Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Feet N S E W of Feet		Poli	ice Use Only		Commo	nwealt	h o	f Massa	achu	setts	\$		RM	IV Doc	umen	t Number	
AT INTERSECTION:  AT INTERSECTION:  AT INTERSECTION:  SOLUTION:  Nome of Endothopy/Street At 1029  Foot   Stew   Direction   Name of Endothopy/Street   At   Stew   Stew   Stew   Stew    Foot   Stew   Stew				,	own N				sh						St L	tate Police ocal Police	NA NA
Rouse Direction  Name of Radenoy/Street  Rouse Direction  Name of Intersecting Roadway/Street  Alor at Intersecting Roadway/Street  Alor at Intersecting Roadway/Street  Feet N S E W of Milk Marker or Fest Number  Feet N S E W of Route Intersecting Roadway/Street  Feet N S E W of Roadway Intersection Roadway/Street  Feet N S E W of Roadway Intersection Roadway/Street  Feet N S E W of Roadway Intersection Roadway	Į		24HR							2					- $ 0$	ther:	_
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Feet   N   F   W   of   Milk Marker   or   Fast Number								EAST	1029	9	СНІ	ESTNU	T ST				$\vdash$
Foot   N   E   N   O   Male blacker   Six Number   Alto at Intersection with	${f 1} {f 1}$	Route# Direct	tion	Name o			R	oute# Direction	on Add	dress #			Name of	Roadwa	ay/Stre	eet	
Routed   Direction   Name of Intersecting Roadway/Street   About networking Roadway/Street   Foxt   N S E					At			Feet 1	N S E	w of			_ •	or			₋⊦
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Routed Direction   Name of Intersecting Boodway/Street   Landmark				Also at Inte	rsection with		_ -	Feet	N S E	w of	Ro	ute#	Interse	ecting R	oadwa	y/Street	-  -
Secondary   The continue   Case   C	<sup>2</sup> <b>99</b>						_ -	Feet [	SE	W of							
Second Company   Seco		Route# Direct	tion	Name of Inters	ecting Roadway/Stre	et							L	andmark			4
See   F   Lie Class   C   S   S   Lie Restrictions   S   D   D	<sup>3</sup> <b>99</b>	XVehicle1	#Occupants	X Hit/Run	Moped	Case Nur	mber		210	00000733	3						
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Operator GOUD NIPA  Address 100 HARVARD ST (pt. 8)  Nomer GOUD AJAY  Address 100 HARVARD ST (pt. 8)  City BROOKLINE  Insurance Company GEICO  Vehicle Travel Direction: NS XW Responding to Emergency? N  Citation if If Issued)  Violation 1: Ch. See Violation 2: Ch. See Driver Contributing Code 1 24 24 24 3 4 10 Undercarriage  Please fill out for operator and all occupants involved  Name (Last Film Malilo)  See Above  Please File Class D 18 18 Lie. Restrictions 9 10 CD.  Operator KLEPIKOV VERA Endorsoment  Operator Steephone  Address 116 CHESINUT ST  City NEWTON State MA Zip 02464  City BROOKLINE  State MA Zip 02464  City NEWTON  Vehicle Action Prior to Crash  Ve		Sev F Lie	Class C	8 Lie Restrictio	19				Veh	Make A						20	-
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City   BROOKLINE   State   MA   Zip   02446   City   BROOKLINE   State   MA   Zip   02446   Insurance Company GEICO   Vehicle Action Prior to Crash   Ti   Dumaged Area Code: (Circle Up to Three)   Vehicle Travel Direction:   N   N   N   N   Responding to Emergency?   N   Event Sequence   Ti   22   99   22   22   22   23   4   10 Undercarriage   Vehicle Action Prior to Crash   Ti   Totaled   Driver Contributing Code   Ti   Totaled	1	Address 100 H	Last IARVARD ST (a	First	Midd	IIe A	Adrese	Las 100 HARVAI	RD ST		Firs	t		Mid	dle		-
Insurance Company GEICO   Vehicle Action Prior to Crash   11   21   Damaged Area Code: (Circle Up to Three)					tota MA Zin 0244								Ctor	MA	7in	02446	-
Vehicle Travel Direction: NSXW Responding to Emergency? Notation # (If Issued)  Volidation 1: Ch Sec Violation 2: Ch Sec Directions # (If Issued)  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved  Address Age: Don Sec Fig. System Same Sware Code Sec Sec Sec Sec Sec Sec Sec Sec Sec Se		-		s	zip <u></u>		Damaged Area Code: (Circle Up to Three)										ee)
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Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  See Above  Age/DOB  See Pos System Name Name Name Name Name Name Name Na	5											8	<u> </u>		) 6		
Operator  See Above  Non-Motorist A Type  Ital Action  See Above  Non-Motorist A Type  Ital Action  Ital Acti	99					U	Jnderri	de/Override				- 20 [	20   2	1 22	22	ı	_
1 Please Select One of the Following:    St MA   DOB/Age   Reg # ZEE316   Reg Type PAN   Reg State MA				ator and all occi		ress		Age/DOB	Sex S	eat Safety os. Systen	Airbag Status	Airbag I Switch	Eject Trap Code Code	Injury Status	Fransp. Code	Medical Facili	ity
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	Direction 1 =	Vehicle 1 2	_ <del> </del> Vehicle 2	Pedesti	rian		
Crash Diagram:	ie: 🕕 1	2	<b>→</b>	<b>▶</b> ĝ			
Crash Diagram:		nents 1029 Chestnut St		£	N = N	If Crash Did Not Con a Public Way:  Off-Street Parking Garage Mall/Shopping Co	g Lot
Crash Narrative:							
On 9/20/21, Nipa Goud Do	OB 4/19/77 came to	NPD Headquar	rters to repor	t a past	hit & r	un of MA reg 5RR9	13 (
vehicle #1). Goud state:	s she was shopping	in Johnson S	String 1029 Ch	nestnut S	St on 9/15	around 1300 hrs	when
a good samaritan came in	nto the store. He	stated that	the above men	ntioned v	rehicle ha	d been hit in the	parking
lot. The witness is All	yn McCourt (617) 8	75-3457. He r	provided Goud	with a	descripti	on of an older	
female driving MA reg 2	EE316. It was repo	rted that she	e made contact	with th	ne rear of	vehicle #1 and	
immediately left the sce	ene.						
I spoke to Mccourt on the	he phone, who info	rmed me that	the woman was	a white	female b	etween 60-70 yrs	old. She
appeared to be making a	3-point turn in th	he lot, hit a	a bush, then t	he rear	bumper of	vehicle #1. I as	ced
Mccourt if there was any	y indication that	the woman kne	ew she hit veh	nicle #1,	to which	he stated "it ce	rtainly
(Continue	d on next page)						
Witnesses:		+				Phone #	
W itnesses: Name (Last, First, Middle)		Address					Statement
		Address					Statement
		Address					Statement
		Address					Statement
Name (Last, First, Middle)	Address	Address	Phone #	34-Type	Description	of Damaged Property	Statement
Name (Last, First, Middle)  Property Damage:	Address	Address	Phone #	34-Type	Description of		Statement
Name (Last, First, Middle)  Property Damage:	Address	Address	Phone #	34-Type	Description of		Statement
Name (Last, First, Middle)  Property Damage: Owner (Last, First, Middle)					Description (		Statement
Name (Last, First, Middle)  Property Damage:	Registration #		(From Vehi	icle Section)			35
Name (Last, First, Middle)  Property Damage: Owner (Last, First, Middle)  Truck and Bus Information: Carrier Name	Registration #		(From Vehi	icle Section)	Ca	of Damaged Property  Trier Issuing Authority Cod	35
Property Damage: Owner (Last, First, Middle)  Truck and Bus Information: Carrier Name Address	Registration #		(From Vehi	icle Section)	Ca	of Damaged Property  Trier Issuing Authority Cod  Turical Lip	35
Property Damage: Owner (Last, First, Middle)  Truck and Bus Information: Carrier Name Address US DOT #:	Registration # State Number		(From Vehi	icle Section)	Ca	of Damaged Property  Trier Issuing Authority Cod  Turical Lip	e 35
Property Damage: Owner (Last, First, Middle)  Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code  37	Registration # State Number  Gross Vehicle Weight	38	(From Vehi	icle Section)	Ca	of Damaged Property  Trier Issuing Authority Cod  Turical Lip	e 35
Name (Last, First, Middle)  Property Damage: Owner (Last, First, Middle)  Truck and Bus Information: Carrier Name Address US DOT #:	Registration # State Number  Gross Vehicle Weight	38	(From Vehi	icle Section)	Ca	of Damaged Property  rrier Issuing Authority Cod  t Zip  Interstate	e 35

→	▶ Direction 1	■ Vehicle 1 2	∑ ≢Vehicle 2	₽Pedestri	an	
Crash Diagram:	ie: 🕕 🛚	<b>→</b> [2	<b>□</b>	Ŷ		
						sh <u>Did Not</u> Occur Public Way:
		<u> </u>			off	f-Street Parking Lot
					☐ Ga	rage
					□ Ма	all/Shopping Center
						ner Private Way
		<u> </u> +			Indica	te North by Arrow
		 			. — — —	
		+	+-	+	. — — —	
Crash Narrative:				-h - h : h	itu mba aabia1	dih-d h
Mccourt as a blue sedan.	loned for me to	o move out or	ner way after	sne nit	it". The Venici	e was described by
MA reg 2EE316 comes back ac	ctive on a 2011	1 blue Tovota	Camry to Serg	ev Klepik	soy out of 1156	Chestnut St in
Newton. QED shows a Vera KI						
with the number on file for						
Damage to vehicle #1 appear					I was shown by	Goud. To be
further investigated.					<del>-</del>	
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damage	d Property
T 1 10 16 11						
Truck and Bus Information:			(From Vehi			35
Carrier Name					Carrier Issuin	
Address						36
US DOT #:	State Number	38	Issuing State	ICC #:		Interstate
Cargo Body Type Code Gros	s Vehicle Weight	36			20	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length 39	
Hazmat Information:						
Placard 40 Material 1 digit #	Material N	Jame		Material 4 d	ligit # 1	Release code 42
KELEIGH N DONAHUE			NEWTO	N POLICE DEPARTA		09/20/2021

CDP1 11 ·24·00

Police Officer Name (Please Print)

Department