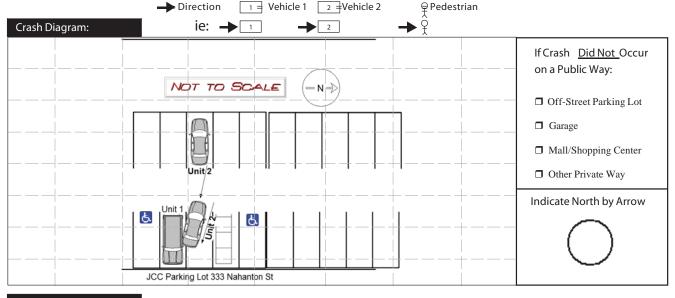
	Poli	ice Use Only		Commonwe	alth	of Massa	achus	etts			RMV	V Docun	nent Number	
	Date of Crash 01/31/2019	Time of Crash 10:39	City/Tow NEWTON	MIOTO		nicle Cra Report	l v	lumber ehicles	Number Injuree	d Latit	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	XI O
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						EAST	333		NAHA	NTON	ST			2
1 1	Route# Direc	tion	Name of I	Roadway/Street		Route# Direction	on Addr	ess #		Na	me of R	Roadway/	Street	
			A	t		Feet 1	N S E W	of -		•		or		2
	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of orExit Number								_
			Also at Interse	ection with		_	N S E W	J	Route	#I	Intersec	ting Road	lway/Street	-
2 1	Route# Direc		Name of Intercect	ing Roadway/Street		Feet [1	s K w	of	PARK	ING LO	T OF J	CC		3
3			I _	ing Roadway/Street							Lar	ndmark		\dashv
	X Vehicle 1	#Occupants	Hit/Run	☐ Moped Cas	e Number	r	1900	0000127						_
	License#	18 1	St	DOB/Age	_ Reg#	6HN995			_Reg T	ype_PAI	N	Reg		_
	Sex Lic.		Lic. Restrictions	CDL Endorsment	_ Veh Y	Year_2017	Veh M	lake_VC	DLVO			Veh Co	nfig. 20	
$\begin{bmatrix} 4 \\ 1 \end{bmatrix}$	Operator	Last	First	Middle		QIAN Las	t	WEI	First			Middle		- 1
						ess 9 CIBEL PAT	'H							-
	City		Stat	eZip	_ City_	NEWTON							Zip <u>02459</u>	-
	Insurance Com	pany GEICO			Vehic	ele Action Prior to		11 21		_		Code: (C	Circle Up to Thr	ee)
5	Vehicle Travel	Direction: N	S X W Respo	onding to Emergency?	Event	Sequence 2	22 22	22	22 2		3		4	.
	Citation # (If I	ssued)			Most	Harmful Event	2 23	24	24	—	9	$\left(\mid \cdot \mid \cdot \right)$	10 Undercarr 5 11 Totaled	nage
6	Violation	1: ChSec	Violation 2	2: ChSec	Drive	r Contributing Co		24	\				6	
⁶ 1	Violation 3: ChSec Violation 4: ChSec					Underride/Override Towed Y Towed								
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Pos.	6 27 Safety A System	28 Airbag Airl Status Swi	29 30 pag Eject tch Code	31 Trap Code	32 Injury Tra Status Co	nsp. de Medical Facil	ity 2
	Operator			See Above				-						
7 1	Please Select C of the Followi	I A Venicle	2 1_#Occupants	Non-Motorist A T	'ype	14 Action 1	5 Locatio		Conc	lition	17	X Hit	:/Run	oed
	License#St MA DOB/Age					Reg # 934HH4 Reg Type PAN Reg State MA					State_MA	_		
	Sex_F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					Veh Year 2010 Veh Make LEXUS Veh Config. 1								
8 4	Operator LEFMAN TANIA Endorsment					Owner (Same as operator) Last First Middle								_
T	Address 7 ARNOLD ROAD					Last First Middle Address							_	
	City WELLESLEY State MA Zip 02481					City State Zip							_	
	Insurance Company GEICO					Vehicle Action Prior to Crash 10 Damaged Area Code: (Circle Up to Three)							ee)	
	Vehicle Travel Direction: NSWW Responding to Emergency? E					Event Sequence 2 22 22 22 2 3 4								
	Citation # (If Issued)_T1441054					Most Harmful Event 2 23 10 Undercarriage 5 11 Totaled						riage		
	Violation 1: Ch_90/24/CSec Violation 2: ChSec					Driver Contributing Code 19 24 24								
	Violation 3: ChSec Violation 4: ChSec					Underride/Override Towed N								
	Pl Name (Last Fi		operator and all	occupants involved		Age/DOB	Sear Po:	6 27 Safety 2 S. System	28 2 Airbag Airl Status Sw	29 30 Eject ritch Cod	31 Trap e Code	Injury Tra	33 nsp. ode Medical Faci	lity
		Non-Motorist		See Above					4 99		0	5 1		
														-



Crash Narrative:

On 01/31/19 at 10:39 hours, I responded to the parking lot of the Jewish Community Center located at 333

Nahanton Street for a motor vehicle hit and run accident. The parking lot is accessible to the public and designed for vehicles to travel to and from the JCC.

Owner of M/V 1 states she was parked on the side of the handicapped parking stall thinking it was ok to park there. She then ran in to the JCC for approximately one minute and when she returned she observed her driver's side front door was struck. I observed significant damage to the door frame and the door would not close. The owner called for a private tow to remove the vehicle. The staff at the JCC stated that a Martha Bixby gave her number and stated that she observed a black colored car with MA reg. # 934HH4 strike M/V 1. I attempted to call the number and left a message. The listing for that plate comes back to a 2010 Lexus ES350

(Continued on next page)

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Witnesses:								
Name (Last, First, Middle)	Address		Phone	Phone #				
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property		
Truck and Bus Information: Registration #(From Vehicle Section) Carrier NameCarrier Issuing Authority Code								
Address City St Zip								
US DOT #:							36	
Cargo Body Type Code Gross Vehicle Weight 38 38								
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length								
Hazmat Information:								
Placard 40 Material 1 digit #	me	Material 4 digit # Release code				42		

Crash Diagram:	ie: → 1	2		₽Ŷ			
						If Crash <u>Did Not</u> on a Public Way:	Occur
		<u></u>				☐ Off-Street Parkin	ng Lot
						☐ Garage	
						☐ Mall/Shopping C	Center
			- — — — -		☐ Other Private Way		
			- — — 📙 -			Indicate North by A	
	_						
						()	
Crach Narrativo							
Crash Narrative:	showed the video	surveillanc	e from the JC	CC's camer	as and it	shows an older w	white
female exiting the lobby							
walks through the lot and	l enters a gray L	exus ES350.	The Lexus th	nen starts	backing o	ut of the spot.	The
Lexus then continues back	wards in to the	other side of	f the parking	; stalls a	nd strikes	M/V 1 on the dr	river's
side front door. The Lex	us then pulls fo	rward and lea	aves the scer	ne without	stopping	or providing her	r
information. As the Lexu	is is leaving, yo	u can see the	ere is a dent	to the d	river's si	de rear bumper.	The
video is not clear enough	to see the plat	e on the Lex	us or clearly	see the	operator's	face.	
After, I located a number	for the owner o	f the Lexus !	M/V 2 (Tania	Lefman).	I spoke t	o Lefman on the	
phone and she stated that	: she was backing	out of the	JCC parking	lot at th	at time an	d felt a tiny bu	imp to
(Continued	on next page)						
Witnesses:		+					
Name (Last, First, Middle)		Address				hone #	Statement
Property Damage:	ı						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	Damaged Property	
Truck and Bus Information:	Registration #		(From Ve	ehicle Section)			25
Carrier Name					Carr	rier Issuing Authority Co	ide 35
Address			City		St_	Zip	
US DOT #:	State Number		_ Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38			_		
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	ailer Length	39	
Hazmat Information:							
Placard 40 Material 1 digi	t # 41 Material Na						42

1 = Vehicle 1 2 = Vehicle 2

 $\underset{T}{\rightleftharpoons} Pedestrian$

Direction

Crash Diagram: ie:	-	→ Direction 1 =	Vehicle 1 2	≠Vehicle 2	₽Pedestrian		
If Crash Did Not Occur on a Public Way:	Crash Diagram:	ie: → 1	2		→Ŷ		
Crash Narrative: har rear end. She says that she could not stop in time due to the icy parking lot and then left the area thinking that nothing was wrong, it was only minor. I advised her there was significant damage to the other car. She was issued and mailed MA Uniform Citation T1441054 for Ch. 90/24/C Leaving the scene of property damage. Witnesses: Name (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truckand Bus information: Carrier Name Carrier Name Carrier Name Carrier Name Carrier Name Carrier Sating Authority Code St. Zap US DOT #: State Number Issuing State ICC #: Interstate Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Trailer Reg #: Reg Type Reg State Reg Year Trailer Length							Occur
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Trailer Reg #: Reg Type Reg State Reg Year Trailer Length	Cargo Body Type Code 37 Gr	oss Vehicle Weight	38			20	
Harman Informacións	Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length	
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WEDD DVI 14TH CO.)	TEDES OVE SALL COSS		05005				1010
JEREMY L WILSON 25227 NEWTON POLICE DEPARTS 01/31/2019 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date	JEKEMY L WILSON						