

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/19/2022		Time of Crash 07:33 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:						9	
Route# Direction Name of Roadway/Street At				16 WEST 2014 WASHINGTON ST								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____								10	
Route# Direction Name of Intersecting Roadway/Street				10 FEET Feet N S E W of _____ Route# Intersecting Roadway/Street NEWTON WELLESLEY HOSPITAL								11	
Route# Direction Name of Intersecting Roadway/Street				Landmark								3	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000318						5	
License # --- St TN DOB/Age ---				Reg # 2RTC13 Reg Type PAN Reg State MA				Veh Year 2014 Veh Make HONDA Veh Config. 2				20	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2014 Veh Make HONDA Veh Config. 2				Owner (Same as operator)				12	
Operator LEANDRE MARIE A				Address _____				City _____ State _____ Zip _____				1	
Address 617 NORWEST DR				City _____ State _____ Zip _____				Vehicle Action Prior to Crash 6 21				21	
Insurance Company ALLSTATE				Event Sequence 1 22 22 22 22				Damaged Area Code: (Circle Up to Three)				13	
Vehicle Travel Direction: N S E X Responding to Emergency? N				Most Harmful Event 1 23				Driver Contributing Code 18 24 24				1	
Citation # (If Issued) _____				Underride/Override 25 Towed N				8 7 6				1	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				10 Undercarriage 5 11 Totaled				13	
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 --- 1 4 99 0 0 10 1				1	
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 # 1KRD39 Reg Type PAN Reg State MA				20	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2021 Veh Make KIA Veh Config. 2				Owner (Same as operator)				12	
Operator MCDUFFIE ROBIN K				Address _____				City _____ State _____ Zip _____				1	
Address 22 BROOKS ST (apt. 2)				City _____ State _____ Zip _____				Vehicle Action Prior to Crash 1 21				21	
Insurance Company TRUMBULL				Event Sequence 1 22 22 22 22				Damaged Area Code: (Circle Up to Three)				13	
Vehicle Travel Direction: N S E X Responding to Emergency? N				Most Harmful Event 1 23				Driver Contributing Code 1 24 24				1	
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→ Direction

ie: → 1 → 2 →

1 Vehicle 1 2 Vehicle 2

⊙ Pedestrian

**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 04/19/2022@0733hrs. I responded to 2014 Washington St. @ the entrance to Newton Wellesley Hospital for an MVA. On location I observed the two involved vehicles parked curbside along the westbound side of Washington st directly across from the NWH entrance. V1; 2014 Honda/CR-V Util. color black. V1 Operator Marie Leandre TN OLN#127777292. V2; 2021 KIA/Seltos Util. color blue. V2 Operator Robin McDuffie MA OLN#S71750988.

V1 was attempting to turn left to exit NWH heading westbound. The traffic signals at the time were on flash red & yellow instead of normal red, green and yellow. The morning commute traffic on Washington St. is heavy at that time of the morning. V1 operator stated she was waved on by the vehicle operator in the turning lane on the westbound side. V1 proceeded to turn left/westbound onto Washington St. and collided into the driver's side of V2 travelling straight ahead westbound in the outside//32 lane of Washington St. (

(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 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

DANIEL S SULLIVAN	NEWTON POLICE DEPARTM	04/19/2022
Police Officer Name (Please Print)	Signature	ID/Badge #
	Department	Precinct/Barracks
	Date	

CDP1 11 -24:00

→ 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:

westbound). V1 Operator stated she did not see V2.

V2 confirmed V1 operator's account of the collision. V2 operator also confirmed the traffic lights were on flash red/yellow. Neither operator was injured as a result of the collision nor was there airbag deployment in either vehicle. Neither vehicle required towing service.

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#### Hazmat Information:

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DANIEL S SULLIVAN

NEWTON POLICE DEPART

04/19/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date