	Poli	ice Use Only		Commonw	ealth	of Mass	achu	setts	;		RMV	V Docu	ıment	Number		
	Date of Crash 05/05/2019	Time of Crash 16:09	City/T NEWTON	Moto Moto	or Vel	nicle Cra	ısh [Number Vehicles		1 ^	ed Limi tude		Sta Lo	ate Police cal Police BTA Police	D Xi	
	05/05/2019	24HR		P	Police	Report		2	0		gitude_		Ot	BTA Police her:		
		AT INTER	RSECTION:	<	LOCA	TION	>		NC	T AT	INTI	ERSE	ECTI	ON:	2 9	
	WEST	T WASHI	INGTON ST												2	
1	Route# Direct	tion	Name o	f Roadway/Street		Route# Direction	on Add	lress #		Na	me of F	Roadwa	y/Stree	et		
1	Route# Direction Name of Intersecting Roadway/Street												2			
												it Number	_			
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street								- L		
2 2	1					Feet N S E W of								Bucci	3 11	
	Route# Direction Name of Intersecting Roadway/Street					Landmark										
3	XVehicle 1 #Occupants															
	License #		St N	[A DOB/Age	Dog t	₊ 7972PK			Dog 7	Cuna PAI	N	Da	a Ctata	MA	-	
	License #	18 1	_	Reg # 7972PK Reg Type PAN Reg State MA HOND HOND WING 5 1 20												
4	Sex_M_ Lic. Class D Lic. Restrictions 9 CDLEndorsment					Veh Year 2016 Veh Make HOND Veh Config. 1 Owner DUJARDIN BRIDGET										
⁴ 1		Operator DUJARDIN PHILIP Last First Middle Address 54 KENWOOD ST							First			Midd	ile		- 1 ¹²	
							Address 54 KENWOOD ST									
															- ve)	
5	1	Insurance Company SAFTEY INSURANCE					22 22 22 23 0									
		venicle Travel Direction: Responding to Emergency: Event Sequence 1 10 Undercarr								10 Undercarri	iage					
	1	ssued)				Harmful Event	1	24	24	•	9			11 Totaled		
⁶ 1	1			n 2: ChSec		r Contributing C	ode 18	·		3	7	<u> </u>	6			
1				n 4: ChSec	Unde	rride/Override		Towe		29 30	31	32	33		13	
	Name (Last Fire		ator and an occ	Address		Age/DOB	Sex Se	26 27 Safety Safety System	28 Airbag A Status Sv	29 30 Eject vitch Code	31 Trap Code	32 Injury T Status	33 Transp. Code	Medical Facilit	1 1	
	Operator			See Above				1	4	0	0	10	1			
⁷ 3	Please Select C of the Followi	IX Vehicle	2 <u>2</u> #Occupar	nts Non-Motorist A	Туре	14 Action	15 Locat	ion	16 Cor	ndition	17		Hit/Rur	n Mop	ed	
	License#	MA			Reg	Reg # 3004 Reg Type PAR						Reg State MA			7	
	Sex M Lic. Class D 18 18 Lic. Restrictions 9 CDL				_	Veh Year 2016 Veh Make AUDI Veh Config. 1							-			
8	1	Operator GRANDY ADAM Endorsment				Veh Year 2010 Veh Make NOD1 Veh Config. 1 Owner (Same as operator)										
Last First Middle Last							First Middle									
		TATAL TITLAN				Address										
	Insurance Company US FIDELITY GAUR					CityStateZip Value Action Prior to Creek 21 Damaged Area Code: (Circle Up to Three)								ee)		
	l	_		venicie Action Phot to Clash 1												
	Vehicle Travel Direction: N S E X Responding to Emergency? Event Sequence 1 10 Undercar 11 Totaled Citation # (If Issued) 9 10 Undercar 11 Totaled									10 Undercarri	age					
									11 Totaled							
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 Violation 3: ChSec Violation 4: ChSec Underride/Override Towed N 8 7 6															
		Please fill out for operator and all occupants involved 26 27 28 29 30 31 32 33										\dashv				
	Name (Last Fi	rst Middle)		Address		Age/DOB		os. Syster	n Status S	witch Cod	le Code	Status	Code	Medical Facil	ity	
	1	Non-Motorist	30	See Above GREENWOOD LN				1	4	0	0		1		\dashv	
	GRANDY, DE	CLAN		ALTHAM, MA 02451			M 4	1	5	0	0	10	1		\dashv	

Crash Diagram:	 Direction	Vehicle 1	_≠Vehicle 2 	Pedestrian		
	Washington Street		NOT TO SCALE		If Crash Did Not O on a Public Way: Off-Street Parking Garage Mall/Shopping Cer Other Private Way Indicate North by Ar	Lot
Crash Narrative:	I I				 	
Opr of V1 stated he was a	ttempting to turn	n left off o	f Hovey Street	on to Wash	nington Street (Eastbound)
. Opr of V1 states the fir	rst lane of trave	el let him s	tart to turn.	As he start	ted to make the turn and	look to
see if the next westbound	lane would stop	, he made co	ntact with V2.	Opr stated	d he was not injured. V1	was not
towed.						
Opr of V2 stated he was to	raveling on Wash	ington Stree	t (Westbound).	Opr stated	d at this time a red	
vehicle was turning off a	side street and	made contac	t with him. Op	or stated hi	im and his son were not i	njured.
V2 was not towed.						
W itnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Phone # 34-Ty			scription of Damaged Property		
Truck and Bus Information: Carrier Name	Registration #		(From Veh	icle Section)	Carrier Issuing Authority Code	35
Address			City			
			-		_	36
US DOT #: Cargo Body Type Code 37 Gro		38	Issuing State	ICC #:	Interstate	
Trailer Reg #:		Reg State	Reg Year	Trailer	Length 39	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material Nat	me		_ Material 4 digit	# Release code	42