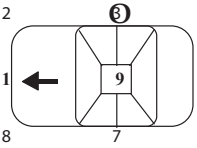
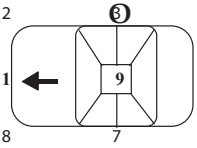
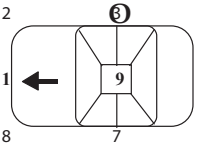
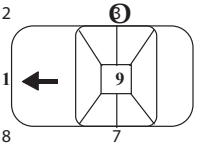
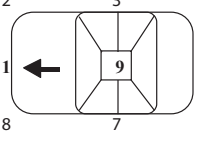
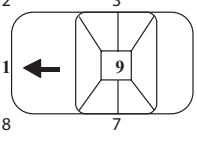
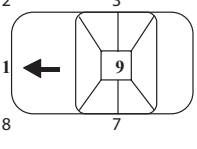
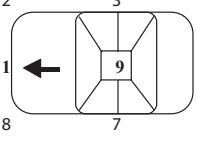


Commonwealth of Massachusetts

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | | |
|---|--------------------------------|---------------------|---|--|---|------------------------|--|---|------|--|--|--|--|--|
| Date of Crash 10/20/2021 | Time of Crash 10:49 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | Number Vehicles 2 | Number Injured 0 | Speed Limit <u>25</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: | | | | | | | | | |
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | | | SOUTH 137 RUMFORD AVE 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 _____ | | | | | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | Landmark _____ | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants | | | <input checked="" type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 210000846 | | | | | | | |
| License # _____ St <u>MA</u> DOB/Age _____ | | | Reg # <u>4GM674</u> | | Reg Type <u>PAN</u> | | Reg State <u>MA</u> | | | | | | | |
| Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ | | | Veh Year <u>2014</u> | | Veh Make <u>HONDA</u> | | Veh Config. <u>2</u> <u>20</u> | | | | | | | |
| Operator <u>SCARAMELLA</u> <u>JULIE</u> Last First Middle | | | Owner <u>(Same as operator)</u> Last First Middle | | | | | | | | | | | |
| Address <u>285 AUBURNDALE AVE</u> | | | Address _____ | | | | | | | | | | | |
| City <u>NEWTON</u> State <u>MA</u> Zip <u>02466</u> | | | City _____ State _____ Zip _____ | | | | | | | | | | | |
| Insurance Company <u>MAPFRE</u> | | | Vehicle Action Prior to Crash <u>11</u> <u>21</u> | | Damaged Area Code: (Circle Up to Three) | | | | | | | | | |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u> | | | Event Sequence <u>97</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> | | 2  | | 10 Undercarriage 5 11 Totaled | | | | | | | |
| Citation # (If Issued) _____ | | | Most Harmful Event <u>99</u> <u>23</u> | | 1  | | | | | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> | | 8  | | | | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override <u>25</u> Towed <u>N</u> | | 6  | | | | | | | | | |
| 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 | | ----- | | 0 4 4 0 0 10 1 | | NONE | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>0</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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | | | | | |
| License # _____ St _____ DOB/Age _____ | | | Reg # <u>UNKNOWN</u> | | Reg Type <u>UNKNOWN</u> | | Reg State <u>XX</u> | | | | | | | |
| Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ | | | Veh Year _____ | | Veh Make <u>UNKNOWN</u> | | Veh Config. <u>20</u> | | | | | | | |
| Operator _____ Last First Middle | | | Owner _____ Last First Middle | | | | | | | | | | | |
| Address _____ | | | Address _____ | | | | | | | | | | | |
| City _____ State _____ Zip _____ | | | City _____ State _____ Zip _____ | | | | | | | | | | | |
| Insurance Company _____ | | | Vehicle Action Prior to Crash <u>99</u> <u>21</u> | | Damaged Area Code: (Circle Up to Three) | | | | | | | | | |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u> | | | Event Sequence <u>2</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> | | 2  | | 10 Undercarriage 5 11 Totaled | | | | | | | |
| Citation # (If Issued) _____ | | | Most Harmful Event <u>2</u> <u>23</u> | | 1  | | | | | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code <u>99</u> <u>24</u> <u>24</u> | | 8  | | | | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override <u>25</u> Towed <u>N</u> | | 6  | | | | | | | | | |
| 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 | | ----- | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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:

Vehicle 1 was parked in the lot at Extra Space storage at 137 Rumford Ave, at 1300 hours. Between 1430 and 1730, vehicle 2 struck the right side of vehicle 1. Extra Space storage stated that they have the incident on surveillance footage, but refused to share it, without a police report. The owner of vehicle 1 has already filled out their own accident report, and submitted it to their insurance company.

Traffic Bureau update (Officer Gaudet): On Friday, October 22, 2021, I met with Mr. Brian Pendleton from Extra Space Storage. Mr. Pendleton was able to provide me with surveillance footage from the crash. A white passenger van facing (W) in the parking lot is observed backing out of a parking space. The van's rear passenger side bumper area is observed crashing into the rear driver side of MV1. MV1 is

(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

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



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:

parked unoccupied on the opposite side of the parking lot (facing S). MV1 is observed briefly moving side to side as a result of the collision. MV2 is then observed leaving the parking lot area through the main entrance on Rumford Avenue.

After reviewing the footage, I am unable to decipher the characters on the license plate of the fleeing vehicle due to the quality of the image. The van is a newer model passenger van with black lettering on the rear driver side area. The operator of the vehicles appears to be a white male with a dark colored baseball cap and a dark colored jacket. The media clip provided by Extra Space Storage was submitted to the IT Bureau to be attached to this report.

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

TIMOTHY ROCHE

NEWTON POLICE DEPART

10/20/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date