

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/31/2019		Time of Crash 10:39 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 10 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 _____				EAST 333 NAHANTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet N S E W of _____ Mile Marker _____ Exit Number _____ ____ Feet N S E W of _____ ____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ PARKING LOT OF JCC Landmark _____								2	10
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____													
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													11
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													3
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000127					
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company GEICO				Reg # 6HN995 Reg Type PAN Reg State MA Veh Year 2017 Veh Make VOLVO Veh Config. 2 20 Owner QIAN WEI Address 9 CIBEL PATH City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 3 4 Most Harmful Event 2 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y								12	
Vehicle Travel Direction: N S X W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator LEFMAN TANIA Address 7 ARNOLD ROAD City WELLESLEY State MA Zip 02481 Insurance Company GEICO				Reg # 934HH4 Reg Type PAN Reg State MA Veh Year 2010 Veh Make LEXUS Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 3 4 Most Harmful Event 2 23 10 Undercarriage Driver Contributing Code 19 24 24 5 11 Totaled Underride/Override 25 Towed N								13	
Vehicle Travel Direction: N S X W Responding to Emergency? _____ Citation # (If Issued) T1441054 Violation 1: Ch 90/24/C Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
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

JCC Parking Lot 333 Nahanton St

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)

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

JEREMY L WILSON	25227	NEWTON POLICE DEPART	01/31/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24-00

→ 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:

color gray. I was then showed the video surveillance from the JCC's cameras and it shows an older white female exiting the lobby wearing a winter hat and carrying a bag with purple flower designs on it. She then walks through the lot and enters a gray Lexus ES350. The Lexus then starts backing out of the spot. The Lexus then continues backwards in to the other side of the parking stalls and strikes M/V 1 on the driver's side front door. The Lexus then pulls forward and leaves the scene without stopping or providing her information. As the Lexus is leaving, you can see there is a dent to the driver's side rear bumper. The video is not clear enough to see the plate on the Lexus or clearly see the operator's face. After, I located a number for the owner of the Lexus M/V 2 (Tania Lefman). I spoke to Lefman on the phone and she stated that she was backing out of the JCC parking lot at that time and felt a tiny bump to

(Continued on next page)

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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

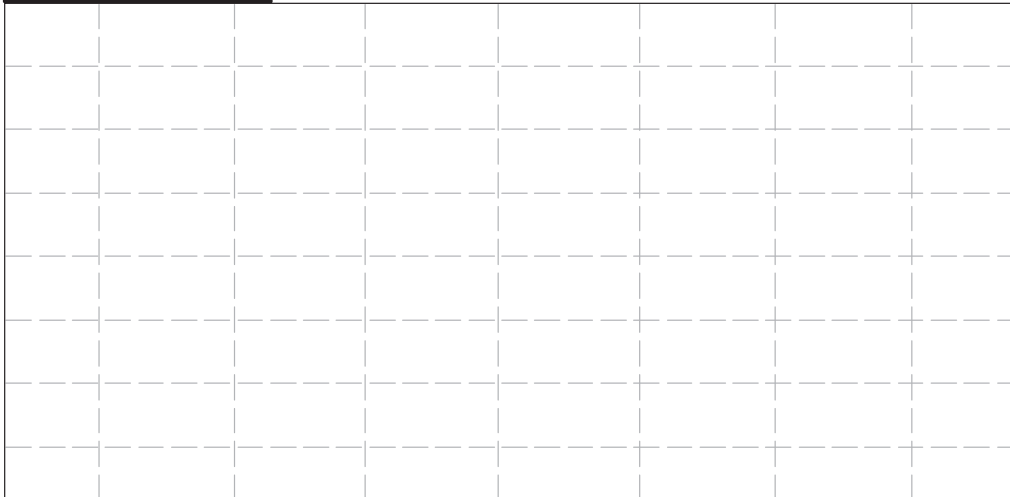
Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

her 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 #	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

JEREMY L WILSON

25227

NEWTON POLICE DEPART

01/31/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date