

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 05/05/2019	Time of Crash 16:09 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:						
WEST WASHINGTON ST Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____								
SOUTH HOVEY ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark _____								
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000455		
License # --- St MA DOB/Age ---			Reg # 7972PK Reg Type PAN Reg State MA			Veh Year 2016 Veh Make HOND Veh Config. 1 20			Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Endorsment _____		
Operator DUJARDIN PHILIP Last First Middle			Owner DUJARDIN BRIDGET Last First Middle			Address 54 KENWOOD ST			City DORCHESTER State MA Zip 02124		
Insurance Company SAFTEY INSURANCE			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2 3 4		
Vehicle Travel Direction: N X E W Responding to Emergency? _____			Most Harmful Event 1 23			Driver Contributing Code 18 24 24			Underride/Override 25 Towed N		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 5 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 See Above			13 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 ---			Reg # 3004 Reg Type PAR Reg State MA			Veh Year 2016 Veh Make AUDI Veh Config. 1 20			Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Endorsment _____		
Operator GRANDY ADAM Last First Middle			Owner (Same as operator) Last First Middle			Address _____			City WALTHAM State MA Zip 02451		
Insurance Company US FIDELITY GAUR			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2 3 4		
Vehicle Travel Direction: N S E X Responding to Emergency? _____			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 5 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			13 1		
GRANDY, DECLAN			30 GREENWOOD LN WALTHAM, MA 02451			M 4 1 5			0 0 10 1		

Crash Narrative:

Opr of V1 stated he was attempting to turn left off of Hovey Street on to Washington Street (Eastbound).

. Opr of V1 states the first lane of travel let him start to turn. As he started to make the turn and look to see if the next westbound lane would stop, he made contact with V2. Opr stated he was not injured. V1 was not towed.

Opr of V2 stated he was traveling on Washington Street (Westbound). Opr stated at this time a red vehicle was turning off a side street and made contact with him. Opr stated him and his son were not injured. V2 was not towed.

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

DANIEL ANDERSON		32456	NEWTON POLICE DEPTA		05/05/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					