

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/09/2019		Time of Crash 09:02 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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	
Route# Direction Name of Roadway/Street At				EAST 24 COMMONWEALTH AVE Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				.2 Feet N S E W of LAKE STREET Route# Intersecting Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								11	
3 1 <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001156					3
License # --- St PA DOB/Age --- Sex F Lic. Class C 18 18 Lic. Restrictions 9 19 CDL _____ Operator RUTLEDGE BONNIE E Address 1504 EAST STREET City HONESDALE State PA Zip 18431 Insurance Company UNKNOWN (ENTERPRISE RENTAL)				Reg # CKM160 Reg Type PAN Reg State MN Veh Year 2018 Veh Make KIA Veh Config. 2 20 Owner HOLDINGS LLC EAN Address 14002 EAST 21ST ST City TULSA State OK Zip 4134 Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								12	
Vehicle Travel Direction: N S E W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				<p>10 Undercarriage 11 Totaled</p>								13	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Operator See Above --- 1 4 99 0 0 10 1								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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Operator WHITE II MARY Address 16 FARMINGTON RD City NEWTON State MA Zip 02465 Insurance Company COMMERCE Vehicle Travel Direction: N S E W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # 2NB453 Reg Type PAN Reg State MA Veh Year 2019 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N								13	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Operator/Non-Motorist See Above --- 1 4 99 0 0 10 1								1	

Crash Narrative:
Operator of MV1 (Penn. Reg. CKM160) states she was driving east bound on Commonwealth Ave in the left lane when MV2 turned into the right side of her MV.
Operator of MV2 (Mass. Reg. 2NB453) states she was driving east bound on Commonwealth Ave in the right lane when she turned left into MV1. Operator of MV2 states she was looking at the cars ahead and did not notice MV1 when she attempted to turn left.

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

JUAN M GARCIA			NEWTON POLICE DEPARTM		11/09/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					