

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 06/09/2022	Time of Crash 14:05 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 808 BEACON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000604		
License # _____ St MA DOB/Age _____			Reg # 6RK464 Reg Type PAN Reg State MA			Veh Year 2013 Veh Make LEXUS Veh Config. 2			Operator LEVIN JILL A		
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2013 Veh Make LEXUS Veh Config. 2			Owner (Same as operator)			Address _____		
Operator LEVIN JILL A			Address _____			City _____ State MA Zip 02494			Vehicle Action Prior to Crash 1 21		
Insurance Company ARBELLA MUTUAL INSURANCE			Event Sequence 3 22 22 22 22			Damaged Area Code: (Circle Up to Three)			10 Undercarriage		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 3 23			Driver Contributing Code 19 24 19 24			5 11 Totaled		
Citation # (If Issued) 507419AB			Underride/Override 25 Towed N			Towed N			13		
Violation 1: Ch 89/11 Sec _____ Violation 2: 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 See Above		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Operator			See Above			1		
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 1 14			Action 1 15			Location 3 16		
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____			Veh Year _____ Veh Make _____ Veh Config. 20			Condition 1 17		
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. 20			Owner _____			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
Operator JONES THOMAS			Address _____			City _____ State MA Zip 02468			Vehicle Action Prior to Crash 21		
Insurance Company _____			Event Sequence 22 22 22 22			Damaged Area Code: (Circle Up to Three)			10 Undercarriage		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Most Harmful Event 23			Driver Contributing Code 24 24			5 11 Totaled		
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Operator/Non-Motorist			See Above			8 1		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 → Pedestrian

BANK OF AMERICA 808 BEACON ST

808 BEACON ST

Unit 1

P.O.I.

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

On 07/07/22 at 11:44 hours, I (Traffic Unit # 523) responded to 68 Wyman Street Apt. # 5 for a past motor vehicle crash involving a pedestrian that occurred on 06/09/22 at 808 Beacon Street. This area of Beacon Street is a public way maintained and owned by the City of Newton. The weather at the time was 81 degrees and partly cloudy (wunderground.com). The road conditions at the time were dry.

On arrival, I spoke to the pedestrian involved in the crash identified as Thomas Jones. He stated the crash took place on 06/09/22 approximately between the hours of 14:05 and 14:10. He further stated that this occurred at 808 Beacon Street while he was crossing Beacon Street near the Bank of America. He says that he pushed the button to activate the crosswalk yellow flashing signal lights. It should be noted that I am familiar with this location and it does have a marked crosswalk on both sides of 808 Beacon Street with

(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 07/07/2022

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

CDP1 11 -24:00

→ 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



Crash Narrative:

yellow flashing signals that can be activated. Once activated, he says a vehicle traveling eastbound on Beacon Street stopped for him. He then entered the crosswalk from the eastbound side of Beacon Street going across the street with his walking cane. He kept walking in to the westbound travel lane of Beacon Street when he was suddenly struck by a motor vehicle. Thomas could not provide what type or color of the vehicle. As a result, Thomas fell forward and was knocked down to the ground on both hands and knees. He also says that his right cheek and eyeglasses struck the pavement which damaged the lens to his glasses. He sustained a bruised (black and blue) right eye. He says approximately seven days later he started having neck pain to which he has been receiving medical attention for. He also states an upper right side tooth implant fell out of his mouth. After the crash, he states he was helped up by two unknown bystanders. An elderly

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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

07/07/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



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Indicate North by Arrow



Crash Narrative:

white female who was operating the vehicle that struck him approached him. Thomas says that the female told him that she did not see him crossing the street as she was looking down and not up at the time. She provided him with her name of Jill Levin and her telephone number before leaving. Thomas states he was wearing gray colored khaki pants, sneakers, and a light blue t-shirt at the time of the crash. Next, I attempted to call the number for Jill Levin and left her a message to call me back. At approximately 14:45 hours on this date, Ms. Levin came in to NPD Headquarters and spoke to me. I asked her if she was involved in a accident during the month of June. She stated that there was an incident on a Thursday approximately three weeks ago in June of 2022 at approximately 14:30 hours. She says she was driving her 2013 Lexus 450RX color gray bearing MA reg. # 6RK464 westbound on Beacon Street near address number 808. She saw

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Carrier Name _____ Carrier Issuing Authority Code 35

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US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

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Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

JEREMY L WILSON

25227

NEWTON POLICE DEPART

07/07/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

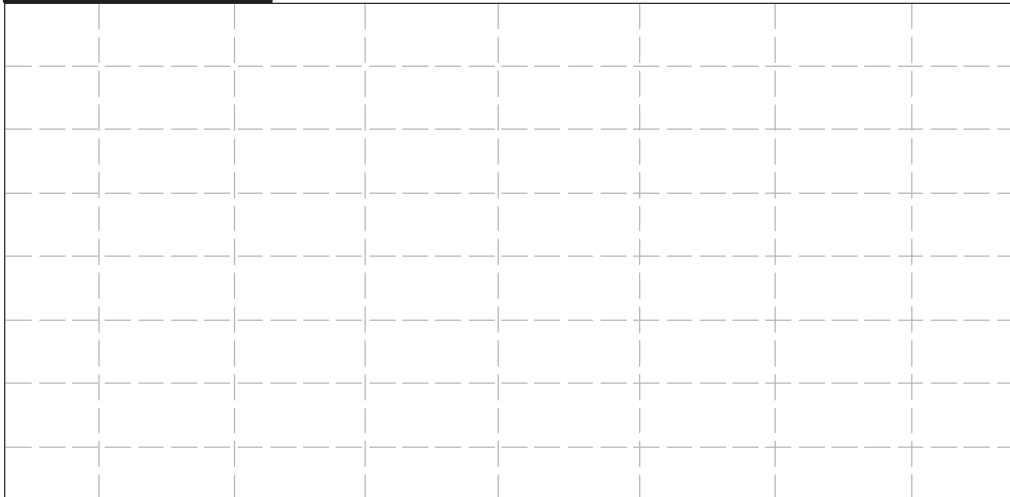
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

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Crash Diagram:



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- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

an older male crossing in the crosswalk and she says that she stopped for him. The male then suddenly fell down in front of her car. She states that she never struck him with her vehicle. She then got of her vehicle and asked him if he needed any assistance to which he replied that he was fine and did not need anything. He provided his name to her. She then provided her name and phone number on a piece of paper. I asked Ms. Levin why she would provide her information to Mr. Jones if no accident occurred. She replied that it was the right thing to do as far as checking on him and seeing if he needed any assistance. I then inquired why Mr. Jones would alledge that she stated to him on scene that you did not see him crossing the street. Also, that you were looking down and not up. Ms. Levin denied ever stating this to Jones. I then went outside and looked at her Lexus 450RX to check for any damage to the front end of the vehicle. I

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JEREMY L WILSON

25227

NEWTON POLICE DEPART

07/07/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

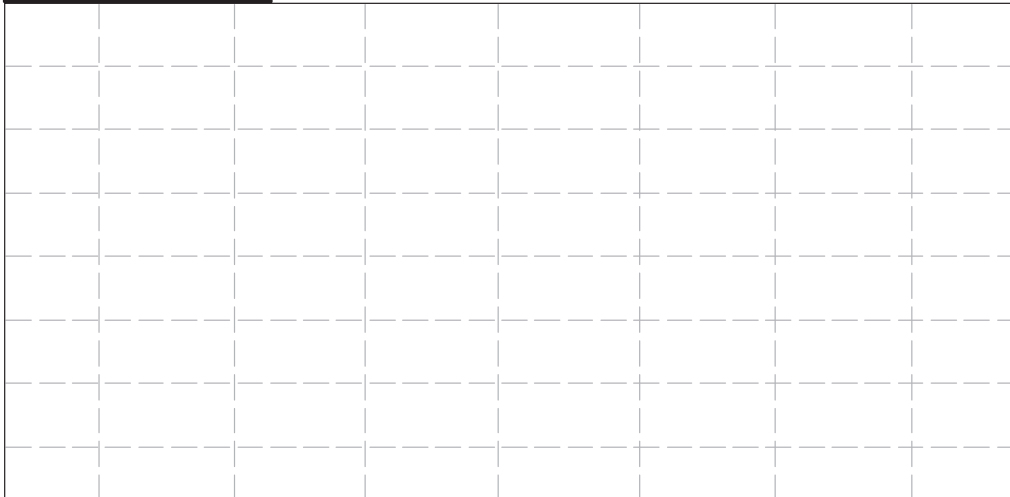
Department

Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian
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Crash Diagram:



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☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

observed two small scratches to the passenger side front bumper which appear unrelated. The marks were indicative of white paint transfer from having contact with another vehicle. Ms. Levin did not know where the marks came from. I advised her that I would investigate this further and check to see if there is surveillance footage from the Bank of America or other source.

After, I attempted to call Bank of America and could not reach anyone there. I will check the area and go to the bank on 07/08/22 during my next shift.

On 07/08/22 at approximately 09:10 hours, I went up to 808 Beacon Street and observed no other surveillance cameras in the area. I went in to the Bank of America and spoke to the branch manager. He showed me the multiple camera angles they have, but none show out in to Beacon Street.

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NEWTON POLICE DEPART

07/07/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Crash Narrative:

As a result of this investigation and the statements made by both parties, I believe that Mr. Jones was struck by Ms. Levin's vehicle. The fact that Ms. Levin got out of her vehicle to check on Jones and provide her information to him even though she claims no accident took place is highly unlikely. Therefore, I am issuing Ms. Levin MA Uniform Citation # 507419AB for Chapter 89/11 Crosswalk Violation. The citation was mailed out on 07/08/22. I spoke to Ms. Levin on the phone explaining a citation was issued and mailed to her.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

JEREMY L WILSON		25227	NEWTON POLICE DEPT		07/07/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					