

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/08/2019		Time of Crash 13:10 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 2	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	
NORTH CENTRE ST Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number								2 10	
WEST MT IDA 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								11 2	
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 190000819							
License # --- St MA DOB/Age --- Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL N Operator TISBERT WILLIAM L Address 19 WELLINGTON STREET City METHUEN State MA Zip 01844 Insurance Company DALLAIRE				Reg # AP2638 Reg Type APRO Reg State NH Veh Year 2006 Veh Make KW Veh Config. 10 20 Owner DELLAIRE GERALD J Address 367 (apt. 1) ORANGE STREET City MANCHESTER State NH Zip 03104 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 4 24 Underride/Override 25 Towed Y Citation # (If Issued) T1270942 Violation 1: Ch 19/71 Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec								12 1	
Please fill out for operator and all occupants involved												13 1	
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				Operator See Above --- --- 1 4 99 0 0 10 1 N/A									
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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator VANBUSKIRK JANET L Address 29 BELMONT STREET City NEWTON State MA Zip 02458 Insurance Company COMMERCE Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? Citation # (If Issued) N/A Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # RS529Y Reg Type PAS Reg State MA Veh Year 2004 Veh Make TOYOTA Veh Config. 2 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y Citation # (If Issued) N/A Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec								13 1	
Please fill out for operator and all occupants involved												13 1	
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				Operator/Non-Motorist See Above --- --- 1 3 99 0 0 8 2 NEWTON WELLESLEY									

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AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet [N S E W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				_____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____								11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Landmark _____									
<input checked="" type="checkbox"/> Vehicle 3 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000819							
License # _____ St MA DOB/Age _____				Reg # EV5746 Reg Type PAS Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make TOYOTA Veh Config. 1 20									
Operator KAROLIAN MADELEINE A				Owner (Same as operator)								12	
Address 15 COTTON STREET (apt. 1)				Address _____									
City ROSLINDALE State MA Zip 02131				City _____ State _____ Zip _____									
Insurance Company GOVT EMPLOYEE				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: [N X E W] Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2 3 4									
Citation # (If Issued) N/A				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 Y									
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33								13	
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility													
Operator See Above				1 3 99 0 2 8 2 BETH ISRAEL									
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 _____ DOB/Age _____				Reg # _____ Reg Type _____ Reg State _____									
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____ Veh Make _____ Veh Config. 20									
Operator _____				Owner _____									
Address _____				Address _____									
City _____ State _____ Zip _____				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 2 3 4									
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 _____									
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Operator/Non-Motorist See Above				1 3 99 0 2 8 2 BETH ISRAEL									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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 Thursday, August 8, 2019, while assigned to Traffic unit N525, I responded to the area of Centre Street and Mt. Ida Street for a report of a 3 car motor vehicle crash with entrapment. The weather at the time of the crash was clear and sunny. The road surface was dry. Centre Street and Mt. Ida Street are both public ways maintained by the City of Newton.

On arrival, I was updated by Sgt. Chisholm that one of the vehicles (MV3) had a female operator that was entrapped as a result of the collision. She was freed from the vehicle by the Newton Fire Department and transported to Beth Israel Hospital. Another operator (MV2) was transported to Newton Wellesley Hospital with minor injuries. A third operator (MV1) remained on scene with no injuries. With the assistance of Officer Wade we conducted a survey of the crash scene. We observed a large debris field at the

(Continued on next page)

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

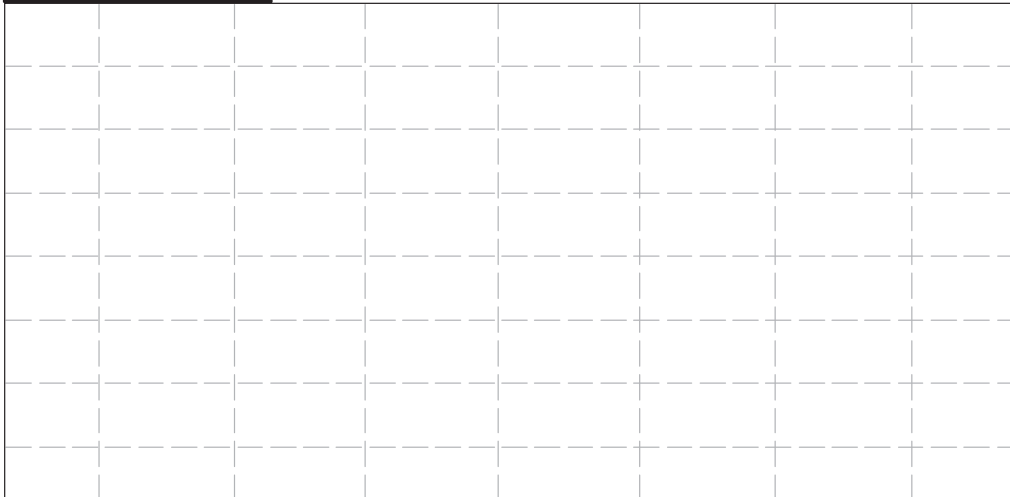
Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

intersection of Centre Street and Mt. Ida Street with debris from all three vehicles. The point of impact was observed to be on Centre Street (N) before Mt. Ida Street. There were fresh scrapes in the pavement as a result of the collision. We also observed skid marks from MV1 measuring 57 feet 8 inches from the start of it's skid to the vehicles final rest

MV1 crashed into the rear of MV2. The impact caused MV2 to enter the Southbound travel lane of Centre Street and crash into MV3 as it was passing by. The impact from MV2's front end crashing into MV3's driver side resulted in the operator of MV3 becoming entrapped. MV2 and MV3 came to final rest on Wesley Street (W) at Centre Street (S). The driver door of MV3 was inaccessible. The collision resulted in air bag deployment for MV2 and MV3. I observed moderate damage to MV1's front grill/bumper area. I observed

(Continued on next page)

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US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

MICHAEL R GAUDET

NEWTON POLICE DEPT

08/08/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

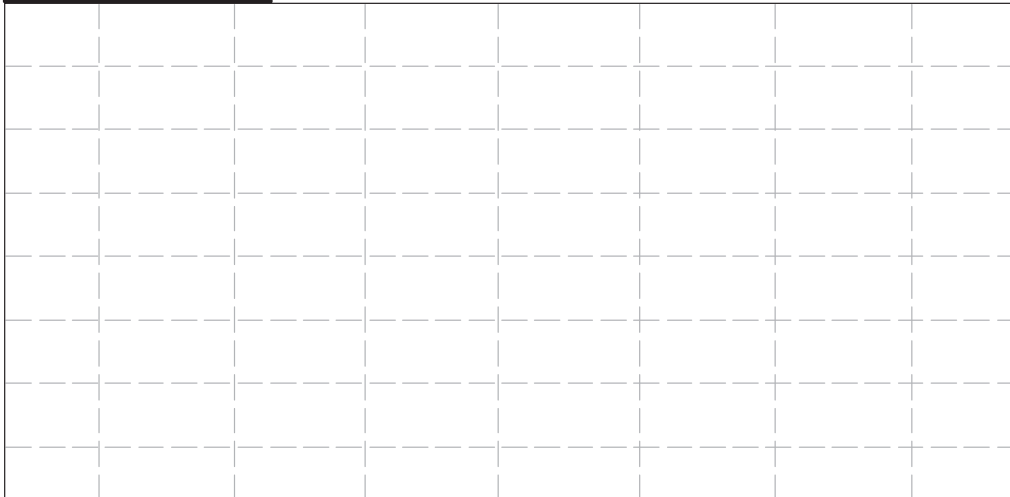
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



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:

substantial damage to the front and rear of MV2 and substantial damage to the front and driver side of MV3. Tody's responded and removed MV2 and MV3 from the roadway. Photos were taken of the scene and submitted to the IT Bureau.

Officer Martin of the Watertown Police Department was requested by Sgt. Lee to respond to the scene and assist with a commercial truck inspection of MV1. Officer Martin contacted Trooper Grey of the Massachusetts State Police Truck Team who also responded to assist with the truck inspection. Sgt. Lee remained with Officer Martin and Trooper Grey during the inspection. MV1 was relocated to Richardson Street for the inspection. Trooper Grey determined the truck was in compliance with all required paperwork and it passed it's mechanical inspection. MV1 was removed from the roadway by a state tow.

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Witnesses:

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Property Damage:

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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

MICHAEL R GAUDET

NEWTON POLICE DEPART

08/08/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

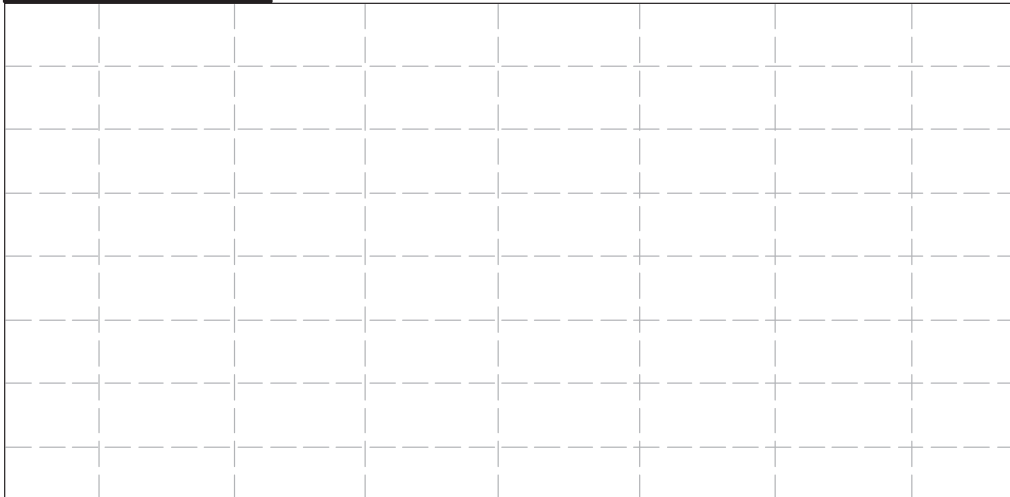
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



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:

I spoke with the operator of MV1, William Tisbert (S24792655). Tisbert stated he was operating a 2006 KW W900 Semi Truck (NH SEMI: AP2638) Northbound on Centre Street. Tisbert stated as he was approaching Mt. Ida Street, a vehicle came out of no where and he hit it. Tisbert stated there was no one in front of him and then a vehicle came off of a side street (Mt. Ida Street) and attempted to turn left in front of him to return to the side street. Tisbert stated he could not avoid hitting the vehicle. Tisbert crashed into the rear of MV2. MV2 then crossed into the opposite lane and crashed into another vehicle. Tisbert remained on scene and reported no injuries. Tisbert stated he was wearing his seatbelt at the time of the accident and was not distracted. Tisbert later admitted to crashing into the rear of MV2.

I spoke with the operator of MV2, Janet Vanbuskirk (S59829146), at Newton Wellesley Hospital.

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

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Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

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Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

MICHAEL R GAUDET

NEWTON POLICE DEPT

08/08/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

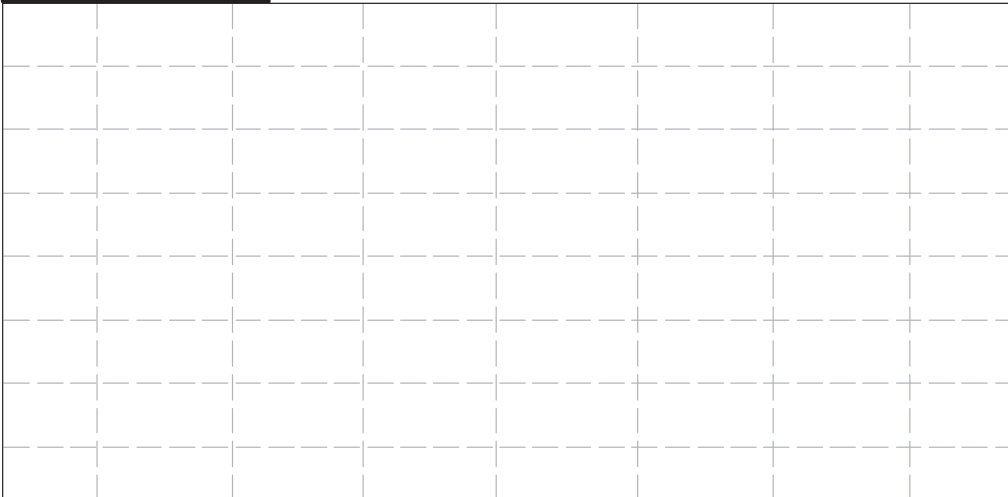
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



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:

Vanbuskirk stated while operating her 2004 Toyota Highlander (MA: RS 529Y), she was stopped on Centre Street (N) at Mt. Ida Street. Vanbuskirk had her left directional on and was waiting for traffic in the Southbound lane to clear to take a left turn onto Mt. Ida Street. Vanbuskirk stated MV1 crashed into the rear of her vehicle. As a result of the impact, Vanbuskirk's vehicle traveled into the opposite lane and crashed into the driver side of MV3. Vanbuskirk reported minor injuries to her neck, left arm, and right hand.

I spoke with the operator of MV3, Madeleine Karolian (S23979811), at Beth Israel Deaconess Medical Center in Boston. Karolian stated she was operating her 2016 Toyota Prius (MA: EV5746) Southbound on Centre Street. Karolian stated MV1 crashed into MV2, and MV2 crashed into her vehicle. Karolian stated she

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

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

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Registration # _____ (From Vehicle Section)

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Address _____ City _____ St _____ Zip _____

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MICHAEL R GAUDET

NEWTON POLICE DEPT

08/08/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Crash Narrative:

did not have time to avoid the collision. Karolian stated she had minor injuries to her neck and chest. Karolian's vehicle had a dash cam recording at the time of the accident. I viewed the footage with her through an app on a cell phone. The footage shows MV3 traveling Southbound on Centre Street on August 8, 2019 at 1308 hours. Ahead of MV3 in the Northbound lane, MV2 is seen stopped on Centre Street before Mt. Ida Street with it's left directional activated. I observed MV1 travel Northbound on Centre Street and crash into the rear of MV2. The impact caused MV2 to enter the Southbound travel lane and crashed into the driver side of MV3. The footage then ends. A copy of the footage was emailed to my work email. The footage was then forwarded to IT Director Steve Smith to be added to the media for this report.

As a result of my investigation, the operator of MV1, William Tisbert, will be cited for Newton City

(Continued on next page)

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

MICHAEL R GAUDET			NEWTON POLICE DEPT		08/08/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					

♀ Pedestrian

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

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

42

CDP1 11 -24:00