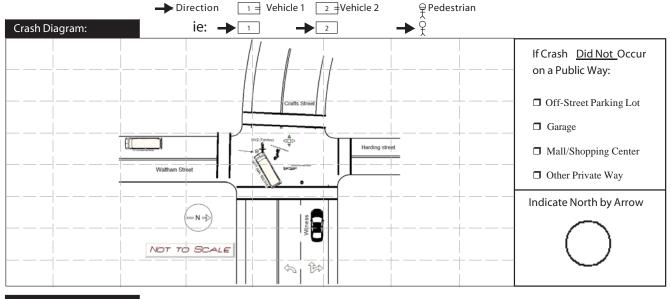
	Poli	ice Use Only		Commonwe	ealth (	of Mass	achu	isetts	}		RM	V Docu	ment Number	
	Date of Crash 10/06/2020	Time of Crash 21:47	City/To	MIOLO		nicle Cra Report	sh	Number Vehicles	Injure	d Lati	ed Limi itude _ igitude_		State Police Local Police MBTA Police Other:	ži e 🔲
		24HR AT INTER	SECTION:	<	LOCA		>	2	NO				CTION:	
					Local	HOIN			110	1 711	11111		error.	2
1	Route# WES			Roadway/Street		Route# Direction	on Ad	dress #		N:	me of F	Roadway	//Street	
4			1	At										2
	Route# Direct		IAM ST Jame of Intersectin	g Roadway/Street		Feet	N S E	w of	Mile	Marker		or	Exit Number	_
	- Router Bree	AUDII 1	Also at Inters	•		Feet	N S E	W of	Route	<del></del>	Interced	ting Po	adway/Street	_
<sup>2</sup> <b>1</b>						Feet	N S E	W of	Kouk	лτ	mersee	ting Ko	idway/Sirect	6
	Route# Direc	tion	Name of Intersec	ting Roadway/Street							La	ndmark		
3	XVehicle1	#Occupants	Hit/Run	Moped Cas	se Number	:	20	00000580	ı					
	License#		StSt		Reg#	5EE316			Reg T	ype_PA	N	Reg	State_MA	
	Sex_M Lic.	Class D 18 1	Lic. Restriction		_ Veh Y	Year_2007	Vel	Make_C	HRYSLI	ER		_Veh C	onfig. 2	
4	Operator MO	RAN	WILLIAM	S Endorsment  Middle	_ Owne	(Same as ope	rator)		First			Middl	e	- 1
3	Address 487 V	VASHINGTON	STREET (apt. D)			ess								_  -
	City WELLES	LEY	Sta	te_MA Zip_02482	_ City_						State		Zip	_
	Insurance Com	pany ARBELLA			_ Vehic	le Action Prior to	o Crash	4		_	ed Area	Code: (	Circle Up to Th	iree)
5 <b>1</b>		Direction: N		onding to Emergency? N	_ Event	Sequence 7	22 22		22	)	3	$\overline{}$	4	
		ssued) T0115914			Most	Harmful Event	7 23		(1	<b>—</b>	9		10 Underca 5 11 Totaled	rriage
<sup>6</sup> <b>1</b>	1			2: ChSec	Drive	r Contributing C	ode 4	1			$\frac{\sqrt{\frac{1}{7}}}{7}$	$\mathcal{L}$	6	
1			tor and all occup	4: ChSec	Under	rride/Override		Towe	d <u>N</u>		0 31	32	33	
	Name (Last Fir		ator and an occup	Address		Age/DOB	Sex I	26 27 Seat Safety Pos. System	Status \$w	itch Cod	0 31 Trap e Code	32 Injury Tr Status C	33 ransp. Code Medical Fac	1 -
	Operator			See Above				1	4 9	9 0	0	10	ı N/A	
<sup>7</sup> <b>2</b>	Please Select C of the Followi		2 <u>1</u> #Occupant	s Non-Motorist A T	Гуре	14 Action	Loca	ation	16 Con	dition	17	Пн	lit/Run Mo	ped
	License#		St XX		Reg#				Reg T	ype		Reg	State MA	_
	Sex_M_ Lic.	Class 99 18 1	Lic. Restriction		_ Veh Y	Year 2020	Vel	Make_T	AO TAC	)		Veh C	onfig. 3	
<sup>8</sup> <b>2</b>	Operator TCI	Last	NADHIR First	Endorsment	_ Owne	(Same as ope	rator)		First			Middl	e	_
	Address 45 FA	AIRBANKS ROA	AD		_ Addre	ess								_
	City BRIGHT			te_MA Zip_02135	_ City_						State		Zip	_
	Insurance Com	pany NO INSUI	RANCE		_ Vehic	le Action Prior to		1				Code: (	(Circle Up to Th	iree)
	Vehicle Travel			ponding to Emergency?N_	_ Event	Sequence 1	22 22		<u></u>		3		4 10 Underca	rriage
	,	ssued) T0115915		00 /I P /I	Most	Harmful Event	1 23	24	G	<b>←</b>	9		(a) 11 Totaled	inage
				1 2: ChSec		r Contributing C	ode 1				7		6	
				1 4: ChSec	Under	rride/Override		Tower	1 <u>Y</u>		) 31	] 32	33	
	Name (Last Fi	rst Middle)	operator and all	occupants involved  Address		Age/DOB		26 Seat Safety Pos. System	28 Airbag Air n Status S	bag Ejec	) 31 Trap de Code	Injury I'i	ransp. Code Medical Fa	cility
	Operator/	Non-Motorist		See Above				1	5 3	1	0	9 2	2 BRIGHAM AND	WOMEN



## Crash Narrative:

On Tuesday, October 6, 2020, I received a call at approximately 2158 hours from Sgt. Devine of the Newton Police Traffic Bureau. Sgt. Devine stated there was a motor vehicle crash with serious injury that had just occurred at the intersection of Crafts Street and Waltham Street in Newton. Sgt. Devine stated that one of the parties involved had suffered life threatening injuries and was transported to Brigham and Women's Hospital. I responded to the scene and conducted an investigation of the crash with the assistance of Sgt. Devine and Captain Boudreau.

Upon arrival it was reported to me by officers on scene that a party operating a motorized scooter on Crafts

Street (E) had been struck by a 2007 Chrysler Town and Country (MA: 5EE316). The Chrysler was

attempting to make a left turn from Crafts Street (W) onto Waltham Street (S). The operator of

(Continued on next page)

Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
		160 VICKERY	ROAD				
HAMEL, JOSHUA,		AUBURN,ME	04210			Y	
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)			
Carrier Name			· · · · · · · · · · · · · · · · · · ·		Carrier Iss	uing Authority Cod	e 35
Address_			City		St	Zip	
			•				36
US DOT #:	State Number		_ Issuing State	ICC #:_		Interstate	30
Cargo Body Type Code 37 Gross	s Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	railer Length 39		
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	_ Release code	42

Property Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property	
Cross Narrative:  the motorized scooter, identified as Nadhir Tchikou (DOB: 11/23/1993), had suffered serious injuries to his head and left leg area and was transported to Brigham and Women's Hospital. It was reported to that Officers Conary, Boyle, and Donovan were the first to arrive at the crash and provided life-savin to Mr. Tchikou prior to being transported to Brigham and Women's Hospital. Officer Donovan responded Brigham and Women's to keep us updated on Mr. Tchikou's status. The update provided to me while on see that Mr. Tchikou was in critical condition and in surgery.  Due to the seriousness of the crash and potential fatal injury, Sgt. Devine contacted the Massachusett Police to assist in the investigation. Sgt. Mahoney and Trooper Paul responded as part of the Massachusett Police Crash Reconstruction team and conducted a supplemental investigation of the crash (MSSP re (Continued on next page))  Witnesses:  Name (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Property Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property	
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(Continued on next page)  Witnesses: Name (Last, First, Middle)  Address  Phone #  Property Damage:  Owner (Last, First, Middle)  Address  Phone #  34-Type  Description of Damaged Property  Description of Damaged Property	usetts
Witnesses:  Name (Last, First, Middle)  Address  Phone #  Property Damage:  Owner (Last, First, Middle)  Address  Phone #  34-Type  Description of Damaged Property  Description of Damaged Property	port
Name (Last, First, Middle)  Property Damage:  Owner (Last, First, Middle)  Address  Phone #  34-Type  Description of Damaged Property  Description of Damaged Property	
Property Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property	
Owner (Last, First, Middle)  Address  Phone #  34-Type  Description of Damaged Property	Statement
Owner (Last, First, Middle)  Address  Phone #  34-Type  Description of Damaged Property	
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 Gross Vehicle Weight 38	
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length	
Hazmat Information:	

Department

ID/Badge #

Signature

10/07/2020

Date

Precinct/Barracks

MICHAEL R GAUDET

	Direction 1 =	Vehicle 1 2	2 =Vehicle 2	무 Pedestrian		
Crash Diagram:	ie: → 1	<b>→</b> [	2	₽Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	ig Lot
		 			☐ Garage	
					☐ Mall/Shopping C	antar
		↓			Other Private Wa	
					Indicate North by A	Arrow
				<u> </u>		
Crash Narrative:						
2020-CAR-000285).						
The location where the	crash took place i	s Crafts Str	reet and Walth	nam Street. C	Crafts Street and Waltha	m Street
are public ways maintain	ned by the City o	f Newton. C	Crafts Street	and Waltham	Street are municipal ro	adways
that support two way tr	avel for motor veh	icles and bi	cycles with a	ın unprotecte	ed median in the middle	of both
roadways to separate the	e direction of tra	avel. This i	ntersection w	as recently	re-paved within the las	t month
					lanes, and stops lines	
intersections. Crafts	Street at this into	ersection fe	eatures two tr	avels lanes.	I observed the road s	urface
to be dry at the time of						
The north lane in the we	estbound direction	of Crafts S	Street permits	travel stra	aight ahead and also per	mits
(Continue	ed on next page)					
Witnesses:		+			"	1
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	scription of Damaged Property	
Truck and Bus Information:	Registration #		(From Ve	chicle Section)		25
Carrier Name					Carrier Issuing Authority Cod	35 de
Address			City		St Zip	
US DOT #:			Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38				
1	Reg Type	Reg State	Reg Year_	Trailer	Length 39	
Hazmat Information:  40	41					42
Placard Material 1 di	igit #   Material Na	me		Material 4 digit	#Release code	

→ Direction 1 = Vehicle 1 2 = Vehicle 2

-	<b>→</b> Direction	1 = Vehicle 1	2 =Vehicle 2	무 Pedestrian		
Crash Diagram:	ie: →[	1 -	2	<b>→</b> §		
	    	 	 		If Crash <u>Did Not</u> on a Public Way:	_Occur
			_		☐ Off-Street Parki	ng Lot
			į		☐ Mall/Shopping (	Center
		-  			Other Private W	ay
		_		+-	Indicate North by	Arrow
Crash Narrative:						
motorists/bicyclist to ta	ke a right tur	n onto Ha	rding Street.	The south lane	in the westbound dire	ction of
Crafts Street is a dedica	ted left turn	only lane	that coincides	with a left tu	rn only arrow on the t	raffic
signal in the middle of t	he intersection	n. The op	posite side of	Crafts Street	permits traffic travel	ing in
the eastbound lane to tra	vel straight	or take a	left turn onto	Harding Street	from is a single lane	travel
lane. The area is well 1	it featuring s	treet ligh	ts bright enoug	h to illuminat	e the intersection fo	r
motorist traveling throug	h the area. T	he weather	at the time of	the crash app	eared to be clear.	
In the intersection where	the crash too	k place, I	observed a lar	ge debris fiel	d comprised of parts f	rom a
2020 Tao Tao motorized sc	ooter (49CC) a	nd a 2007 (	Chrysler Town a	nd Country (MA	: 5EE316). I	
observed the motorized sc	ooter (VIN: L9	NTCBAG1L10	10287) resting	on its side f	acing North in the	
(Continued	on next page)					
Witnesses:					DI #	<u></u>
Name (Last, First, Middle)		Address			Phone # State	
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	cription of Damaged Property	
Truck and Bus Information:	<b>-</b>					
Carrier Name	_		(From		Carrier Issuing Authority Co	ode 35
Address			City		St Zip	
US DOT #:	_ State Number		Issuing State _	ICC #:	Interstate	36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38			39	
Trailer Reg #:	Reg Type	Reg Stat	te Reg Yea	r Trailer	Length	
Hazmat Information:	41				Г	42
Placard Material 1 digit	# Material	Name		Material 4 digit	# Release code	72

ash Diagram:	ie: → 1 → 2	<b>→</b> Ô
		If Crash <u>Did Not</u> Oc on a Public Way:
		☐ Off-Street Parking I
		☐ Garage
		☐ Mall/Shopping Cen
		Other Private Way
		Indicate North by Arr
ash Narrative:		<b>-</b>
thbound lane of Crat	ts Street in the intersection. The motor	ized scooter has significant damage to

northbound lane of Crafts Street in the intersection. The motorized scooter has significant damage to its front, right, and left side and was inoperable. The area in the immediate vicinity of the motorized scooter was saturated with gasoline. The rear lights and dash of the motorized scooter were illuminated while I was observing the crash scene. The headlights were not intact due to the impact from the crash and I was unable to determine if they were functioning. The motorized scooter was removed from the roadway by Tody's Towing. The intersection where the crash took place had numerous first responders present immediately after the crash rendering aid to Mr. Tchikou prior to his transport to the hospital. It was reported by officers on scene that some of the items and debris in the intersection had been moved from their initial place of rest after the crash took place. A black MMG helmet was observed resting on the ground outside the debris field from

	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Pho	one #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Da	amaged Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)			35
Carrier Name					Carrier	Issuing Authority Cod	le l
Carrier NameAddress			City			Issuing Authority Coo	le
			•		St	Zip	le
AddressUS DOT #:37			•		St	Zip Interstate	le
AddressUS DOT #:37	State Numbers Vehicle Weight	38	Issuing State	ICC #:_	St	Zip	le
AddressUS DOT #:	State Numbers Vehicle Weight	38	Issuing State	ICC #:_	St	Zip Interstate	le
AddressUS DOT#:	State Numbers Vehicle Weight Reg Type	38 Reg State	Issuing State	ICC #:_ Tr	ailer Length	Zip Interstate	le

MICHAEL R GAUDET			NEWTON POLICE DEPARTM		10/07/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

_	<b>→</b> Direction	Vehicle 1	<b>♀</b> Pedestrian	
Crash Diagram:	ie: → 1	2 verificie 2	→ Ŷ	
				If Crash <u>Did Not</u> Occur on a Public Way:
				☐ Off-Street Parking Lot
	_		<u> </u>	☐ Garage
				☐ Mall/Shopping Center
			+	☐ Other Private Way
			+	Indicate North by Arrow
			++	
Crash Narrative:		-		
the crash before the west	bound left turn on	ly lane of Crafts S	treet. It is unknown	n if it was moved from its
initial place of rest by	a first responder.	I observed the st	rap on the helmet the	at would be used to secure
it to the operator to be	in good operable c	ondition. I did no	t observe it to be de	efected and the securing
feature of the strap was	in working order.	I did not observe	any blood, hair, or	other apparent physical
evidence inside the helme	t that would be co	nsistent with the h	ead injury reported	to the operator of the

motorized scooter. I observed what appeared to be fresh markings on the front mouth/nose area of the

helmet. I observed a white Iphone with a red phone case lying on the roadway a short distance away from the impact area. The Iphone was on and displaying travel directions from the Iphone application Waze. The Iphone and the helmet were seized pending the status of the operator of MV2. A property/evidence form was

(Continued on next page)

Witnesses:							
Name (Last, First, Middle)		Address			Phone	e #	Statement
Property Damage:		•					
Owner (Last, First, Middle)	Address		Phone #	34-Туре	Description of Dam	naged Property	
Truck and Bus Information:  Carrier Name			(From Vehic	cle Section)	Carrier Is	ssuing Authority Co	35 de.
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gros	ss Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tı	ailer Length	,	
Hazmat Information:						_	
Placard 40 Material 1 digit #	Material Na	me		Material 4	digit #	Release code	42

MICHAEL R GAUDET		1	NEWTON POLICE DEPARTM		10/07/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

→	Direction	1 :	Vehicle	1 2 =	Vehicle 2	₽Pedestr	ian			
Crash Diagram:	ie: <b>-</b>	1	] -	2		<b>→</b> Ŷ				
								If Crash <u>Did Not</u> on a Public Way:	Occur	
	 							<b>7</b> 000 00 00 10		
								☐ Off-Street Parkin	g Lot	
								☐ Garage		
								☐ Mall/Shopping C	enter	
	İ				İ			☐ Other Private Wa	у	
				-+		+		Indicate North by A	Arrow	
	į	į		į	į	į		( )		
Crash Narrative:										
completed and the Iphone ar	nd helmet	were	secured	in pro	perty loc	ker number	9.			
I spoke with the operator of								operating his white		
2007 Chrysler Town and Cour	ntry (MA:	5EE31	6) on C	rafts S	Street (N)	as he appr	oached W	Waltham Street.		
Moran stated he had a gre	en light	and a	ctivated	d his l	left blink	er as he ap	proached	d the intersection	with the	
intention of taking a left	turn onto	o Walt	ham Stre	eet. N	Moran stat	ed as he pr	oceeded	to take his left t	urn he	
saw "orange" and was unable	to avoid	d hitt	ing the	object	in front	of him. M	oran sta	ated the object cam	e out of	
nowhere and he swerved to t	the left i	in an	attempt	to avo	oid the cr	ash. Moran	stated	after the collisio	n he	
accelerated away from the i	impact are	ea and	came to	o a co	ontrolled	stop on Wal	tham St	reet (S) just past		
the intersection.										
(Continued or	next pag	ge)								
Witnesses:										
Name (Last, First, Middle)			Address					Phone #	Statement	
Property Damage:										
Owner (Last, First, Middle)	Address		Phone # 34-Type Desi				Descriptio	Description of Damaged Property		
Total and David Commention										
Truck and Bus Information:  Carrier Name	Ü	on #			(From	Vehicle Section)		Carrier Issuing Authority Coo	35	
					•.					
Address									36	
US DOT #:			38		Issuing State _	ICC #:_		Interstate		
Cargo Body Type Code Gross	s Vehicle Weig	ght						39		
Trailer Reg #:	Reg Type		Reg Sta	ate	Reg Yea	ır Tr	ailer Length			
Hazmat Information:	41								42	
Placard Material 1 digit #	Ma	iterial Na	ime			Material 4	digit #	Release code	.2	
MICHAEL R GAUDET					1	NEWTON POLICE DEPARTS		10/07/2	2020	

ID/Badge #

Department

Precinct/Barracks

Date

Signature

→	▶ Direction 1	Vehicle 1	vehicle 2	₽ Pedestrian		
Crash Diagram:	ie: → 🗆	<b>→</b> [2	■ →	Ŷ		
					If Crash <u>Did Not C</u> on a Public Way:	Occur
					☐ Off-Street Parking	g Lot
					☐ Garage	
				<del>-</del>	☐ Mall/Shopping Ce	
					☐ Other Private Way	7
				+	Indicate North by A	rrow
Crash Narrative:						
Moran stated he exited his	vehicle and l	ooked back at	the intersect	ion he had just	t travelled through.	Moran
stated as he began walking	towards the i	ntersection h	e observed a p	earty laying on	the roadway in the	
intersection. Moran stated	the party was	not wearing	a helmet at th	is time. Mora	n also added that he	e
believes the moped involved	d in the crash	did not have	its headlight	s on prior to	impact. Moran stayed	d on
scene and cooperated fully	with officers	during the i	nvestigation.	A query of Mon	ran's license and	
registration status through	n Newton Polic	e Dispatched	showed they ar	e both active.		
I asked Moran if he was us:	ing a cell pho	ne, GPS, or a	ny other type	of hand held de	evice prior to the c	rash.
Moran stated he was not.	I asked Moran	if he was dis	tracted by any	thing either in	nside the vehicle or	
something on the roadway pr	rior to the cr	ash. Moran s	tated he was n	ot. I asked Mo	oran if he was curre	ntly
(Continued or	n next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:				1		1
Owner (Last, First, Middle)	Address		Phone #	34-Type Descripti	ion of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	,		35
Carrier Name					Carrier Issuing Authority Cod	e
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gros	s Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Lengt	39	
Hazmat Information:						
Placard 40 Material 1 digit #	Material N	ame		Material 4 digit #	Release code	42

Department

ID/Badge #

Signature

10/07/2020

Date

Precinct/Barracks

CDP1 11 ·24·00

MICHAEL R GAUDET

	→ Direction	1 =	Vehicle 1	2 =	Vehicle 2	₽Pedestr	rian		
Crash Diagram:	ie: →[	1	_ <b>→</b>	2		<b>→</b> ĝ			
								If Crash <u>Did No</u> on a Public Way:	
	- — —	_ _		_				☐ Off-Street Park	ing Lot
								☐ Garage	
								☐ Mall/Shopping	Cantar
	 	_ _						☐ Other Private V	
<u> </u>	- — — — — -	- -			+	- — — —		Indicate North by	/ Arrow
				- <del> </del> -	<del> </del>	· — —      - — —			)
Crash Narrative:									
impaired in any way that	t would impede h	nis	ability	to op	erate a ve	ehicle safe	ly. Mor	an stated he was	not. I
asked Moran if he takes	any medications	3 01	has a m	ıedica	l condition	on that wou	ld imped	e his ability to	operate
a vehicle safely. Morar	n stated he does	3 nc	ot. Mora	n rep	orted no j	injuries as	a resul	t of the crash.	
I observed Moran's vehic	cle at its cont	coll	led rest	locat	ion. The	vehicle w	as parke	d on Waltham Stre	eet
(S) in the southbound la	ane just past th	ıe i	intersect	ion o	of Crafts ?	Street. Th	e 2007 C	hrysler Town and	
Country (MA: 5EE316) ha	ad substantial o	lama	age to th	e fro	nt passenc	jer side bu	mper, ho	od, fender,	
windshield, and passenge	er door area.	Ther	ce was ph	ıysica	l evidence	e of what a	ppeared	to be hair, blood	d, and
tissue presumed to be fr	rom the operator	c of	E MV2 pre	sent	in the cra	acked winds	hield, a	nd on the passen	ger side
door/mirror area. I obse	erved a blue Cor	nmor	wealth o	of Mas	sachusetts	s "R" inspe	ction st	icker with a date	e of
(Continued	d on next page)	_							
W itnesses:		_							
Name (Last, First, Middle)		$\Box$	Address					Phone #	Statement
			l						
Property Damage:									
Owner (Last, First, Middle)	Address			$\overline{}$	Phone #	34-Type	Description	n of Damaged Property	
								, , , , , , , , , , , , , , , , , , ,	
		—		+					
		_							
Truck and Bus Information:	Registration #	_			(From V	Vehicle Section)			35
Carrier Name							C	Carrier Issuing Authority C	
Address				Ci	.ty			St Zip	
US DOT #:	State Number				Issuing State _	ICC #:_		Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight		38					L	
Trailer Reg #:	Reg Type		Reg State	e	Reg Year	r Tr	ailer Length	39	
Hazmat Information:	<u> </u>						-		
Placard 40 Material 1 di	git # 41 Materia	l Nar	ne			Material 4	digit#	Release code	42

on a Pu	n <u>Did Not</u> Occur ublic Way: Street Parking Lot
on a Pu	ublic Way: Street Parking Lot
Gara  Mall  Othe	
□ Mall. □ Othe	age
□ Mall. □ Othe	*5°
Othe	I/Classias Cantan
	l/Shopping Center
Indicate	er Private Way
	North by Arrow
Crash Narrative:	
05/28/2020 affixed to the windshield. Moran stated the rejection sticker was a result of an	emissions
failure. The inspection sticker expires in 2021. I asked Moran if there were any other med	hanical issues
with the vehicle. Moran stated there were no issues to his knowledge. I observed no object:	s present inside
the vehicle during my investigation that would have potentially impeded the operators ability	y to see clearly
through the windshield. I observed glass debris from the windshield inside the passenger and	d driver area of
the vehicle. There was no air bag deployment inside the vehicle.	
Subsequent to my investigation, the vehicle was seized pending the status of the operator of	MV2. The
vehicle was towed from the scene by Tody's towing and secured in the Newton Police Department	t garage. The
vehicle was escorted to the garage by Officer Donovan. A towed motor vehicle form was comple	eted by Officer
(Continued on next page)	
Witnesses:	
Name (Last, First, Middle)  Address  Phone #	Statement
Property Damage:	I
Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged	Property
Truck and Bus Information: Registration #(From Vehicle Section)	35
Carrier Name Carrier Issuing	
Address City St	Zip
US DOT #: State Number Issuing State ICC #: I	Interstate 36
Cargo Body Type Code 37 Gross Vehicle Weight 38	
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length	
Hazmat Information:	
Placard Material 1 digit # 41 Material Name Material 4 digit # Re	elease code 42

Department

ID/Badge #

Signature

10/07/2020

Date

Precinct/Barracks

MICHAEL R GAUDET

-	Direction 1	Vehicle 1 2	vehicle 2	Pedestriar	1	
Crash Diagram:	ie: 🕕 🛚	<b>→</b> 2	<b>→</b>	<b>₽</b> ĝ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					☐ Off-Street Parkin	ng Lot
					Garage	
					☐ Mall/Shopping (	Center
					☐ Other Private W	ay
			_ — — — —	+-	Indicate North by	Arrow
			<del>-</del> -	+-		
Crash Narrative:						
Donovan and the key for th						
completed. Subsequent to						
the operator of MV2. A pr	coperty/evidence	form was co	mpleted and th	ne phone wa	s secured in property lo	ocker
number 9.						
Officer Conary stated to m	<u>-</u>					and
provided me with the follo					ehicle (W) in the right	
lane of Crafts Street towa						rn 
lane on Crafts Street (W)						
Street from Waltham. Hame		egan to take	a left turn ar	nd there wa	s a head on collision w	ith the
(Continued o	on next page)					
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Nume (East, 1 list, Middle)		Address			THORE #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)		
Carrier Name					0 1 7 1 4 4 5 0	35
					Carrier Issuing Authority Co	35 ide
Address			City			
AddressUS DOT #:			City			
US DOT #:			City		St Zip	de
US DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC #:	St Zip Interstate	de
US DOT #: Gro	State Numberss Vehicle Weight	38	City Issuing State	ICC #:	St Zip Interstate	de
US DOT #:  Cargo Body Type Code  Trailer Reg #:	ss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC #: Traile	St Zip Interstate	de

ID/Badge #

Department

Signature

Precinct/Barracks

Date

		Vehicle 1 2	₹Vehicle 2	₽ Pedestrian		
Crash Diagram:	ie: → 1	<b>→</b> 2	□ →	Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parking	g Lot
					☐ Mall/Shopping Co	enter
	_				Other Private Way	y
					Indicate North by A	rrow
Crash Narrative:						
scooter. Hamel stated he be	lieved the tra	affic light a	t the time of	the crash wa	s green. On Friday, Oc	tober 9,
2020, I spoke with Hamel vi	a telephone.	Hamel corrob	erated the sta	tement he ga	ve to Officer Conary.	I asked
Hamel if he believed the he	adlights on th	ne motorized	scooter were a	ctivated at	the time of the crash.	Hamel
stated he believes the head	lights on the	motorized sc	ooter were on	as it approa	ched the intersection	but was
not postive.						
On Wednesday, October 7, 20	20, I spoke wi	th Mr. Tchik	ou in his ICU	room at Brig	ham and Women's Hospit	al.
Tchikou's wife, Yami Carraj	za, was preser	nt in the ro	om while I spo	ke with him.	Tchikou stated he had	d a
significant head injury, in	juries to his	nasal cavity	, his back, an	d a signific	ant injury to his lef	t leg.
I asked Tchikou about his r	ecollection of	the crash.	Tchikou state	d he had jus	t left his friend's ho	me on
(Continued on	next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Desc	ription of Damaged Property	
				,		
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		35
Carrier Name					Carrier Issuing Authority Cod	
Address			City		St Zip	
US DOT #:S	tate Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gross	Vehicle Weight	38				
 Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer L	ength 39	
Hazmat Information:						
Placard 40 Material 1 digit #	41 Material Na	ame		Material 4 digit #	Release code	42

Department

ID/Badge #

Signature

10/07/2020

Date

Precinct/Barracks

MICHAEL R GAUDET

_	Direction 1	Vehicle 1 2	=Vehicle 2	₽ Pedestr	ian
Crash Diagram:	ie: → 1	2	_ →	<u> </u>	
	_   _				If Crash <u>Did Not</u> Occur on a Public Way:
					☐ Off-Street Parking Lot
					☐ Garage
					☐ Mall/Shopping Center
					☐ Other Private Way
					Indicate North by Arrow
				+	
	_				( )
Crash Narrative:					
Hazelhurt Avenue in Newton	and was trave	eling home to	Brighton to b	ring his	wife dinner. Tchikou stated he
was traveling Eastbound on	Crafts Street	as he approa	ched the inter	section o	of Crafts Street and Waltham
Street. Tchikou stated he	had a green li	ght and as h	e entered the	intersec	tion a white vehicle took a turn
from the opposite side of	the road in fro	ont of him.	Tchikou stated	he does	not remember anything after that
I asked Tchikou if he wa	s wearing a hel	met at the t	ime of the cra	sh. Tch	ikou stated he was. I explained
to Tchikou that I recovere	d a white Ipho	one with a re	d case at the	scene of	the crash. Tchikou identified
the Iphone as his. I expl	ained that the	phone was di	splaying trave	l direct	ions when I found it and I asked
					ed he was not distracted by the
		the motorized	scooter. I a	sked Tch	ikou if he remembers if his
	n next page)				
W itnesses: Name (Last, First, Middle)		Address			Phone # Stateme
Nume (East, First, Wildele)		Address			THORE # Stateme
Property Damage:				24.7	
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property
Truck and Bus Information:	Registration #		(From Vehic	cle Section)	
Carrier Name					Carrier Issuing Authority Code
Address			City		St Zip
US DOT #:	State Number		Issuing State	ICC #:_	Interstate 36
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38			

MICHAEL R GAUDET Newton Police Departs 10/07/2020
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Reg State Reg Year

Reg Type\_\_\_\_

Material Name

Trailer Length

\_\_\_\_\_ Material 4 digit # \_\_\_\_

42

Release code

Trailer Reg #:\_

Placard

Hazmat Information:

Material 1 digit #

	Direction 1	Vehicle 1 2	≠Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: → 1	2		<u> </u>		
					If Crash <u>Did Not</u> Con a Public Way:	Occur
		 			☐ Off-Street Parking	Lot
					☐ Garage	
					☐ Mall/Shopping Ce	enter
					☐ Other Private Way	
				+	Indicate North by A	rrow
Crash Narrative:						
	d on his motorize	ed scooter at	the time of t	he crash	. Tchikou stated they were	on.
I asked Tchikou if he co	uld produce paper	rwork for the	motorized sco	oter to	prove he was the owner. To	chikou
stated he had recently p	urchased the scoo	oter and the	paperwork for	it was a	t his residence. Tchkou's	wife
e-mailed me a picture of	the Certificate	of Origin for	r the motorize	d scoote	r. I asked Tchikou if he c	could
produce a license or per	mit that would al	llow him to o	perate the mo	torized	scooter. Tchikou stated he	did
not have a Massachusetts	license or perm	mit, but had	an Algerian li	cense at	this residence. I was abl	le to
observe a picture of the	license on his w	wife's cell p	hone. The wri	tten tex	t on the license was in Ar	rabic.
	ranslation of the	e license in 1	English and di	d not po	ssess an International Driv	er's
Permit.						
	on next page)					
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Name (Last, First, Mildule)		Address			Priorie #	Statement
Property Damage:			T			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	icle Section)		
Carrier Name			`	,	Carrier Issuing Authority Code	35 e
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	Tra	ailer Length 39	

Material 4 digit # \_

Release code

Hazmat Information:

Placard

Material 1 digit #

Material Name\_

_	Direction 1	■ Vehicle 1	vehicle 2	₽Pedestri	an	
Crash Diagram:	ie: → 🗖	<b>→</b>	2 →	<b>₽</b> Ŷ		
						n <u>Did Not</u> Occur ıblic Way:
					Off-	Street Parking Lot
						ige
					☐ Mal	/Shopping Center
		+			□ Othe	er Private Way
	 		+-	+	Indicate	North by Arrow
			<del>-</del> -			
Crash Narrative:						
As a result of my investig	ation, Mr. Wil	liam Moran wh	nile operating	MV1 (MA:	5EE316) entered	the travel
lane of MV2 (Tchikou) as h	e was making a	left turn on	nto Waltham St	reet from	Crafts Street.	MV2 had the
right of way and MV1 faile	d to yield to	MV2's right o	of way causing	the colli	sion to take pla	ce. Moran was
advised of my investigation	n and issued M	assachusetts	Uniform Citati	ion T0115	914 via mail by	request for
Chapter 90, Section 8 (Fai	l To Yield To	The Right Of	Way At An Inte	ersection.	)	
Mr. Nadhir Tchikou operate	d his motor sc	ooter at the	time of the cr	rash witho	ut a valid licen	se/permit.
Tchikou is also in violati	on of operatio	n of a motor	scooter after	r dark (pr	ohibited). The	crash
occurred at 2147 hours. To	hikou will be	issued Massac	husetts Unifor	rm Citatio	n T0115915 in ha	nd at Brigham and
Women's Hospital for Chapt	er 90, Section	1E (Unlicens	sed Operation (	Of A Motor	Scooter) and Ch	apter 90,
(Continued o	n next page)					
Witnesses:		1			21 "	10
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 Veh	icle Section)		35
Carrier Name					Carrier Issuing	
Address			City		St	Zip
US DOT #:	State Number		Issuing State	ICC #:		Interstate 36
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length	
Hazmat Information:						
40						
Placard Material 1 digit #	# 41 Material N	Jame		_ Material 4 di	git # R	elease code 42

ID/Badge #

Department

Precinct/Barracks

Date

Signature

CDP1 11 ·24·00

-	Direction 1	∃ Vehicle 1	±Vehicle 2	₽Pedestri	an		
Crash Diagram:	ie: → 🛚	<b>→</b> □		<b>→</b> ♀			
					on on on on on on on on on on on on on o	rash Did Not Coa Public Way:  Off-Street Parking Garage  Mall/Shopping Ce Other Private Way  cate North by A	Lot enter
						$\overline{}$	
Crash Narrative:							
Section 1E (Operation Of	A Motor Scooter	After Sunset	- Hours Res	striction.)			
W itnesses:							
Name (Last, First, Middle)		Address			Phone #	<del> </del>	Statement
Name (Last, First, Middle)		Address			Filone i	•	Statement
Property Damage:		•					
			DI "	24 T	5		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
Tourse and Develope was at least			-				
Truck and Bus Information:	Registration #		(From \	Vehicle Section)			35
Carrier Name					Carrier Issu	ing Authority Code	e SS
Address_			City		C+	7:	
Audiess			City		Sī	Zip	
US DOT #:	_ State Number		Issuing State	ICC #:		Interstate	36
37		38					
Cargo Body Type Code G	ross Vehicle Weight						
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length 39		
Hazmat Information:					3		
	41						42
Placard 40 Material 1 digit	# Material Na	ame		Material 4 d	igit #	Release code	42
MICHAEL R GAUDET							
MICHAEL R GAODEI			N	EWTON POLICE DEPARTM		10/07/20	)20

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