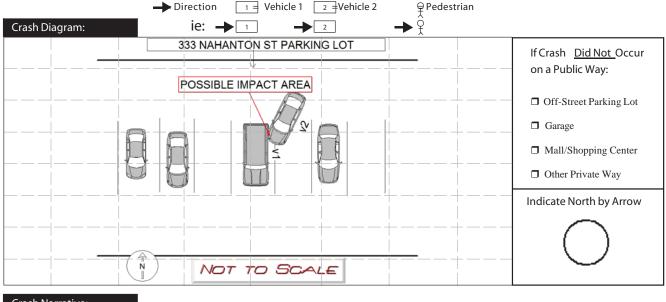
		ce Use Only		Common			_	setts	5					t Number	
	Date of Crash 01/09/2020	Time of Crash	City/To	own M		ehicle Cra	ish	Number Vehicles			peed Lim atitude _		- Sta	ate Police ocal Police BTA Police	X
L	01/09/2020	24HR				Report		2	0		ongitude		Ot	ther:	
L		AT INTER	RSECTION:	<	LOC	ATION	>		NO)T A	T INT	ERSI	ECTI	ON:	
						SOUTH	ı 333		NAH	ANTO	N ST				
1	Route# Direct	tion	Name of	f Roadway/Street		Route# Directi	on Add	lress #]	Name of I	Roadwa	ıy/Stre	et	_
+	At					Feet NSEW of or									
-	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of or Exit Number									
-	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street								_	
٦.						Feet [N S E	W of	reou	.011	intersec	Zillig Tee	,ua way	, Birocc	
4	Route# Direction Name of Intersecting Roadway/Street					Landmark									
	XVehicle1	0_#Occupants	X Hit/Run	Moped	Case Numb	er	20	00000037	7						
1	License#		St	DOB/Age	Res	362C90			Reg'	Type P	'AN	Re	eg State	e MA	
	Sex Lic. C	18 1	18	19	_	Year 2020								20	_
_				Endorsm	nent	ner MAGIER									
- 1		Last		Middle	Ado	dress 35 BRANDE	IS RD		First			Mide	dle		_
				ateZip		NEWTON CEN					State	MA	Zin (02459	-
		pany COMMER		2p		nicle Action Prior t			21				-	e Up to Thre	ee)
\dashv				ponding to Emergency		ent Sequence 2		22	22	2	3		4		
		ssued)		ponding to Emergene		st Harmful Event	23					A		10 Undercarri	iage
				n 2: ChSec		ver Contributing C		24	24	1 -	• 9	4	5	11 Totaled	
				n 4: ChSec		derride/Override	25	Towe	nd N	8	()	6		
+		fill out for opera		derride/Override		26 27 eat Safety		. 29	30 31 ject Trap	32 Injury	33 Fransp.				
-	Name (Last Firs			Addres		Age/DOB	Sex P	os. \$ystem	Airbag A Status S	witch C	30 Trap ode Code	Status	Code	Medical Facilit	ity
-	Operator			See Abov					+						
									+						
	Please Select O	IX Vahida	2 <u>1</u> #Occupan	nts Non-Motoris	st A Type	14 Action	15 Loca	tion	16 Co	ndition	17		Hit/Rui	п П Мор	ed
1	of the Followir	ng:			71		2004								
- 1	License # St MA DOB/Age St 18 18 19				Reg # UNK Reg Type UNK Reg State XX						XX 20	-			
	Sex Lic. Class 99 Lic. Restrictions 9 CDL				nent	Veh Year_UN Veh Make_UNK Veh Config. 97									
- 1	Operator UNKNOWN UNKNOWN Last First Middle					Owner (Same as operator) Last First Middle								-	
- 1	Address 123					Address								-	
	City UNK State MA Zip 02133					CityStateZip								-	
	Insurance Company UNKNOWN					Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three)								ee)	
	Vehicle Travel Direction: NSEW Responding to Emergency?N				zy? <u>N</u> Eve	Event Sequence 2 22 22 22 22 2 3 4 10 Undercarriage									
Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec					Most Harmful Event 2 5 11 Totaled							nage			
				on 2: ChSec				99 24 24							
	Violation 3: ChSecViolation 4: ChSec					derride/Override	25	Towe	<u> </u>	8	/		6		
	Ple Name (Last Fir		operator and al	l occupants involved		Age/DOB		26 27 eat Safety Pos. System	28 Airbag A m Status S	29 irbag E Switch	30 31 Ject Trap Code Code	32 Injury 1 Status	Transp. Code	Medical Facil	lity
		Non-Motorist		See Abov				99			9 99	99	99	1 4011	
T						1	1 1		1 1			1			



Crash Narrative:

On January 9, 2020 at apprrox. 1430 hours I responded to the parking lot of 333 Nahanton St " JCC greater
Boston" for a report of a past hit/run. Upon arrival I met with the RP Mr. Eugene Magier d.o.b. 7-7-61 35
Brandeis RD Newton MA 02459. He stated he parked his vehicle in the parking lot of 333 Nahanton St JCC
building at approx. 0930 hours. He stated he returned to his vehicle at approx. 1030 there was a vehicle next to him parked too close so he went through the passenger door to get into his vehicle. He stated when he went to his next destination, he exited his vehicle and observed the damage.

I observed the damage to the driver side rear near the wheel well to the pass door.

He also stated he went back to the parking lot where he parked and found a blinker light next to where he parked and the color of the blinker light matched the partial color of the damage to his vehicle. The blinker

(Continued o	n next page)						
Witnesses:							
Name (Last, First, Middle)	P	Address			Phoi	ne #	Statement
Property Damage:	T		1		ı		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Da	maged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			25
Truck and Bus Information: Carrier Name			(From Vehic	ŕ	Carrier	Issuing Authority Cod	35 le
			,				le
Carrier Name			City		St	Zip	le
Carrier NameAddressUS DOT #:	State Number		City		St	Zip	de
Carrier NameAddressUS DOT #:	State Number		City		St	Zip Interstate	de
Carrier NameAddressUS DOT #:	State Number	8	City Issuing State	ICC#:_	St	Zip	de
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Gros	State Number	8	City Issuing State	ICC#:_	St	Zip Interstate	de
Carrier NameAddressUS DOT #:Cargo Body Type Code	State Number	8 Reg State	City Issuing State	ICC #:_ Tr	Stailer Length	Zip Interstate	de

_	Direction 1	ı ≡ Vehicle 1 2	_ Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: → 🗆	2	■ →	₽			
						If Crash <u>Did Not</u> On a Public Way:	Occur
	i			i		☐ Off-Street Parking	Lot
							, 201
	 					☐ Garage	
						☐ Mall/Shopping Ce	enter
			į			☐ Other Private Way	7
						Indicate North by A	rrow
	- 		 -	 		\bigcirc	
Crash Narrative:							
had "Toyota" on it and the	following par	tial numbers	"KOITO - 48-5	SAE EAP2	96"		
I canvassed the area and o	bserved camera	in the possi	ble area of th	e crash.	I went to	the JCC and met	with
Director of facilities Bri	an Morris 617-	558-6552.					
We observed some video in	that area that	may be visib	le if the vehi	cle goes	against 1	the building to pa	ark. Mr.
Morris is going to watch t	the video to se	e if there is	a vehicle wit	hin the	time frame	and can observe	the
crash. He will contact NPI	of his findin	igs.					
I advised the owner of the	process. I th	en left witho	ut further inc	ident.			
Witnesses:							
Name (Last, First, Middle)		Address				Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	f Damaged Property	
Owner (Last, Flist, Middle)	Address		riiolie #	34-1ype	Description	Damaged Froperty	
Truck and Bus Information:	Registration #		(From Veh	icle Section)			35
Carrier Name					Car	rier Issuing Authority Cod	
Address			City		St	Zip	
US DOT#:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38					
Trailer Reg #:		Pag Stata	Pag Vage	Teo	oilar I anath	39	
Hazmat Information:	reg rype	reg state	Reg I ear	173	ancı Lengin		
Placard 40 Material 1 digit	# 41 Material N	Name		Material 4 o	ligit #	Release code	42
		13963		ON POLICE DEPARTS		01/09/20	200

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)