

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 09/19/2019	Time of Crash 16:07 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
NORTH CENTRE											
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At			Feet N S E W of _____ or _____				Exit Number				
SOUTH WALNUT ST											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Route# Intersecting Roadway/Street				
Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Landmark				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000961		
License # --- St MA DOB/Age ---			Reg # 1FSK61 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 12 Veh Make HONDA Veh Config. 1 20								
Operator WOLFE JONATHAN			Owner (Same as operator)								
Address 125 FOREST AVE			Address _____								
City HUDSON State MA Zip 01749			City _____ State _____ Zip _____								
Insurance Company GOVT EMPLOYEE INS			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			10 Undercarriage					
Citation # (If Issued) T2015325			Most Harmful Event 1 23			5 11 Totaled					
Violation 1: Ch 90/24 Sec Violation 2: Ch _____ Sec _____			Driver Contributing Code 5 24 24								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N								
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 99 4 0 0 10 1					
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 ---			Reg # 495DT4 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 14 Veh Make TOYOTA Veh Config. 1 20								
Operator RUI DORIS			Owner WONG LEO F								
Address 63 CARL ST			Address 63 CARL ST								
City NEWTON State MA Zip 02461			City NEWTON State MA Zip 02461								
Insurance Company PLYMOUTH ROCK ASSU			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event 1 23			5 11 Totaled					
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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			-----			1 1 4 0 0 10 1					

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Walnut St

Centre St

Unit 2

P.O.I.

Unit 1

Walnut St

Centre St

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 09/19/2019, while on patrol in marked cruiser 499, I, Officer Gamble was dispatched to 63 Carl St for a report of a hit and run. Upon arrival, I noticed damage to the left rear side of a blue Toyota in the driveway. The reporting party, Doris Rui, told me she was operating her husbands vehicle (Mass Reg # 495DT4 Toyt Rav4 Blue). Doris was driving north on Centre St at approximately 1500 hours. She stated the traffic light turned green and she started to travel through the intersection of Centre Street and Walnut Street. Both streets are public ways in the City of Newton. At this time she felt a vehicle crash into the rear of her Toyota. Doris pulled over to the side of the road on Centre St to exchange information and examine the damage. Doris stated The owner/operator of the other vehicle (later identified as Jonathan Wolfe) left the scene of the accident without leave any of his information. I placed a phone call to

(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

NICHOLAS JAMES GAMBLE

NEWTON POLICE DEPART

09/19/2019

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 Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

Wolfe's cell but he did not pick up his phone. Video Clips captured from Doris phone of the accident were uploaded to this report.

Vehicle 1 (Mass Reg # 1FSK61 Honda Civic) suffered major damage to front ride side of the vehicle.

Vehicle 2 (Mass Reg # 495DT4 Toyota Rav4) suffered major damage to the rear bumper of the vehicle. The operator of Vehicle 1 (Jonathan Wolfe) was charged with S90/S24 Leaving The Scene Of Property Damage (See Incident Report # 19039626). Both vehicles have insurance, and there were no injuries.

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Police Officer Name (Please Print)

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Date