

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 09/24/2019	Time of Crash 21:24 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 10 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 175 BOYLSTON ST				Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number				Feet N S E W of Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of				Landmark				
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000975		
License # --- St MA DOB/Age ---			Reg # 617VK9 Reg Type PAN Reg State MA			Veh Year 2011 Veh Make FORD Veh Config. 1 20			Operator KINNON HALEY		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Owner KINNON CYNTHIA			Address 9 MUNRO CIR			City TEWKSBURY State MA Zip 01876		
Insurance Company VERMONT MUTUAL INS			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2 3 4		
Vehicle Travel Direction: X S E W Responding to Emergency? N			Most Harmful Event 1 23			Driver Contributing Code 19 24 24			Underride/Override 25 Towed N		
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			10 Undercarriage 5 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			---			---		
ORTIZ, DAVID			27 HIGHLAND AVE ROXBURY, MA			---			M 3 99 4 4 0 0 10 1		
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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # --- St MA DOB/Age ---			Reg # 4KA123 Reg Type PAN Reg State MA			Veh Year 2008 Veh Make SUBA Veh Config. 1 20			Operator DORCE LOUITAINE		
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Owner (Same as operator)			Address			City WALTHAM State MA Zip 02453		
Insurance Company COMMERCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2 3 4		
Vehicle Travel Direction: N S X W Responding to Emergency? N			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			10 Undercarriage 5 11 Totaled		
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Operator/Non-Motorist			See Above			---			---		

Crash Narrative:
The Operator of vehicle 1 stated she was traveling north in the parking lot of Bloomingdale's when she came to a stop, looked to her left, and saw a car that she thought was stopping, then looked to her right and saw no cars coming, she then proceeded to drive forward when she struck vehicle 2. The passenger stated the same.
The Operator of Vehicle 2 stated he was traveling East in the parking lot when he was struck on his passenger side doors by vehicle 1.

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

THOMAS BANNON			NEWTON POLICE DEPART		09/24/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					