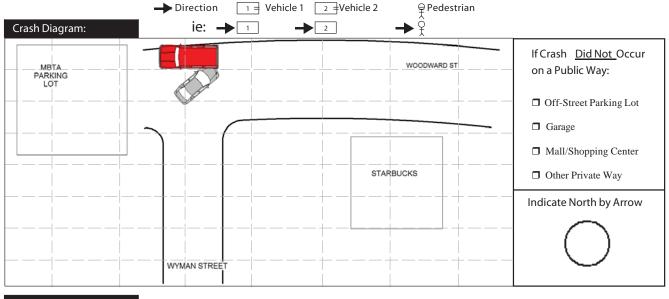
	Poli	ice Use Only		Commonwea	lth o	f Massa	achu	setts			RMV	/ Docun	nent Number	
	Date of Crash 07/19/2020	Time of Crash 16:51 24HR	City/Tow NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2	Numb Injure 0	d Latin	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	XI D
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						EAST	474		WOO	DWARE	) ST			2
1 1	Route# Direc	tion		Coadway/Street	F	Route# Direction	n Add	ress #		Na	me of R	loadway/	Street	
	At				Feet NSEW of or Mile Marker Exit Number								Exit Number	_
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with					Feet N S E W of								
2 <b>1</b>						Route# Intersecting Roadway/Street  Feet N S E W of								
1	Route# Direction Name of Intersecting Roadway/Street					Landmark								
3	XVehicle1 0 #Occupants Hit/Run Moped Case N						200	0000391						
	License#_		St	_ DOB/Age	Reg#6	577RR9			Reg T	vne PAI	N	Reg	State_MA	
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4	Operator	Last	Firet	Endorsment	Owner	CONCANNO	N	JOAN	Firet			Middle		- 1
1				Middle		9 BELLINGH			rust			widdie		_
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E		pany LM INSUE			Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)									ree)
5 <b>1</b>		Direction: N		nding to Emergency? N		Sequence 2	22 22 23	22	22		$\bigcap$	$\overline{\mathcal{I}}$	(4) 10 Undercari	riage
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<sup>6</sup> 1				2: ChSec		Contributing Condide/Override	ode 1 25	Towe			O	)	6	
_	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved					See See System Status Surject Trap Injury Transp. Head See See States Airbag Airbag Eject Trap Injury Transp. Medical Facility								
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex Po	s. System	Status Sw	itch Code	Code	Status Co	de Medical Facil	2 2
	*													
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7 <b>1</b>	Please Select C	I A Venicle	2 1 #Occupants	Non-Motorist A Type	e 14	Action 1	5 Locat		16 Con	dition	17	Hit	t/Run Mop	ped
	License#		St_MA	DOB/Age	Reg # 6BK947 Reg Type PAN Re						Reg	eg State_MA		
	Sex M Lic. Class D 18 18 Lic. Restrictions J CDL					Veh Year 2008 Veh Make TOYOTA Veh Config. 1						20	_	
8 <b>1</b>	Operator DU	NAYEVSKIY	ENDORSMENT ENDORSMENT DAVID			Owner LYUBARSKIY VLADMIR								
1	Address 44 PE	Middle	Address 76 (apt. 31) PETERBOROUGH ST									_		
	City NEWTON State MA Zip 02461					City BOSTON State MA Zip 02215								_
	Insurance Company INTEGON NATIONAL INS					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)								ree)
	Vehicle Travel Direction: NSWW Responding to Emergency? N  Citation # (If Issued) T2080218  Violation 1: Ch 89/4A Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec Please fill out for operator and all occupants involved					Event Sequence 2 22 22 22 22 22 22 22 22 22 22 22 22								riage
1						Underride/Override         Z5         Towed N         N             26         27         28         29         30         31         32         33             Seat         Safety Airbag Airbag         Eject         Trap Injury         Fransp.						33		
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	орегиюн/	on Motorist		300 1100 10				1	- 4	0	0	10 1		
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## Crash Narrative:

On 07/19/20, while assigned to N497, I, Officer Conary, responded to Starbucks on Woodward Street for a report motor vehicle accident, car hit a parked car. Upon arrival, I met with Operator of MV2 who explained to me that he wasn't paying attention and was taking the turn at Woodward Street when he hit MV1, which was parked. Operator of MV1 arrived on scene shortly after. MV1 was towed with damage to both rear tires and left rear door. MV2 had damage to the left front. MV2 drove a couple of yards and parked the car at friend's house to have it towed later (45 Wyman Street). MV1 was towed by Tody's. All parties involved declined medical attention. Operator of MV2 was given MA Uniform Citation T2080218 for Marked Lanes Violation. No further incident to report.

Witnesses:										
Name (Last, First, Middle)	Address			Phone #	Statement					
Property Damage:										
Owner (Last, First, Middle)		Phone #	34-Type	Descrip	cription of Damaged Property					
Truck and Bus Information:  Registration #(From Vehicle Section)  Carrier NameCarrier Issuing Authority Code										
Address			City			St	Zip			
US DOT #:	State Number		_ Issuing State	ICC #:_			Interstate	36		
Cargo Body Type Code 37 Gross Vehicle Weight 38 39										
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Ler					
Hazmat Information:										
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#_		Release code	42		

KRISTINA CONARY		NEWTON POLICE DEPARTM	07/19/2020		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date