

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/06/2021	Time of Crash 12:47 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>20</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 189 WATERTOWN 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 _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ CVS PHARMACY/ STOP AND SHOP							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000672			
License # _____ St MA DOB/Age _____			Reg # 7ZG316		Reg Type PAN		Reg State MA			
Sex M Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____			Veh Year 2015		Veh Make HONDA		Veh Config. <u>1</u> <u>20</u>			
Operator MISHRA JITENDRA Last First Middle			Owner (Same as operator)		Last First Middle					
Address 32 NASH ST			Address _____		Last First Middle					
City WATERTOWN State MA Zip 02472			City _____ State _____ Zip _____		State _____ Zip _____					
Insurance Company GOVT EMPLOYEES			Vehicle Action Prior to Crash <u>2</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 3 4					
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>		1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>		1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed N		1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
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		1 4 99 0 0 10 1					
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 # HFJ2619		Reg Type PAN		Reg State NY			
Sex F Lic. Class <u>99</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____			Veh Year 2009		Veh Make TOYOTA		Veh Config. <u>2</u> <u>20</u>			
Operator LESSER MADELEINE Last First Middle			Owner LESSER ADAM Last First Middle		Last First Middle					
Address 78 WOODLAND ST (apt. 1)			Address 24 ROSE ST		Last First Middle					
City WORCESTER State MA Zip 01610			City HASTINGS State NY Zip 10706		State NY Zip 10706					
Insurance Company LM GENERAL/LIBERTY MUTUAL			Vehicle Action Prior to Crash <u>10</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 3 4					
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>		1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed N		1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
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		1 4 99 0 0 10 1					

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

STOP & SHOP

CVS 189 WATERTOWN ST

Unit 1

Unit 2

WATERTOWN ST

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:**

On September 6th, 2021 at approximately 12:47 hours while working N491 I responded to the parking lot to Stop and Shop Plaza, #171 Watertown St, for a report of a crash near Planet Fitness.

On my arrival I located both involved vehicles near the CVS. Vehicle #1 was a 2015 Honda Civic, MA reg. 7zg316, operator identified as JITENDIA MISHRA.

He reported travelling N/B in the parking lot to the plaza when he had to stop due to vehicle #2 had stopped in front of him. Vehicle #2 suddenly backed up into his vehicle hitting his drivers side front.

Vehicle #2 was a 2009 black Toyota RAV4, NY plate HFJ2619, operator identified as Madeleine Lesser. She stated she was in the parking lot of the plaza when she observed a car backing out from a parking space in front of her. She then stopped her vehicle and allowed that vehicle to proceed out. She then had to back up a

(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

♀ Pedestrian

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

## 42

CDP1 11 -24:00