

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/17/2021		Time of Crash 20:52 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 25 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	
EAST COMMONWEALTH AVE										2			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						10			
At				Feet N S E W of _____ or _____ Mile Marker Exit Number									
NORTH WALNUT ST													
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____						11			
Also at Intersection with				Route# Intersecting Roadway/Street						5			
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000612							
License # --- St MA DOB/Age ---				Reg # 8YZ446 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2015 Veh Make HONDA Veh Config. 1 20									
Operator MATTEODO SARAH				Owner (Same as operator)								12	
Address 116 TREMONT ST				Address _____									
City BRIGHTON State MA Zip 02135				City _____ State _____ Zip _____									
Insurance Company LM GENERAL INSURANCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 10 22 22 22 22				2 3 4					
Citation # (If Issued) _____				Most Harmful Event 10 23				1 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				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												10	
Operator See Above				---									
OKAMOTO, BRITTANY 116 TREMONT ST BRIGHTON, MA				F 3 1 4 99 0 0 10 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)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence 22 22 22 22				2 3 4					
Citation # (If Issued) _____				Most Harmful Event 23				1 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed _____				6					
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				-----									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Commonwealth Ave

Walnut St

NOT TO SCALE

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:**

Operator of MV1 came to the Newton Police Station 8/17/21 at 2050 hrs to report a past hit and run that occurred an hour ago at 1950 hrs. Operator of MV1 stated they were heading Northbound on Walnut St. approaching Commonwealth Avenue. Operator of MV1 stated an unknown, dark colored SUV heading Southbound on Walnut St. sideswiped the left side of their vehicle. Operator of MV1 stated the unknown SUV continued driving Southbound and didn't stop.

Operator of MV1 was unable to identify or provide a plate number of the vehicle that struck them. There were no cameras in the area or witnesses.

MV1 sustained damage to the driver side mirror, the front driver side door, and rear driver side door. There were no injuries to report. Operator of MV1 stated they took pictures of the damage.

(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 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

JOHN MILDNER	NEWTON POLICE DEPT.	08/17/2021
Police Officer Name (Please Print)	Signature	ID/Badge #    Department    Precinct/Barracks    Date

[illegible]

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

JOHN MILDNER			NEWTON POLICE DEPT#73		08/17/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11-24-00					