

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/27/2022		Time of Crash 21:37 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><div>NORTH</div><div>CENTRE ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST</div><div>COMMONWEALTH AVE</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Exit Number</div><div>Feet N S E W of</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Landmark</div></div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000189							
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions I 19 CDL Endorsment Operator RAO MAYA Address 39 SALISBURY RD City NEWTON State MA Zip 02459 Insurance Company COMMERCE INS				Reg # RW2814 Reg Type PAN Reg State MA Veh Year 2013 Veh Make HONDA Veh Config. 1 20 Owner RAO PRAKASH Address 39 SALABURY RD City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed N 6									
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 1 4 0 0 10 1									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 1 19 CDL Endorsment B Operator HOLMES LEWIS Address 377 WESTON RD City WELLESLEY State MA Zip 02482 Insurance Company THE STANDARD FIRE Vehicle Travel Direction: N S 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 # 18VZ91 Reg Type PAN Reg State MA Veh Year 2012 Veh Make TOYOTA 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 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed N 6									
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HOLMES, LESLIE 377 WESTON ROAD WELLESLEY, MA 02482				F 1 1 4 4 0 0 10 1									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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 02/27/2022, while assigned to N494, I, Officer Conary, and Officer Fay (N495), responded to the area of Commonwealth Ave at Centre Street for a two car MVA with airbag deployment. Upon arrival, I observed MV1 head on into MV2 front end in the middle of the intersection.

I spoke with Operator of MV1 who stated that she was traveling Eastbound on Commonwealth Ave about to take a left onto Centre Street Northbound. She was in the left lane, and had a left turn green arrow. She proceeded when she hit MV2.

Operator of MV2 stated that they were traveling Westbound on Commonwealth Ave when they were hit by MV1. They said that they had a green light to proceed straight through the intersection.

While on scene, I observed the lights cycle through properly. Both vehicles were towed from scene. Both

(Continued on next page)

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

KRISTINA CONARY **NEWTON POLICE DEPARTMENT** **02/27/2022**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

