Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
02/22/2022	19:20 24HR	NEWTON	2	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 / 4 — Route# EAST Direction; COMMONWEALTH AVE Name of Roadway/Street

At

Route# SOUTH Direction; HOMER ST Name of Intersecting Roadway/Street

Also at Intersection with

2 / 3 — Route# Direction; Name of Intersecting Roadway/Street

9 / 2 — Route# Direction Address #; Name of Roadway/Street

10 / 2 — Feet N S E W of Mile Marker or Exit Number

Feet N S E W of Route# Intersecting Roadway/Street

11 / 3 — Feet N S E W of Landmark

3 — ☒ Vehicle 1 — 1 #Occupants; ☐ Hit/Run; ☐ Moped; Case Number 22000166

License # --- St MA DOB/Age -- -- ----

Sex M Lic. Class D (18/18) Lic. Restrictions 1 (19) CDL Endorsment

4 / 3 — Operator FILS (Last) HERODE (First) (Middle)

Address 10 MEADOWVIEW RD

City HYDE PARK State MA Zip 02136

Insurance Company GEICO

5 / 1 — Vehicle Travel Direction: N S ☒ W Responding to Emergency? N

Citation # (If Issued)

6 / 2 — Violation 1: Ch Sec Violation 2: Ch Sec

Violation 3: Ch Sec Violation 4: Ch Sec

Reg # 6RR563 Reg Type PAN Reg State MA

Veh Year 2010 Veh Make NISSAN Veh Config. 1 (20)

12 / 1 — Owner (Same as operator) (Last) (First) (Middle)

Address

City State Zip

Vehicle Action Prior to Crash 1 (21)

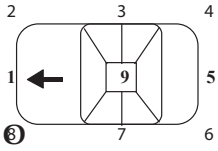
Event Sequence 1 (22) 22 22 22 22

Most Harmful Event 1 (23)

Driver Contributing Code 1 (24) 24

Underride/Override 25 Towed Y

Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

13 / 1 — 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	--------	---	---	99	4	99	0	0	10	1	

7 / 2 — Please Select One of the Following: ☒ Vehicle 2 — 1 # Occupants; ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17; ☐ Hit/Run; ☐ Moped

License # --- St MA DOB/Age -- -- ----

Sex M Lic. Class D (18/18) Lic. Restrictions B (19) CDL Endorsment

8 / 1 — Operator DUAN (Last) CHONG (First) (Middle)

Address 3531 WASHINGTON ST (apt. 421)

City JAMAICA PLAIN State MA Zip 02130

Insurance Company GEICO

Vehicle Travel Direction: N ☒ 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 # ICSG78 Reg Type PAN Reg State MA

Veh Year 2012 Veh Make TOYOTA Veh Config. 1 (20)

Owner WANG (Last) KESAI (First) (Middle)

Address 3531 (apt. 421) WASHINGTON ST

City JAMAICA PLAIN State MA Zip 02130

Vehicle Action Prior to Crash 4 (21)

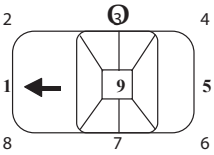
Event Sequence 1 (22) 22 22 22 22

Most Harmful Event 1 (23)

Driver Contributing Code 4 (24) 24

Underride/Override 25 Towed N

Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

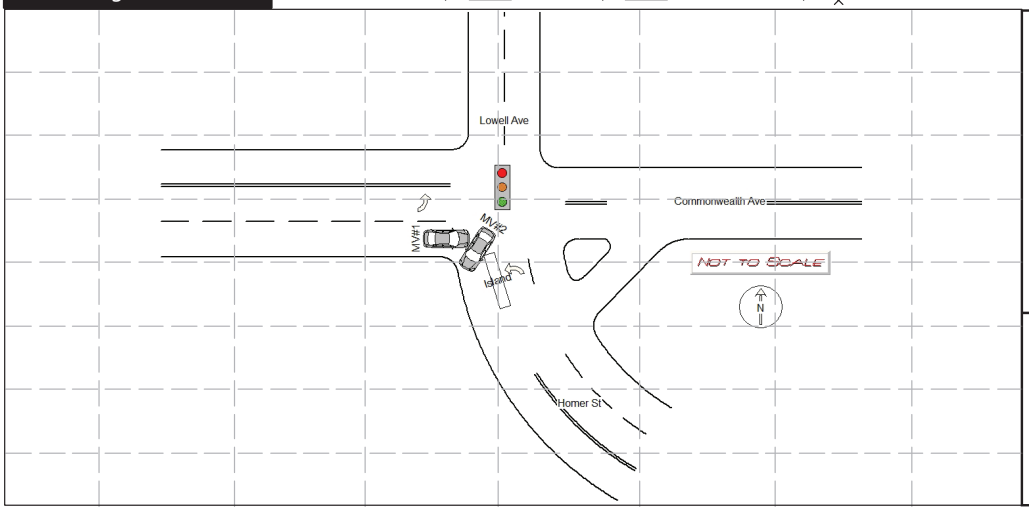
Please fill out for operator and all occupants involved

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	--------	---	---	99	4	99	0	0	10	1	

Crash Diagram:

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →



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:

MV#1 was traveling east on Commonwealth Ave. MV#2 was attempting to make a left turn onto Homer St, off of west bound side of Commonwealth Ave. MV#2 did not yield to MV#1. MV#1 crashed into MV#2.

Operator of MV#1 stated that he did see MV#2 turning left, but was not able to stop in time, and struck MV#2.

Operator of MV#2 stated that he believed that he had enough time to make the turn. He stated that he missed the original turn, and when he tried to correct it, MV#1 crashed into him.

MV#1 was towed off scene by Todys. MV#2 was driven off scene.

No injuries occurred.

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 [35]

Address_____ City_____ St_____ Zip_____

US DOT #: _____ State Number_____ Issuing State _____ ICC #:_____ Interstate [36]

Cargo Body Type Code [37] Gross Vehicle Weight [38]

Trailer Reg #:_____ Reg Type_____ Reg State _____ Reg Year_____ Trailer Length [39]

Hazmat Information:

Placard [40] Material 1 digit # [41] Material Name_____ Material 4 digit # _____ Release code [42]

JOHN D BERGDORF			NEWTON POLICE DEPARTM		02/22/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 ·24·00