

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 08/28/2019		Time of Crash 10:58 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 _____				EAST 2014 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet [N][S][E][W] of _____ ____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								2	10		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____															
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													11		
3				<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000883			3		
License # _____ St MA DOB/Age _____				Reg # 1XM680 Reg Type PAN Reg State MA								12			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make ACURA Veh Config. 2 20											
Operator CHISOLM ELIZABETH Last First Middle				Owner (Same as operator) Last First Middle								1			
Address 33 AUDONBON WAY				Address _____											
City STURBRIDGE State MA Zip 01566				City _____ State _____ Zip _____											
Insurance Company LIBERTY MUTUAL				Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)											
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2 3 4											
Citation # (If Issued) _____				Most Harmful Event 1 23											
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N											
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												1			
Operator See Above															
CHISOLM, WILLIAM 33 AUDOBON WAY STURBRIDGE, MA 01566															
7 9				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 # EV3452 Reg Type PAN Reg State MA											
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make KIA Veh Config. 1 20											
Operator GRANT JULIEN Last First Middle				Owner HYUNDAI LEASE TITLING TRUST Last First Middle											
Address 34 INGRAHAM RD				Address 2975 BRCKNRDG BLVD											
City WELLSLEY State MA Zip 02482				City DULUTH State GA Zip 30096											
Insurance Company UNITED SERVICES				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)											
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2 3 4											
Citation # (If Issued) _____				Most Harmful Event 1 23											
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N											
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															

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

NWH 2014 Washington St W Entrance

Washington St

1XM680

EV3452

N

NOT TO SCALE

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 8/28/2019 at approx 1058hrs while assigned to 497 I responded to the area of 2014 Washington St for a report of a 2 car crash w/o injuries. Upon arrival I observed the vehicles on opposite sides of Washington St with NFD Lt Bourgeois standing by with his emergency lights activated, Lt Bourgeois stated both operators were shaken up but not injured. I spoke with the operator of Ma Reg 1XM680 Elizabeth CHISOLM who stated she was attempting to take a left onto Washington St, a vehicle in the right hand eastbound lane was turning right into the parking lot, CHISOLM stated she did not see Ma Reg EV3452 being operated by Julien GRANT in the left eastbound travel lane until it was too late colliding with him. I spoke with GRANT who stated he was traveling EB in the left travel lane of Washington St when struck by CHISOLM exiting the hospital.

**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

JO A GOURDEAU

NEWTON POLICE DEPT

08/29/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date