

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 11/06/2019	Time of Crash 13:31 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 20 Latitude Longitude	State Police Local Police MBTA Police Other:				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			NORTH 45 BEETHOVEN AVE Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				9			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				10			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11			
1			3				4			
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run				<input type="checkbox"/> Moped			
Case Number			190001146							
License # --- St CA DOB/Age ---			Reg # KCSF74 Reg Type PAS Reg State FL							
Sex F Lic. Class C 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2018 Veh Make KIA Veh Config. 1 20							
Operator BERRY JULIANNA Last First Middle			Owner HERTZ VEHICLES LLC Last First Middle				12			
Address 6421 GOLDEN WEST AVE			Address 5400 BUTLER NATIONAL DR							
City TEMPLE CITY State CA Zip 91780			City ORLANDO State FL Zip 32812							
Insurance Company HERTZ			Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23				10 Undercarriage 5 11 Totaled			
Citation # (If Issued)			Driver Contributing Code 1 24 1 24 Underride/Override 25 Towed Y				6			
Violation 1: Ch Sec Violation 2: Ch Sec										
Violation 3: Ch Sec Violation 4: Ch Sec										
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							2			
Operator See Above										
7			1				13			
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 Endorsment			Veh Year Veh Make Veh Config. 20							
Operator Last First Middle			Owner Last First Middle							
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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Operator/Non-Motorist See Above										

Crash Narrative:

I SPOKE TO THE RP IDENTIFIED AS JUILANNA BERRY WHO STATED THAT SHE PARKED HER RENTAL VEHICLE (FL REG KCSF74) ACROSS THE STREET FROM 45 BEETHOVEN AVE IN A LEGAL PARKING SPACE. WHEN SHE CAME BACK TO HER VEHICLE SHE OBSERVED FRESH DAMAGE TO THE DRIVERS SIDE MIRROR WHICH APPEARED TO HAVE GOTTEN STRUCK BY AN UNKNOWN VEHICLE WHO DID NOT LEAVE THEIR INFORMATION.

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

MATTHEW W COLELLA			NEWTON POLICE DEPARTM		11/06/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11-24-00					