

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/09/2019		Time of Crash 16:10 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 35 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	
COMMONWEALTH AVE												2	
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10	
LEXINGTON ST						Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street				Also at Intersection with		Feet N S E W of _____ Route# Intersecting Roadway/Street						11	
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of _____ Landmark						2	
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000475							
License # --- St MA DOB/Age ---				Reg # 6B5631 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2006 Veh Make SUBURU Veh Config. 1 20									
Operator HAMILTON SARAH				Owner SANDBERG EILEEN								12	
Address 414 WALTHAM ST				Address 414 WALTHAM ST									
City NEWTON State MA Zip 02465				City NEWTON State MA Zip 02465									
Insurance Company QUINCY MUTUAL				Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E W Responding to Emergency? _____				Event Sequence 1 22 22 22 22		2 3 4							
Citation # (If Issued) _____				Most Harmful Event 1 23		10 Undercarriage							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		11 Totaled							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N		8 7 6							
Please fill out for operator and all occupants involved												13	
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		1			
Operator See Above				-----		1 5 99 0 0 9 1							
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 ---				Address ---									
City --- State --- Zip ---				City --- State --- Zip ---									
Insurance Company ---				Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)							
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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				-----		-----							

**Crash Narrative:**

I responded to the area of Commonwealth Ave@Lexington st at approx 1610 hrs on 05/09/2019 for a report of a H&R/MVA. I arrived in the area and located Sarah Hamilton. Sarah informed me that she was on Comm. Ave (westbound) stopped attempting to turn left into the Dunkin Donuts parking lot. Sarah stated she was rear ended by a silver sedan operated by a female operator. Sarah spoke with the unidentified woman, who refused to exchange information. The woman returned to her vehicle and left the area. Sarah could not get the license plate, vehicle make /model.

Sarah Hamilton complained of neck pain. EMS responded to medically evaluate her. Sarah did not want to be transported to the hospital and signed a refusal/waiver with EMS.

The only damage I observed to V1 was paint scratches along the rear bumper. The rear bumper was intact free

(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

<b>Truck and Bus Information:</b>		Registration # _____ (From Vehicle Section)	
Carrier Name _____		Carrier Issuing Authority Code _____	<div>35</div>
Address _____		City _____	State _____ Zip _____
US DOT #: _____		State Number _____	Issuing State _____ ICC #: _____ Interstate _____
Cargo Body Type Code _____	<div>37</div>	Gross Vehicle Weight _____	<div>38</div>
Trailer Reg #: _____		Reg Type _____	Reg State _____ Reg Year _____ Trailer Length _____
Hazmat Information:			<div>39</div>
Placard _____	<div>40</div>	Material 1 digit # _____	<div>41</div>
Material Name _____		Material 4 digit # _____	Release code _____
			<div>42</div>

[illegible]

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

DANIEL S SULLIVAN			NEWTON POLICE DEPTA		05/09/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11-24-00					