

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/06/2019	Time of Crash 06:10 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 1	Speed Limit 30 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:				
Route# Direction Name of Roadway/Street At			SOUTH 15 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street _____								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001141		
License # --- St MA DOB/Age ---			Reg # 187FH9 Reg Type PAN Reg State MA			Sex M Lic. Class A 18 M 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015 Veh Make CHEVROLET Veh Config. 2 20		
Operator DOUGLASS ALLEN Last First Middle			Owner (Same as operator) Last First Middle			Address 3 CURTIS ST			Address _____		
City NEWTON State MA Zip 02461			City _____ State _____ Zip _____			Insurance Company ARBELLA MUTUAL			Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 3 22 22 22 22			Citation # (If Issued) _____			Most Harmful Event 3 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 See Above			Operator/Non-Motorist See Above		
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 1 14 Action 2 15 Location 4 16 Condition 1 17			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped		
License # --- St --- DOB/Age ---			Reg # --- Reg Type --- Reg State ---			Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year --- Veh Make --- Veh Config. 20		
Operator GRAHAM WILLIE Last First Middle			Owner _____ Last First Middle			Address 26 WORCESTER ST (apt. 408)			Address _____		
City BOSTON State MA Zip 02118			City _____ State _____ Zip _____			Insurance Company _____			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N S E W Responding to Emergency? _____			Event Sequence 22 22 22 22			Citation # (If Issued) _____			Most Harmful Event 23		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____		
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			Operator/Non-Motorist See Above		

Crash Narrative:

and saw pedestrian on the hood of his Pickup before he fell to the ground. There was minor damage to the hood of the vehicle on the passenger side.

The pedestrian was evaluated by the Medics and transported to NWH for further evaluation. Pictures were taken on scene and turned over to the IT bureau.

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

CHRISTOPHER J BOUDREAU			NEWTON POLICE DEPARTM		11/06/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					