

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 09/17/2019	Time of Crash 15:25 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 0 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 141 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11 99				
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000957		
License # --- St MA DOB/Age ---			Reg # CI424A Reg Type PAS Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL ---			Veh Year 2017 Veh Make VOLVO Veh Config. 4 20		
Operator ORTIZ-NADER LILLIAN M			Owner NADER ALEXANDRE K			Address 83 POPPLE BOTTOM RD			City SANDWICH State MA Zip 02563		
Insurance Company GEICO			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 99 22 22 22 22 2		
Vehicle Travel Direction: N S E W Responding to Emergency? N			Most Harmful Event 99 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
Citation # (If Issued)			Violation 1: Ch ___ Sec ___ Violation 2: Ch ___ Sec ___			Violation 3: Ch ___ Sec ___ Violation 4: Ch ___ Sec ___			10 Undercarriage 5 11 Totaled		
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 --- --- 99 4 4 0 0 10 1			13 99		
Please Select One of the Following:			<input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # --- St DOB/Age ---			Reg # --- Reg Type --- Reg State ---			Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL ---			Veh Year --- Veh Make --- Veh Config. 20		
Operator ---			Owner ---			Address ---			City --- State --- Zip ---		
Insurance Company ---			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 22 22 22 22 2		
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

141 Needham 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 Tuesday 9/17/19 at approximately 1525 hours I was dispatched to the parking lot in front of Sierra Trading Post (141 Needham Street #50) for a report of a past hit and run.

Upon arrival I spoke with Lillian ORTIZ-NADER who states that at approximately 2pm she parked her car in a parking space. She came back to her car at 3:25pm and noticed scratches to the drivers side rear fender, rear door and front door. She states that none of this damage was there before she parked the vehicle.

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

ALAN JR RICHARD SOLOMAN.

NEWTON POLICE DEPT.

09/17/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date