVE				-
Feet   S E W   of   Mile Marker   or   Exist Number   Exist Numb	Route# Dire	ction	Name of R	oadway/Street		Route# Direc	ction A	ddress #		Nan	ne of Roa	adway/Stı	reet	_
Route# Direction   Name of Intersecting Roadway/Street   Feet   N   S   W   of   Roate# Intersecting Roadway/Street	_		At			Feet	NSE	W of		•	or	r		-
Fee   N   E   W   of   Intersecting Readway/Street   Landmunk	Route# Dire	ection	Name of Intersecting	Roadway/Street					Mile N	1arker		I	Exit Number	_
Feed   N   E   W   of   Landmurk			Also at Interse	ction with		Feet	N S E	W of	Route#	- Ir	ntersectir	ng Roadw	av/Street	-
License # St DOB Age   Reg # UNK   Veh Make UNK   Veh Config   20	]					Feet	N S E	W of				Ü	,	
License # St DOB/Age Sex_ Lie Class   18   18   Lie Restrictions   19   CDL Veh Year, UNK Veh Make, UNK Veh Config.   20    Operator	Route# Dire	ction	Name of Intersecti	ng Roadway/Street	1						Land	mark		
See_Lia_Class   18   18   Lia_Restrictions   19   CDL   Voh Year_UNK   Veh Malec UNK   Veh Config.   20	X Vehicle:	1 _0_#Occupants	Hit/Run	Moped	Case Numbe	er	2	100000183	3					
See_Lia_Class   18   18   Lia_Restrictions   19   CDL   Findorsment   Owner   CDM   Veh Make UNK   Veh Config.   20    Operator   CDM   Findorsment   Owner   CDM   Veh Make UNK   Veh Config.   20    Address   Address   Address   Address   Address   Address   Address   Address    City   State   Zip   City   State   Zip   City   Damaged Arca Code: (Circle Up to Three)    Vehicle Travel Direction:   N   S   W   Responding to Emergency? N   Event Sequence   22   22   22   22   22   22   22	License#		St	DOB/Age	Reg	# UNK			Reg Ty	ne UNE	(	Reg Sta	ate XX	
Operator List First Middle See Violation 2: Ch Sec Underride Override Department Middle See Select One of the Followings:    Department		18	18	19									20	_
Address  City			_	Endorsm	nent								<i>δ.</i>	F
City State Zip City State Zip Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N S E W Responding to Emergency? N Citation # (If Issued)  Violation 1: Ch See Violation 2: Ch See Direct Contributing Code 99 24 22 22 22 23 3 4 10 Undercarriage  Please fill out for operator and all occupants involved See Above  Please fill out for operator and all occupants involved See Above  Please fill out for operator and all occupants involved See Citation # (If Issued)  Vehicle Action Prior to Crush 97 21 Damaged Area Code: (Circle Up to Three)  Worklea Action Prior to Crush 97 21 Damaged Area Code: (Circle Up to Three)  Worklea Action Prior to Crush 97 21 Damaged Area Code: (Circle Up to Three)  Worklea Action Prior to Crush 97 21 Damaged Area Code: (Circle Up to Three)  Worklea Action Prior to Crush 97 21 Damaged Area Code: (Circle Up to Three)  Worklea Action Prior to Crush 97 21 Damaged Area Code: (Circle Up to Three)  Worklea Action Prior to Crush 97 21 Damaged Area Code: (Circle Up to Three)  Worklea Action Prior to Crush 97 21 Damaged Area Code: (Circle Up to Three)  Worklea Action Prior to Crush 97 21 Damaged Area Code: (Circle Up to Three)  Worklea Action Prior to Crush 97 21 Damaged Area Code: (Circle Up to Three)  Worklea Action Prior to Crush 97 21 Damaged Area Code: (Circle Up to Three)  Worklea Action Prior to Crush 97 22 22 23 24 24 24 24 24 24 24 24 24 24 24 24 24	II .													_
Non-Motorist A Type	1													_
Vehicle Travel Direction: NSEW Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 99 24 24 3 10 Undercarriage 5 11 Totaled  Please fill out for operator and all occupants involved Address  Please fill out for operator and all occupants involved Address  Operator See Above  Please fill out for operator and all occupants involved Address  See Above  Please fill out for operator and all occupants involved Address  See Above  Please fill out for operator and all occupants involved Address  See Above  Please fill out for operator and all occupants involved Address  See Above  Please fill out for operator and all occupants involved Address  See Above  Please fill out for operator and all occupants involved Address  See Above  Please fill out for operator and all occupants involved Address  See Above  Please fill out for operator and all occupants involved Address  See Above  Please fill out for operator and all occupants involved Address  See Above  Please fill out for operator and all occupants involved None fill fill fill fill fill fill fill fil														_
Citation # (If Issued)  Wost Harmful Event  Violation 1: Ch Sec Violation 2: Ch Sec Underrairinge  Please fill out for operator and all occupants involved  Address  Age: DOB Sec Solect One of the Following:  Vehicle 2 0_#Occupants  Non-Motorist A Type  Please Select One of the Following:  Vehicle 2 0_#Occupants  Non-Motorist A Type  Please Select One of the Following:  Vehicle 2 0_#Occupants  Non-Motorist A Type  Please Select One of the Following:  Non-Motorist A Type  Please Select One of the Following:  Vehicle 2 0_#Occupants  Non-Motorist A Type  Address  St DOB/Age  Reg # 9NST40  Reg Type  Reg Type  Reg Type  PAN  Reg State MA  Veh Year 2014  Veh Year 2							22 2	97	22 2		3	4		
Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override	_					^	2:	3				1)_		riage
Violation 3: Ch See Violation 4: Ch See Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Operator  See Above  Please Select One of the Following:  License # St DOB/Age Reg # 9NST40 Reg Type PAN Reg State MA  Sex Lic. Class   18   18   Lic. Restrictions   19   CDL Endorsment Address   Characteristics   19   CDL Endorsment Address   Color State MA   Color State Mass Color State Mass Color State Sta	`	/		: Ch Sec				99 24	24	←	9	5	11 Totaled	
Please fill out for operator and all occupants involved Name (Last First Middle)  Address  AgeDOB  Sex Prox System Status Busins Power First Status Code Status Co						C			ed Y 8		7	6		
Please Select One of the Following:   Vehicle 2 0 # Occupants   Non-Motorist A Type   14   Action   15   Location   16   Condition   17   Hit/Run   Moped						- I				9 30 Fiect	31 Tran Ini	32 33	3	$\dashv$
Please Select One of the Following:    Vehicle 2								Pos. System	Status Swit	ch Code	Code \$t	atus Code	Medical Facili	ity
Condition   Cond	орегине	•		5001100								_		
Condition   Cond														
Condition   Cond														
Condition   Moped   Hit/Run   Moped   Moped   Condition   Condition   Moped   Hit/Run   Moped   Condition   Condition   Moped   Hit/Run   Moped   Condition   Condition   Moped   Hit/Run   Moped   Hit/Run   Moped   Hit/Run   Hi														
Sex Lic. Class   18   18   18   Lic. Restrictions   19   CDL   Endorsment   CDL   Endor		I A Venici	e2 <u>0</u> #Occupants	Non-Motoris	st A Type		15 Loc	eation	16 Cond	ition	17	Hit/R	lun Mop	oed
SexLic. Class	License#				Reg	# 9NST40			Reg Ty	pe_PAN	I	_ Reg Sta	ate MA	_ ]
Operator Last First Middle  Address  City State Zip City BRIGHTON  City BRIGHTON  City BRIGHTON  State MA Zip 02135  Insurance Company COMMERCE INS  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Travel Direction: N S E Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec  Violation 2: Ch Sec  Violation 4: Ch Sec  Violation 4: Ch Sec  Violation 4: Ch Sec  Violation 5: Ch Sec  Violation 6: Ch Sec  Violation 7: Towed Y   Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Add	Sex Lic.			CDL _		Year_2014	Ve	h Make_C	HEVY		V	Veh Confi		
Address	Operator	Last	First		Own	er SUBRAMA	NIAM	DANI			В	Middle		_
Insurance Company COMMERCE INS  Vehicle Action Prior to Crash  I1  Damaged Area Code: (Circle Up to Three)  Event Sequence  I22	Address				Add	ress 102 ARLIN	IGTON S	T						_
Vehicle Travel Direction: N S E Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24 8 7  Will at the sec Violation 4: Ch Sec Underride/Override 25 Towed Y  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Responding to Emergency? N  Event Sequence 1 22 1 22 22 22 22 22 2	City		State	Zip	City	BRIGHTON					_State_N	<b>/IA</b> Zip	, 02135	_
Citation # (If Issued)	Insurance Cor	прапу СОММЕ	RCE INS		Vehi	icle Action Prior	to Crash	11	21	amaged	l Area C	ode: (Cir	cle Up to Thre	ree)
Citation # (If Issued) Most Harmful Event 1 2	Vehicle Trave	l Direction: N	S E X Respo	onding to Emergence	ey?N Ever	nt Sequence 1	22 2	2 22	<b>22</b> 2		3	4		
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24 4 Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed Y 8 7  Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility	Citation # (If	Issued)			Mos	t Harmful Event	2.3	3			9	´		riage
Violation 3: ChSecViolation 4: ChSecUnderride/Override	Violati	on 1: ChS	Sec Violation	2: ChSec	Driv	er Contributing	Code	1 24	24	_	ZÍ			
Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System Status Switch Code Status Code Medical Facility  Code Status Code Medical Facility	Violati	on 3: ChS	Sec Violation	4: ChSec	Und	erride/Override	25	Tower	1 Y 8		7		,	
Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System Status Switch Code   Code   Code   Status   Code   Medical Facility			r operator and all o					26 27 Seat Safety	28 2 Airbag Airb	9 30 Eject	Trap Inj	32 33 jury Transp	p.	
									m Status Swi	tch   Code	Code S	tatus Code	Medical Faci	ility
	*											+		$\dashv$
										+		+		



- -Mv#2 was parked in the rear parking lot of 2 Wells Ave when it was struck my an unknown MV.
- -Ow Mv#2 reported approximately 0915 she discovered the right side bumper of MV#2 had been struck and heavily damaged. OwMv#2 stated she parked Mv#2 in the first stall by the right side loading dock facing the building approximately 0350. She stated Newton Fire Department responded to the area (CAD 21012488) and they were the only vehicle to come in or out of the parking lot this morning.
- I conducted and inspection of MV#2 in the Cherry Street Parking lot since Mv#2 was still serviceable. I observed damage to the rear left side bumper, a cut in the bumper plastic revealing the metal bumper frame underneath it and black friction mark on the surface of the bumper.
- -There were no injuries or other property damage reported at the time of this interview. This report will be

(Continued on next page)					
Witnesses:					
Name (Last, First, Middle)	Address			Phone # Statem	nent
Property Damage:					
Owner (Last, First, Middle) Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:		(F 17.1.°	1. 6. ()		
		`	,	Carrier Issuing Authority Code	35
Carrier Name					35
registation "		`		St Zip	35
Carrier Name		City		St Zip	35
Carrier Name  Address		City		StZip	35
Carrier Name  Address  US DOT #: State Number	38	City	ICC#:_	St Zip	35
Carrier Name  Address  US DOT #: State Number  Cargo Body Type Code 37 Gross Vehicle Weight	38	City	ICC#:_	St Zip	35

DAVID A. CALDERON		1	NEWTON POLICE DEPARTM		03/15/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

→	▶ Direction 1	Vehicle 1 2	Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: → ¹	<b>→</b> 2	<b>→</b>	· ĝ			
						If Crash <u>Did Not</u> Con a Public Way:	Occur
						☐ Off-Street Parking	g Lot
						☐ Garage	
	į į	į	į			☐ Mall/Shopping Ce	enter
	- —   — — —					☐ Other Private Way	,
	- —   — — —					Indicate North by A	rrow
		<u> </u>				$\bigcirc$	
Crash Narrative:							
forwarded to the Traffic B	ureau for inves	tigation.					
Traffic Bureau Update							n 
(Director of MGPO Dermatop							
located at 2 Wells Avenue,							
sent and request to the bu							
stated she is not sure if				d crasn	took place	has cameras, but	sne is
I contacted the Newton				T+ Foli	who was t	ho incident com	
(Continued or		ent to try a	nd speak with	DC. FOII	wiio was t	Sile Incident comm	
Witnesses:	nene page,						
Name (Last, First, Middle)		Address			Pł	none #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)			
Carrier Name					Carri	er Issuing Authority Code	e 35
Address			City		St_	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	39	
Hazmat Information:							
Placard 40 Material 1 digit #	Material Na	nme		Material 4	digit #	Release code	42
DAVID A. CALDERON			NEWTO	N POLICE DEPART?		03/15/20	)21
Police Officer Name (Please Print)	Signature			artment		t/Barracks Date	

CDP1 11 ·24·00

→	Direction 1	Vehicle 1 2	≢Vehicle 2	Pedestri	an	
Crash Diagram:	ie: → 🛚		→	Ô		
					If Crash <u>Did N</u> on a Public Wa	
					☐ Off-Street Par	king Lot
					☐ Garage	
				ĺ	☐ Mall/Shoppin	g Center
	- —   — — — —			+	Other Private	Way
				+	Indicate North k	y Arrow
						)
Crash Narrative:						
for the call at 2 Wells Ave						
will attempt to make contact determined that a Newton F.						
		,			Le (MV1). Ms. Subramani	am
stated she did not observe						
morning her vehicle was da						
parking lot near her vehic					4s. Subramaniam stated	
left work after her shift					cle.	
			<del>_</del>		property where the alle	eged
(Continued or	n 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 Vehic	ele 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 Gros	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length 39	
Hazmat Information:	41			Makedalaka		42
Placard Material 1 digit #	Material Na	ame		Material 4 d	igit# Release cod	
DAVID A CALDERON			NEWTON	N POLICE DEPARTA	03/	15/2021

ID/Badge #

Signature

Department

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)

	→ Direction	_1 <u> </u> V	ehicle 1	2 = Vehicle 2	₽ Pedesti	ian		
Crash Diagram:	ie: →[	1	→[	2	<b>→</b> ġ			
							If Crash <u>Did Not</u> C on a Public Way:	Occur
		_					☐ Off-Street Parking	r Lot
								g Lot
		_  		<u></u>			☐ Garage	,
		_					☐ Mall/Shopping Ce	
							☐ Other Private Way	′
		_					Indicate North by A	rrow
		-j						
Crash Narrative:								
incident took place does	not have any s	urvei	llance c	ameras preser	nt.			
At this time, I am	unable to cond	lude	that a N	ewton Fire De	epartment v	ehicle ca	used the damage to	o Ms.
Subramaniam's vehicle.								
Witnesses:								
Name (Last, First, Middle)		Ad	ldress				Phone #	Statement
Property Damage:		•						
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of	of Damaged Property	
Truck and Bus Information:								
Carrier Name	Registration #				Vehicle Section)	Ca	rrier Issuing Authority Cod	35
Address								36
US DOT #:  Cargo Body Type Code  37		38		Issuing State	ICC #:_		Interstate	
Cargo Body Type Code	Pross Vehicle Weight						39	
Trailer Reg #:	Reg Type		Reg State _	Reg Year	Tr	ailer Length		
Hazmat Information:	41							42
Placard Material 1 dig	it # Materia	Name_			Material 4	digit #	Release code	72
DAVID A. CALDERON				NI	EWTON POLICE DEPART	N.	03/15/20	021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)