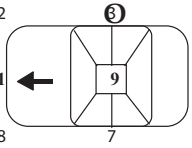
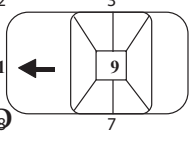


Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 12/30/2019		Time of Crash 12:38 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>			
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:									
<div>Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street</div>						<div>EAST 647 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark</div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001344									
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator HANNEY ZACHARY Address 227 DUNROBIN RD City MASHPEE State MA Zip 02649 Insurance Company PLYMOUTH ROCK Vehicle Travel Direction: N S X 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 # IC83KR Reg Type PAS Reg State MA Veh Year 2015 Veh Make FORD Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 									
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
Operator		See Above		-----		---	---	1	4	4	0	0	10	1	NONE
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 M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator LEBEDEV PETER Address 11 SCOTLAND RD City LEXINGTON State MA Zip 02420 Insurance Company PLYMOUTH ROCK Vehicle Travel Direction: N S X 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 # 71BY25 Reg Type PAN Reg State MA Veh Year 2016 Veh Make TESLA Veh Config. 1 20 Owner BASMANOVA MARIA Address 11 SCOTLAND RD City LEXINGTON State MA Zip 02420 Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N 									
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
Operator/Non-Motorist		See Above		-----		---	---	1	4	4	0	0	10	1	NONE

Crash Narrative:
Vehicle #1 was traveling east in the whole foods parking lot.
Vehicle #2 was entering the whole foods parking lot turning right and struck vehicle #1 on its passenger side door. Vehicle #1 had minor damage to its passenger side door. Vehicle #2 had minor damage to it's driver side front bumper.
No Tows were needed, and there were no injuries.

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

KEVIN DONOVAN			NEWTON POLICE DEPT		12/30/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					