

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/19/2020	Time of Crash 16:51 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:								
Route# Direction Name of Roadway/Street At			EAST 474 WOODWARD ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Feet N S E W of _____ Landmark _____										
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with													
Route# Direction Name of Intersecting Roadway/Street													
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000391						
License # _____ St _____ DOB/Age _____			Reg # 677RR9		Reg Type PAN		Reg State MA						
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2012		Veh Make KIA		Veh Config. 2 20						
Operator _____ Last _____ First _____ Middle _____			Owner CONCANNON JOAN		Last _____ First _____ Middle _____								
Address _____			Address 9 BELLINGHAM ST		Last _____ First _____ Middle _____								
City _____ State _____ Zip _____			City NEWTON		State MA		Zip 02461						
Insurance Company LM INSURANCE			Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 2 22 22 22 22		2 3 4		10 Undercarriage						
Citation # (If Issued) _____			Most Harmful Event 2 23		1 2 3 4 5 6 7 8 9 10 11		11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N										
Please fill out for operator and all occupants involved			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			-----		---								
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 ---			Reg # 6BK947		Reg Type PAN		Reg State MA						
Sex M Lic. Class D 18 18 Lic. Restrictions J 19 CDL _____			Veh Year 2008		Veh Make TOYOTA		Veh Config. 1 20						
Operator DUNAYEVSKIY MICHAEL DAVID			Owner LYUBARSKIY VLADMIR		Last _____ First _____ Middle _____								
Address 44 PENNSYLANIA AVE			Address 76 (apt. 31) PETERBOROUGH ST		Last _____ First _____ Middle _____								
City NEWTON State MA Zip 02461			City BOSTON		State MA		Zip 02215						
Insurance Company INTEGON NATIONAL INS			Vehicle Action Prior to Crash 3 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 2 22 22 22 22		2 3 4		10 Undercarriage						
Citation # (If Issued) T2080218			Most Harmful Event 2 23		1 2 3 4 5 6 7 8 9 10 11		11 Totaled						
Violation 1: Ch 89/4A Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N										
Please fill out for operator and all occupants involved			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						

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

MBTA PARKING LOT

WOODWARD ST

STARBUCKS

WYMAN STREET

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

○

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)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code