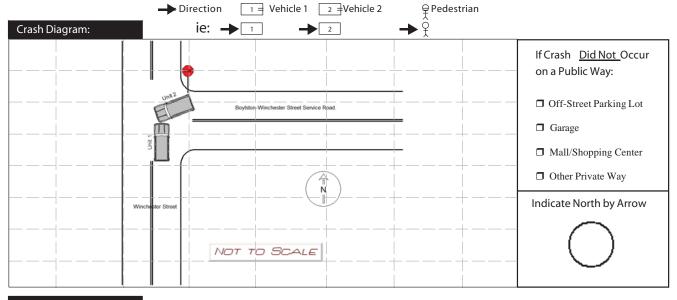
	Poli	ice Use Only		Commonwea	alth d	of Massa	achu	setts			RMV	V Docur	nent Number	
	Date of Crash 10/23/2019	Time of Crash 17:51	City/Tov NEWTON	MIOTOI		icle Cra	sh	Number Vehicles		d Lati	ed Limi tude		State Police Local Police MBTA Police	XI
l		24HR				Report		2	0		gitude_		Other:	_
		AT INTER	SECTION:	<	LOCA'	TION	>		NO	ГАТ	INTI	ERSE	CTION:	2
	WES:	T BOYLS	TON ST											
3	Route# Direc	tion		Roadway/Street .t		Route# Direction	on Ado	lress #		Na	ime of R	Roadway	/Street	_ 2 10
	NORTH WINCHESTER ST				Feet NSEW of Mile Marker Exit Num						Exit Number	-		
	Route# Direc	etion N	Also at Interse	·	I	Feet [	N S E	W of						
2 1						Feet [	N S E	W of	Route	# :	Intersec	ting Roa	dway/Street	3
	Route# Direction Name of Intersecting Roadway/Street				Landmark									
3	XVehicle1	#Occupants	Hit/Run	Moped Case	Number		190	00001086						
	License#		St MA	_ DOB/Age	Reg#	1ZA856			Reg T	vpe PA	N	Reg	State_MA	
	Sex_M Lic. 0	Class D 18 13	8 Lic. Restrictions	B 19 CDL	Veh Y	ear_2014							20	
4	Operator ZHA	ANG	PING	Endorsment	Owner	(Same as open	rator)		First			Middle		- <b>1</b>
2	Address 20 SP	RING LN	1 not	Middle	Last First Middle Address							_   _		
	City NORTHI	FIELD	Stat	e_MA _ Zip_01360	City_						State	2	Zip	-
	Insurance Com	pany GEICO			Vehicl	e Action Prior to		1			ed Area	Code: (0	Circle Up to Thr	ee)
5 <b>1</b>	Vehicle Travel	Direction:	S E W Respo	onding to Emergency? N	Event	Sequence 1	22 22	22	22 €	)	3		4	
	,	ssued)			Most 1	Harmful Event	1 23	24		<b>—</b>	9		10 Undercarr 5 11 Totaled	nage
<sup>6</sup> <b>1</b>				2: ChSec		Contributing Co	ode 1				7		6	
1			tor and all occup	4: ChSec	Under	ride/Override		Towe	d Y 28 Airbag Air		) 31 t Trap	32	33	1:
	Name (Last Fire		ltor and an occup	Address		Age/DOB	Sex Po	os. System	Status Sw	tch Code	Code	status CC	ansp. ode Medical Facili	1
	Operator			See Above				99	4 4	0	0	10 1		
7														
3	Please Select C of the Followi		2 1 #Occupants	Non-Motorist A Ty	ре	Action 1	Locat		Con-	dition	17	Hi	t/Run Mop	oed
	License#		St MA	DOB/Age	Reg#	Reg #         8AK177         Reg Type_PAN					N	Reg State MA 20		
	Sex_M Lic. Class D Lic. Restrictions 1 CDL					Veh Year 2011 Veh Make FORD Veh Config. 1								
<sup>8</sup> <b>2</b>	Operator KAVANAGH BRENDAN  Last First Middle			Middle	Owner (Same as operator)  Last First Middle								-	
	Address 481 C	Address									-			
	City CARLISI		Stat	e MA Zip 01731	City_					Damaga	State		Zip Circle Un to Thr	- ee)
	Insurance Com	_	CEW D	anding to E aN	Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)  22 22 22 22 2 3 4								(1)	
Citation # (If Issued) Responding to Emergency? Event Sequence 1						Event Sequence 1 10 Undercarriage								riage
						24	1							
	Violation	Driver Contributing Code 1 Towed N 6												
	Pl	ease fill out for		occupants involved			Se	26 27 eat Safety	28 Airbag Air	29 30 bag Eject	31 Trap		33 ansp.	$\dashv$
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex I	os. System	Status Sv	vitch Coo	de Code 0		Code Medical Faci	lity
ļ	*									+				
										+				
										+				



## Crash Narrative:

The operator of vehicle 1 stated that she was traveling North on Winchester Street when vehicle 2 came out from her right side at a high rate of speed and cut her path of travel off. It happened too quickly for her to stop and she crashed head on into the driver side front corner of vehicle 2. She stated she was on the left side of the lane but was traveling with the normal flow of traffic. This caused minor damage to vehicle 2 which was able to be driven away, vehicle 1 sustained major damage to the front bumper and hood and needed to be towed.

The operator of vehicle 2 stated he was turning left onto Winchester Street after he had stopped at the stop sign. He stated traffic had stopped to let him turn, he proceeded to do so and vehicle 1 came from the far side of the lane, going around stopped traffic, and crashed into his car.

Witnesses:										
Name (Last, First, Middle)		Address		Phone #	Phone #					
Property Damage:										
Owner (Last, First, Middle)		Phone #	34-Type	Description of Damag	scription of Damaged Property					
Truck and Bus Information:  Registration #(From Vehicle Section)  Carrier NameCarrier Issuing Authority Code										
Address City St Zip										
US DOT #:		Issuing State ICC #: Interstate								
Cargo Body Type Code 37 Gross Vehicle Weight 38										
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length										
Hazmat Information:										
Placard 40 Material 1 digit #	me	Material 4 digit # Relea				42				

THOMAS BANNON		NEWTON POLICE DEPARTM	10/23/2019		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date