

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/12/2022	Time of Crash 15:46 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
<b>SOUTH LEWIS TER</b>										
Route# _____ Direction _____ Name of Roadway/Street _____ At _____					Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____					
<b>EAST WASHINGTON ST</b>					Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____					
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____					Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____					
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____					Landmark _____					
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000392			
License # _____ St <u>MA</u> DOB/Age _____					Reg # <u>6KZN70</u> Reg Type <u>PAN</u> Reg State <u>MA</u>					
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____					Veh Year <u>2013</u> Veh Make <u>VOLVO</u> Veh Config. <u>1</u> <u>20</u>					
Operator <u>WHITE</u> <u>KALEIGH ANN</u> Last First Middle					Owner <u>(Same as operator)</u> Last First Middle					
Address <u>61 BALDWIN ST</u>					Address _____					
City <u>CHARLESTOWN</u> State <u>MA</u> Zip <u>02129</u>					City _____ State _____ Zip _____					
Insurance Company <u>COMMERCE</u>					Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>					Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>					
Citation # (If Issued) _____					Most Harmful Event <u>1</u> <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage <u>5</u> <u>11</u> Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> <u>25</u> Towed <u>Y</u>					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override _____					
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 4 0 0 10 1					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # _____ St <u>MA</u> DOB/Age _____					Reg # <u>5679BG</u> Reg Type <u>PAN</u> Reg State <u>MA</u>					
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____					Veh Year <u>2007</u> Veh Make <u>DODGE</u> Veh Config. <u>1</u> <u>20</u>					
Operator <u>VONHUENE</u> <u>THOMAS</u> Last First Middle					Owner <u>(Same as operator)</u> Last First Middle					
Address <u>55 BOYLSTON STREET</u>					Address _____					
City <u>BROOKLINE</u> State <u>MA</u> Zip <u>02445</u>					City _____ State _____ Zip _____					
Insurance Company <u>PROGRESSIVE</u>					Vehicle Action Prior to Crash <u>4</u> <u>21</u> Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>					Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>					
Citation # (If Issued) _____					Most Harmful Event <u>1</u> <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage <u>5</u> <u>11</u> Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code <u>4</u> <u>24</u> <u>24</u> <u>25</u> Towed <u>N</u>					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override _____					
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					

Crash Narrative:
Vehicle 1 was traveling East on Washington St. in the right hand travel lane.
Vehicle 2 was traveling West on Washington St. in the middle travel lane.
Both direction each had a straight Green Traffic Signal.
Vehicle 2 was attempting a left hand turn onto Lewis Ter.
The operator of Vehicle 2 stated when he saw a break in the traffic he attempted the left turn but did not see Vehicle 1. Vehicle 1 collided with Vehicle 2 in a T-Bone manner.
Vehicle 1 sustained significant damage to its front end and needed to be towed from the scene (Todys).
Vehicle 2 sustained damage to its passenger side door and passenger side front quarter panel but was able to drive away from the scene.
(Continued on next page)

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

KEVIN DONOVAN			NEWTON POLICE DEPT#3		05/12/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					

