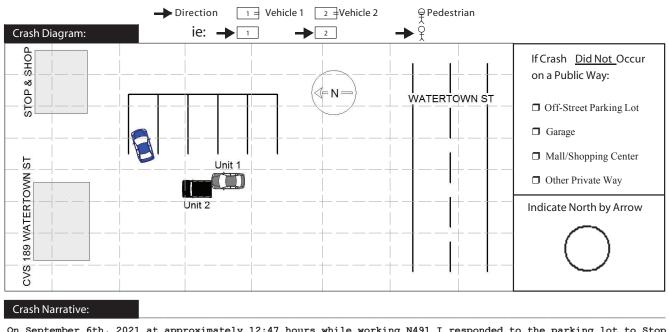
1	Police Use Or	nly		Commo	onweal	th o	f Mass	ach	use	etts						t Number	
Date of Cra 09/06/2021			City/To E <b>WTON</b>	wn I			icle Cra	sh		mber nicles	Numb Injure		eed Lim titude _		St Lo	tate Police ocal Police IBTA Police	X
03/00/2022		24HR					Report		2		0		ngitude_		O	ther:	
	AT IN	TERSE	CTION:		< L	OCAT	TION	>			NO	<b>T A T</b>	[ INT	ERSI	ECT	ION:	
							NORTH	I 1	89		WATI	ERTOV	VN ST				
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street								eet	_		
-				At			Feet	N S I	E <b>W</b> o	of –			•	or			
Route# D	irection	Name	of Intersecting	ng Roadway/Street	;				_		Mile	Markei	r		E	xit Number	
			Also at Inter	section with			Feet	N S I	E <b>W</b> o	of	Route	#	Intersec	ting Re	oadwa	y/Street	-
Route# D			CI .	: P 1 /G:			Feet	N S I	E <b>W</b> o	of	CVS I	HARN	MACY/ S	STOP A	AND S	SHOP	
Route# D	rection	Na	me of interse	cting Roadway/Str	reet								La	ndmark			
XVehic	e1 <u>1</u> #Occu	ipants	Hit/Run	Moped	Case N	umber			210000	00672							
License#			St_M	A DOB/Age		Reg# 7	ZG316				Reg T	ype P	AN	Re	eg Stat	e MA	
Sex M I	ic. Class D	18 18 Li	c. Restriction	ns 9 19 CDI		Veh Ye	ar_2015	V	eh Mal	ke HO	NDA			Veh (	Config	1 20	
Operator			ITENDRA	Endo	orsment		(Same as ope										
Address 32	NASH ST		First	Mi	ddle		La S							Mid	dle		_
City WAT			St	ate_MA Zip_02	472									;	Zip		_
Insurance (	ompany GOV	T EMPLO	YEES			Vehicle	Action Prior t	Crasl	h	21		Damag	ged Area	Code:	(Circl	le Up to Thr	ee)
Vehicle Tr	vel Direction:	X S E	W Resp	onding to Emerg	ency? N	Event S	Sequence 1	22			<b>22</b> 2		3	<u> </u>	4		
	If Issued)					Most H	Iarmful Event	1 2	23				9	$\langle    $		10 Undercarr	iage
	ion 1: Ch	Sec	Violatior	2: ChSec	<u> </u>		Contributing C	ode	1 2	4	24	-			٦	11 Totaled	
Viola	ion 3: Ch	Sec	Violatior	4: ChSec_	:	Underri	ide/Override	2	25	 Гowed	(		7		6		
		operator a	and all occu	pants involved					26 Seat	27 Safety A	28 Jirbag Air Status \$w	29 Eje	30 31 Trap de Code	32 Injury	33 Fransp.		$\neg$
Name (Last	First Middle) tor			Ad See A	Above		Age/DOB	Sex	1 1			itch Co	de Code	Status 10	Code 1	Medical Facili	ity
_																	
													+				
Please Sele		ehicle2 <u>1</u>	# Occupan	ts Non-Mot	torist A Type	14	Action	Lo	cation	1	6 Con	dition	17		Hit/Ru	ın Mop	ed
License#			St N	OOB/Age		Dog# H	HFJ2619				P.og.T	ype PA	AN	D.	eg Stat	, NY	
- I	1	18 18		19				V	oh Mal	ro TO						20	-
Sex_F Lic. Class 99 Lic. Restrictions 9 CDL Endorsment  Operator LESSER MADELEINE							Veh Year         2009         Veh Make         TOYOTA         Veh Config.         2           Owner         LESSER         ADAM										
	Last WOODLAN	D ST (apt.	First 1)	Mi	iddle		S 24 ROSE ST	st			First			Mid	dle		-
City WOR				ate MA Zip 01	610		ASTINGS						State	NY	Zin	10706	-
1 - 7	company LM (	GENERAL					Action Prior t	Crael	h [	21	1	Damag				le Up to Thr	ee)
					rency?N					10	<u>22</u> 2		3		<b>4</b>	•	ĺ
Vehicle Travel Direction: X S E W Responding to Emergency? N  Citation # (If Issued)						Event Sequence 1 22 22 22 22 22 20 10 Undercarriag Most Harmful Event 1 23								riage			
	ation 1: Ch	Sec	— Violatio	on 2: Ch Se	ic.		Contributing C	Г	18 2	4	24	-	9	$\langle  $	5	11 Totaled	
	ation 3: Ch	Sec		on 4: Ch Se			ide/Override	L	\ <u></u>	 owed_	N 8		7		6		
VIOI				occupants invo		Ondern	lue/Override	Π				29 3 bag Eje	30 31 Trap	32	33		$\dashv$
	t First Middle)		1	A	ddress		Age/DOB	Sex	Pos.	System	Status S	witch C	ode Code	Status	Transp. Code	Medical Faci	lity.
Opera	tor/Non-Moto	orist		See A	bove					1 4	4 9	9 0	0	10	1		_
											_						_



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	on of Dama	ged Property		
Truck and Bus Information:  Carrier Name	Registration #		(From Vehic	cle Section)		Carrier Issu	ning Authority Co	ade 35	
								de	
Carrier Name			City			St	Zip	de	
Carrier NameAddressUS DOT #:	State Number		City			St	Zip	de	
Carrier Name Address US DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	de	
Carrier Name  Address US DOT #: Cargo Body Type Code37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	de	
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Growth Gro	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC#:_ Tr	ailer Lengtl	St	ZipInterstate	de	

THOMAS J MCCARTHY

Police Officer Name (Please Print)

Signature

NEWTON POLICE DEPARTN

O9/06/2021

Percinct/Barracks

Date

-	→ Direction	1 = Vehicle 1	2 = Vehicle 2	₽ Pedestri	an	
Crash Diagram:	ie: →[	1	2	<b>→</b> ĝ		
					If Crash <u>Did Not Contact</u> On a Public Way:	Occur
			L L		Off-Street Parking	p Lot
					☐ Garage	5 200
		_	+		☐ Mall/Shopping Co	enter
					Other Private Way	
	 	 _	 <del> </del>			
	į	į	į	į	Indicate North by A	illow
			<del>                                     </del>			
	<u> </u>	-j	<u> </u>	<del>-</del>		
Crash Narrative: little to allow room for	that other weh	icle to back	out. She neve	r saw vehic	cle #1 right behind her	She then
backed into the drivers s					ore at right bening her.	
There were no tows or inj	uries to this	crash.				
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:	T		T			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	_			ehicle Section)		35
Carrier Name					Carrier Issuing Authority Cod	le
					St Zip	36
US DOT #:  Cargo Body Type Code  37  Gr	oss Vehicle Weight	38	issuing state	1CC#:	Interstate	
		Pag State	Dag Voor	Tro	ilar Longth 39	
Trailer Reg #: Hazmat Information:	Keg Type	Reg State _	Keg rear_	1ra	niei rengin	
Placard 40 Material 1 digit	# 41 Material	Name		Material 4 d	igit# Release code	42
THOMAS J MCCARTHY			NEV	VTON POLICE DEPARTA	09/06/2	021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)