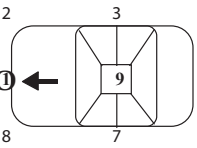
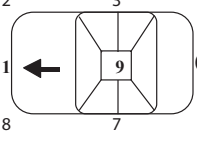


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 06/30/2021	Time of Crash 11:41 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>5</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____			
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:						
<div>1 1</div> Route# _____ Direction _____ Name of Roadway/Street _____ At _____			<div>2 9</div> <div>2 10</div> WEST 1121 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____								
<div>2 1</div> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			<div>11 3</div>								
<div>3</div> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____											
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000477		
License # _____ St MA DOB/Age _____			Reg # 2RPA80			Reg Type PAN			Reg State MA		
Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year 2018			Veh Make SUBARU			Veh Config. <u>1</u> <u>20</u>		
<div>4 1</div> Operator BENDROTH NORMAN B Last First Middle			Owner (Same as operator)			First Middle			<div>7 12</div>		
Address 72 BEECH AVE			Address _____			City _____ State _____ Zip _____					
City MELROSE State MA Zip 02176			Vehicle Action Prior to Crash <u>1</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)					
Insurance Company GEICO			Event Sequence <u>2</u> <u>22</u> <u>2</u> <u>22</u> <u>22</u> <u>22</u>						10 Undercarriage 5 11 Totaled		
<div>5</div> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Most Harmful Event <u>2</u> <u>23</u>			Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>					
<div>6 1</div> Citation # (If Issued) _____			Underride/Override <u>25</u>			Towed <u>Y</u>					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Please fill out for operator and all occupants involved						<div>13 2</div>		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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			Operator			See Above					
<div>7 1</div> Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>			Action <u>15</u> Location <u>16</u> Condition <u>17</u>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # _____ St NY DOB/Age _____			Reg # HKJ3548			Reg Type PAN			Reg State NC		
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2021			Veh Make VOLKSWAGON			Veh Config. <u>1</u> <u>20</u>		
<div>8 1</div> Operator SIDDHARTH VEENA K Last First Middle			Owner ENTERPRISE RENT A CAR Last First Middle			First Middle					
Address 10W 66TH STREET 24E			Address 1229 WASHINGTON ST			City NEWTON State MA Zip 02462					
City NEWYORK State NY Zip 10023			Vehicle Action Prior to Crash <u>11</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)					
Insurance Company RENTAL INSURANCE			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>1</u>						10 Undercarriage 5 11 Totaled		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>					
<div>8 1</div> Citation # (If Issued) _____			Underride/Override <u>25</u>			Towed <u>Y</u>					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Please fill out for operator and all occupants involved						<div>13 2</div>		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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			Operator/Non-Motorist			See Above					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington Street

Armory Street

NOT TO SCALE

MV#2

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:

MV#1 was backing out of a stall in the Trader Joe's parking lot located at 1121 Washington Street when it scratched MV#2 bumper. The collision was reported by OpMV#2 at the Newton Police Department.

-OpMV#2 reported that she parked MV#2 in a stall in the parking lot and that upon returning she was informed by a witness her vehicle had been struck and the operator of the vehicle left the area. OpMV#2 was provided with both the registration plate and description of the other vehicle.

-I conducted an inspection of the damage to MV#2. I observed there was orange paint transfer on the vehicle's rear bumper, surface scratches; however, I did not observe structural damage of the bumper.

-I next made contact with the OpMV#2 by sending Melrose police to his residence. OpMV#1 stated he had shopped at the Trader Joe's and was not aware he had struck another vehicle until the damage was pointed out to him

(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 Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

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

Cargo Body Type Code Gross Vehicle Weight

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

DAVID A. CALDERON NEWTON POLICE DEPT 06/30/2021

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

Crash Narrative:

by the Melrose officer.

-There were no injuries reported at the time of this report and neither vehicle was towed from the scene.

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

DAVID A. CALDERON			NEWTON POLICE DEPT.		06/30/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					