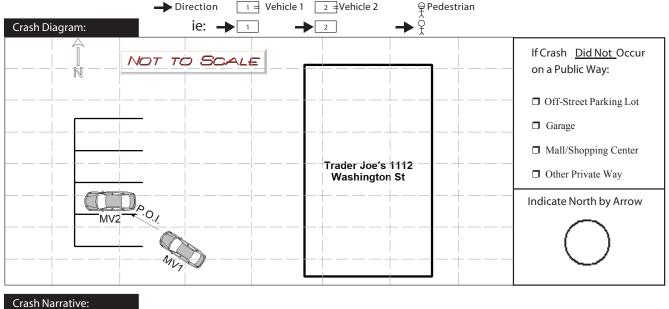
-	Date of Crash 11/21/2021	Time of Crash 17:07	City/T	own 1	T 4 T 7	~		NT.	1	N.T.	.1 C.	1.7.	·		4-4- D-1:	
1 7	, ,		NEWTON	own N		ehicle Cra	ash		mber hicles	Nun Inju		eed Lim			tate Police ocal Police IBTA Police	XI
1 3		24HR				Report		2		0	Lo	ongitude			Other:	
1 3		AT INTER	SECTION:	<	LOC	ATION	>			N	OT A	ΓINT	ERS	ECT	ION:	
1 3						WEST 1121 WASHINGTON ST								2		
	Route# Directi	ion	Name o	f Roadway/Street		Route# Direct	on A	Addres	s#		1	Name of 1	Roadw	ay/Str	eet	
$\dot{-}$	At					Feet NSEW of • or								<u> </u>		
-	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of or Exit Number								_		
-			Also at Int	ersection with		Feet	N S	EW	of	Roi	ıte#	Interse	cting R	oadwa	v/Street	- L
2 1						Feet N S E W of Route# Intersecting Roadway/Street								4		
	Route# Direction Name of Intersecting Roadway/Street					Landmark										
³ 1	XVehicle1	1_#Occupants	Hit/Ru	Moped	Case Num	er		21000	00969							
	License#		St N	IA DOB/Age	Re	g # 40044				Reo	Type P	AR	R	eσ Sta	te MA	_
	S M L: CI D 19 19 19 CD					1 Year 2010	V	oh Ma	he HY						20	-
	Operator PLO		EDWARD	Endorsr	ment	ner (Same as ope								Comi	5.	- 1
	Address 64 ED		First	Middle									Mic	ddle		- 1
	City NEWTON			tate_MA Zip_02465		Address City State Zip								-		
	-	oany SAFETY IN				nicle Action Prior t			21	_					ele Up to Thre	_
	·			sponding to Emergence		ent Sequence 2		22	22		e	3		4	r	
				sponding to Emergend				23					\overline{A}		10 Undercarr	iage
- 1		sued)		n 2: ChSec		st Harmful Event	2	10.	24	24	1	9		5	11 Totaled	
⁶ 1						ver Contributing C	l	19		. NI	8	7	<u> </u>	6		
-	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					derride/Override			Towed		29	30 31 ect Trap	32 Injury	33	I	_
-	Name (Last First			Addre		Age/DOB	Sex		\$ystem		Airbag Ej Switch Co	30 31 ect Trap ode Code	Injury Status	Transp Code	Medical Facili	1 2
L	Operator			See Abo	ove				1	4	1 0	0	10	1		
L																
	Please Select O of the Followin	IX Vahida	2 <u>3</u> # Occupa	nts Non-Motor	rist A Type	14 Action	15 Lo	ocation	1	16 C	ondition	17		Hit/Ru	un Mop	ed
1	License# St MA DOB/Age				Re	Reg # 3DGH49 Reg Type PAN Reg State MA						te MA				
	Sex F Lic. Class D 18 18 Lic. Restrictions 19 CDL				Ve	Veh Year 2008 Veh Make TOYT Veh Config. 1										
800	Operator SMAL ANNELINE Endorsment				Ow	Owner (Same as operator)										
99	Address 1946 V	Last VASHINGTON	ST (apt. 242)	Middle		dress				Firs			Mic	ddle		
(City NEWTON State MA Zip 02466				6 Cit											
	Insurance Company ALLSTATE INSURANCE COMPANY				Ve	Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)								ee)		
,	Vehicle Travel Direction: NSEN Responding to Emergency?N				ncy?N Ev	Event Sequence 1 22 22 22 22 2 3 4										
	Citation # (If Issued)				-	Most Hamful Front 23								iage		
	· · · · · · · · · · · · · · · · · · ·					Driver Contributing Code 1 24 24 5 11 Totaled										
	Violation		ec Violat			derride/Override	l	25]	owed.	N	8	7	у_	6		
				ll occupants involve				26 Seat		28 Airbag	29 Airbag Ej	30 31 ect Trap	32 Injury	33 Transp		\dashv
	Name (Last Fire	st Middle) Non-Motorist		Addr See Abo		Age/DOB	Sex	Pos.	System	Status 4	Switch C	Code Code	Status 10	Code 1	Medical Faci	ity
				Sec Abo	,,,		3.4	4								\dashv
	SMAL, LUKAS	•					M	4	1	4	1 0	0	10	1		\dashv
S	SMAL, NIAME	I					F	97	99	4	1 0	0	10	1		



On November 21, 2021, at 17:07 hours Officer Helms and I, Officer Joyce, were dispatched to a report of a motor vehicle crash in the Trader Joe's parking lot at 1121 Washington St.

When I arrived on scene I was approached by a male, later identified as Edward Plotkin, he stated he had struck the parked car but the female in MV2, later identified as Anneline Smal, would not exchange papers.

When I spoke to Smal, she stated she was scared of Plotkin and wanted to wait for the police to come file an accident report.

Officers Hyde and March arrived on scene and spoke with a witness later identified as Yona Kravets.

There was slight damage to the front right bumper of MV1, Plotkin stated that it was old damage. There was no visible damage on MV2.

(Continued on next page)

Witnesses:					
Name (Last, First, Middle)	Address			Phone #	Statement
KRAVETS, YONA,	24 REBEONEWTO	CCA RD N,MA 02465		*****	Y
Property Damage:					
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damage	ed Property
Truck and Bus Information: Carrier Name	Registration #	`	icle Section)	Carrier Issuin	ng Authority Code
Address		City		St	Zip
US DOT #:	_ State Number	Issuing State	ICC #:_		Interstate 36
Cargo Body Type Code 37 Gr	oss Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg Sta	te Reg Year	Tr		
Hazmat Information:					
Placard 40 Material 1 digit	# Material Name		_ Material 4	digit #	Release code 42

-	Direction 1 =	Vehicle 1	2_≢Vehicle 2	Pedestrian		
Crash Diagram:	ie: → 1	→ □	2 →	▶ ♀		
					If Crash Did Not on a Public Way: Off-Street Parkin Garage Mall/Shopping C Other Private Wa Indicate North by A	g Lot enter
Crash Narrative:						
No tows were required and	no injuries were	reported				
		reported.				
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Desc	ription of Damaged Property	
Owner (Easy First, Middle)	7 Address		THORE #	31 Type Best	inputor of burnagea respectly	
T 1 10 16 4						
Truck and Bus Information:	Registration #		(From Vel	hicle Section)		35
Carrier Name					Carrier Issuing Authority Cod	de
Address			City		St Zip	
US DOT#:	State Number		Issuing State	ICC#:	Interstate	36
37		38				
Cargo Body Type Code Gr	oss Vehicle Weight				39	
Trailer Reg #:	Reg Type	_ Reg State	Reg Year_	Trailer L	ength	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material Nam	ie		Material 4 digit #	Release code	42
KEVIN JOYCE				TON POLICE DEPARTA	11/21/2	
Police Officer Name (Please Print)	Signature		ID/Badge # De	partment	Precinct/Barracks Dat	e

CDP1 11 ·24·00