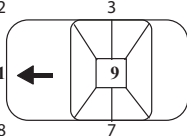
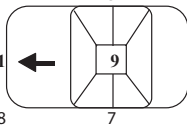


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/23/2022		Time of Crash 12:49 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				NORTH 1369 WASHINGTON STREET								2	
				Route# Direction Address # Name of Roadway/Street								10	
				Feet N S E W of _____ Mile Marker _____ Exit Number _____								11	
				Feet X S E W of ELM STREET Route# Intersecting Roadway/Street Feet N S E W of ELM STREET Landmark								2	
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000171					12
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company COMMERCE				Reg # 8HH159 Reg Type PAN Reg State MA Veh Year 2018 Veh Make TOYOTA Veh Config. 2 20 Owner BHOL KUMAR RAKESH Address 114 (apt. 1) CENTRAL STREET City WALTHAM State MA Zip 02453 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								13	
Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												2	
Please fill out for operator and all occupants involved												13	
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												2	
Operator See Above													
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												13	
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator NORTH JENNIFER L Address 302 WEBSTER STREET City NEWTON State MA Zip 02466 Insurance Company SAFETY				Reg # 2XR747 Reg Type PAN Reg State MA Veh Year 2015 Veh Make JEEP Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 5 24 24 Underride/Override 25 Towed N								13	
Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) 306989AB Violation 1: Ch 90/10/A Sec _____ Violation 2: Ch 19/75 Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												2	
Please fill out for operator and all occupants involved												13	
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    → Pedestrian

**Crash Diagram:**

Elm Street

Unit 1

Unit 2

1369 Washington Street

Washington Street

**NOT TO SCALE**

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 Wednesday, February 23, 2022, while assigned to Traffic unit N525, I responded to the intersection of Washington Street and Elm Street, Newton with N492 for a report of a minor motor vehicle crash. Washington Street and Elm Street are both public ways maintained by the City of Newton. The weather at the time of the crash was clear and sunny. The road surface at the time of the crash was dry.

I spoke with the operator of MV1, Mr. Kumar Bhol (S19441804). Mr. Bhol stated his vehicle (2018 Toyota Rav-4 (MA: 8HH159) was parked unoccupied on Elm Street next to the Village Bank in a metered spot. Mr. Bhol stated when he returned to his vehicle after leaving the gym, he observed another vehicle illegally parked behind his vehicle with it's front bumper very close to the rear of his vehicle. Mr. Bhol stated he observed minor fresh damage to the bumper area of his vehicle at this time.

(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

**MICHAEL R GAUDET**      NEWTON POLICE DEPT      02/23/2022

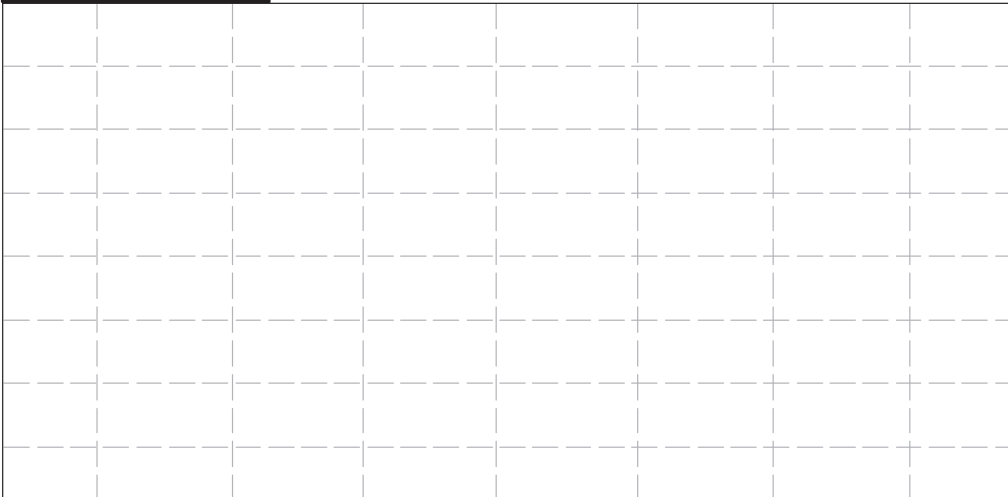
Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24:00

→ 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:

Mr. Bhol stated the owner of MV2 returned to her vehicle at this time and he attempted to exchange information with her. Mr. Bhol stated the owner did not want to exchange information and attempted to leave the area. Mr. Bhol stated he positioned himself in front of her vehicle in the roadway as it was leaving to prevent MV2 from leaving. Mr. Bhol stated at this time MV2 made light contact with his knee. Mr. Bhol stated he has no injuries as a result of the contact.

Mr. Bhol declined my request to have him evaluated by Newton Medics. Mr. Bhol was also advised to not position himself in front of a moving vehicle to try and stop them from leaving the area. I observed very minor damage to the rear bumper area of MV1. It is inconclusive if the damage is fresh from this crash. I did observe obvious old damage to a sensor on the rear bumper of MV2 with black tape over it.

(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 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

MICHAEL R GAUDET

NEWTON POLICE DEPART

02/23/2022

Police Officer Name (Please Print)

Signature

ID/Badge #


Department

Precinct/Barracks

Date

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:    ie: → 1    → 2    →

	If Crash <u>Did Not</u> Occur on a Public Way:	
	<input type="checkbox"/> Off-Street Parking Lot	
	<input type="checkbox"/> Garage	
	<input type="checkbox"/> Mall/Shopping Center	
	<input type="checkbox"/> Other Private Way	
	Indicate North by Arrow	
		

Crash Narrative:

I spoke with the operator of MV2, Ms. Jennifer North (S41819258). Ms. North stated she parked her 2015 Jeep Grand Cherokee (MA: 2XR747) behind MV1 on Elm Street in what she thought was a legal parking space. Ms. North stated when she returned to her vehicle, the owner of MV1 alleged the damage on his vehicle was caused by her. Ms. North stated she did not make contact with MV1 and attempted to leave the area. Ms. North stated Mr. Bhol would not let her leave so they contacted the Newton Police to assist. A query of Ms. North's license status showed it was expired/non renewable. I advised Ms. North of her license status and stated she could not drive her vehicle away from the area. Ms. North stated she understood and walked to her residence with her two dogs. Ms. North's vehicle was left legally parked in a metered parking spot on Elm Street. I observed no noticeable damage to the front bumper area of MV2. Ms.

(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

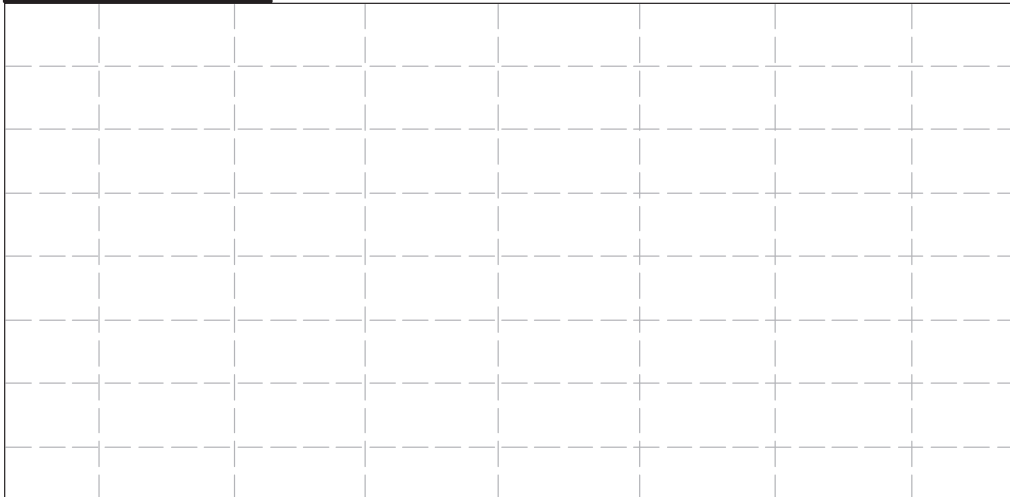
Hazmat Information:

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:

North report no injuries.

As a result of Ms. North's license status she was issued Massachusetts Uniform Citation 306986AB in hand for Chapter 90, Section 10 (Unlicensed Operation) and Newton City Ordinance Chapter 19, Section 75 (Fail to Use Care). It is unclear is the damage to MV1's rear bumper was caused by MV2.

#### 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

MICHAEL R GAUDET

NEWTON POLICE DEPART

02/23/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date