

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 06/14/2022		Time of Crash 13:11 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 5 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 1280 CENTRE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								2		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								10		
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								11		
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000525					2	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company LIBERTY MUTUAL				Reg # 9663NF Reg Type PAN Reg State MA Veh Year 2008 Veh Make HONDA Veh Config. 2 20 Owner KAGAN TATYANA LEONIDOVNA Address 8 WILLIAMS RD City ASHLAND State MA Zip 01721 Vehicle Action Prior to Crash 11 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								7		
Vehicle Travel Direction: N S <input checked="" type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				10 Undercarriage 11 Totaled								12		
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								13		
Operator See Above												2		
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		1
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator MAI SONG Address 9 THANE ST City DORCHESTER State MA Zip 02124 Insurance Company SAFECO INS COMPANY OF AMERICA Vehicle Travel Direction: N <input checked="" type="checkbox"/> E W Responding to Emergency? N Citation # (If Issued) T2015014 Violation 1: Ch 90/24/C Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # 1ZLH43 Reg Type PAN Reg State MA Veh Year 2008 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 10 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 10 24 24 Underride/Override 25 Towed N								8		
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								13		
Operator/Non-Motorist See Above				99 4 99 0 0 10 1										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

1280 CENTRE ST

WITNESS

PARKING LOT

Unit 1

Unit 2

WITNESS

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 6/14/2022, at approx 1311hrs, while assigned to N496, I responded to the parking lot of 1280 Centre St in Newton for a MVA hit&run with a parked vehicle. There I observed fresh damage to the rear bumper of MV1.

The owner of MV1 was notified of the accident and was given a report number.

I was unable to locate the owner of MV2, Song Mai.

Mai was cited for leaving the scene of property damage. MA citation number T2015014 was mailed to the address listed on Mai's registration.

It should be noted that Mai has an extensive drivers history including leaving the scene of property damage.

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
LEE, JANET,	153 KOTLICK ST STOUGHTON, MA	-----	Y
KAPLAN, MARJORIE,	1280 CENTRE ST NEWTON, MA 02459	-----	Y

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

KEVIN DURICKAS NEWTON POLICE DEPT 06/14/2022

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00