Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
07/13/2019	17:19 24HR	NEWTON	1	0	10			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

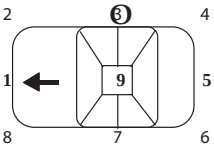
1 / 1 — Route# | Direction | Name of Roadway/Street
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
2 / 1 — Route# | Direction | Name of Intersecting Roadway/Street

2 / 9 — Route# NORTH | Direction | Address # 210 | Name of Roadway/Street NAHANTON ST
2 / 10 — _____ Feet [N S E W] of Mile Marker ___ ___ ___ • ___ or Exit Number _____
_____ Feet [N S E W] of Route# _____ Intersecting Roadway/Street
3 / 11 — _____ Feet [N S E W] of Landmark _____

3 — ☒ Vehicle1 1 #Occupants | ☒ Hit/Run | ☐ Moped | Case Number 1900000726

License # --- St MA DOB/Age -- -- ----
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment
4 / 1 — Operator NAMUTEBI (Last) RACHAEL (First) (Middle)
Address 642 WEST STREET
City WEST WRENTHAM State MA Zip 02093
Insurance Company VERMONT MUTUAL
5 — Vehicle Travel Direction: [N S E W] Responding to Emergency?____
Citation # (If Issued)_____
Violation 1: Ch_____Sec_____ Violation 2: Ch_____Sec_____
6 / 1 — Violation 3: Ch_____Sec_____ Violation 4: Ch_____Sec_____

Reg # 4MNL50 Reg Type PAN Reg State MA
Veh Year 2011 Veh Make MERCEDES Veh Config. 1 20
7 / 12 — Owner (Same as operator) (Last) (First) (Middle)
Address _____
City _____ State_____ Zip _____
Vehicle Action Prior to Crash 11 21
Event Sequence 1 22 22 22 22 22
Most Harmful Event 1 23
Driver Contributing Code 1 24 24
Underride/Override 25 Towed N
Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

Please fill out for operator and all occupants involved

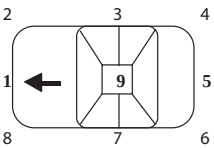
Name (Last First Middle)	Address	Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	--------	---	---	99	4	4	0	0	10	1	

1 / 13

7 / 1 — Please Select One of the Following: ☐ Vehicle ___# Occupants | ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 | ☐ Hit/Run | ☐ Moped

License # _____ St _____ DOB/Age _____
Sex____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsment
8 / 99 — Operator _____ (Last) (First) (Middle)
Address _____
City _____ State_____ Zip _____
Insurance Company_____
Vehicle Travel Direction: [N S E W] Responding to Emergency?____
Citation # (If Issued)_____
Violation 1: Ch_____Sec_____ Violation 2: Ch_____Sec_____
Violation 3: Ch_____Sec_____ Violation 4: Ch_____Sec_____

Reg # _____ Reg Type_____ Reg State_____
Veh Year_____ Veh Make_____ Veh Config. 20
Owner _____ (Last) (First) (Middle)
Address _____
City _____ State_____ Zip _____
Vehicle Action Prior to Crash 21
Event Sequence 22 22 22 22 22
Most Harmful Event 23
Driver Contributing Code 24 24
Underride/Override 25 Towed ____
Damaged Area Code: (Circle Up to Three)



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Operator/Non-Motorist	See Above	--------	---	---								

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:

On Saturday 7/13/19 at approximately 1719 hours I was dispatched to the parking lot of 210 Nahanton Street for a report of a past hit and run.

Upon arrival I spoke to the operator, Rachel Namutebi, who states that she parked her car at 3pm on 7/10/19 and when she came out on 7/11/19 at 11am she noticed that the passengers side door had been struck by another vehicle causing damage to her car. She states she spoke with building security and they stated that the video surveillance does not video that part of the parking lot.

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 [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]

ALAN JR RICHARD SOLOMAN.			NEWTON POLICE DEPARTM		07/15/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 ·24·00