

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/29/2021	Time of Crash 15:22 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 1	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
<b>WEST BRENTWOOD AVE</b>										
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____							
<b>SOUTH JUDITH RD</b>										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____							
							Landmark _____			
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000295			
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>111ZS1</u>		Reg Type <u>PAN</u>		Reg State <u>MA</u>			
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year <u>2020</u>		Veh Make <u>HONDA</u>		Veh Config. <u>1</u> <u>20</u>			
Operator <u>IOANNILLI LISABETH R</u>			Owner <u>(Same as operator)</u>							
Address <u>503 AUBURN ST</u>			Address _____							
City <u>NEWTON</u> State <u>MA</u> Zip <u>02466</u>			City _____ State _____ Zip _____							
Insurance Company <u>AMICA</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>N</u>			Event Sequence <u>4</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		10 Undercarriage					
Citation # (If Issued) <u>T1446633</u>			Most Harmful Event <u>4</u> <u>23</u>		5 11 Totaled					
Violation 1: Ch <u>90/144</u> Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>19</u> <u>24</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>							
Please fill out for operator and all occupants involved										
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										
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type <u>2</u> <u>14</u>		Action <u>3</u> <u>15</u>		Location <u>2</u> <u>16</u>			
					Condition <u>1</u> <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # _____ St _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State _____			
Sex <u>F</u> Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Veh Year _____		Veh Make _____		Veh Config. <u>20</u>			
Operator <u>CAMPBELL LUCIA</u>			Owner _____							
Address <u>12 GARLAND RD</u>			Address _____							
City <u>NEWTON</u> State <u>MA</u> Zip <u>02459</u>			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? _____			Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u>		10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event <u>23</u>		5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>24</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed _____							
Please fill out for operator and all occupants involved										
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										

→ 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 04/29/2021 at 15:22 hours I was dispatched to 53 Brentwood Ave for a report of a motor vehicle crash involving a bicyclist. Upon my arrival, I made the following observations of the crash scene. Brentwood Ave is a two way non divided public way in the City of Newton that runs east to west from Greenlawn Ave to Walnut St. Brentwood Ave is a thickly settled residential area with a 25 MPH speed limit. The roadway conditions at the time of the crash were wet due to rain.

I observed MA reg 111ZS1 a 2020 Honda Civic parked on the side of Brentwood Ave just passed the intersection of Judith Rd facing westbound. I observed that the Honda had damage to it's front driver's side bumper. When I inspected the Honda I observed that the driver's side headlight casing was cracked and a piece of it was missing. I further observed an approximately six inch in diameter spider web like crack in the lower driver's

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**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


**MICHAEL A MCSWEENEY**      **NEWTON POLICE DEPT**      **04/29/2021**

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24:00

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:    ie: → 1    → 2    →

	If Crash <u>Did Not</u> Occur on a Public Way:	
	<input type="checkbox"/> Off-Street Parking Lot	
	<input type="checkbox"/> Garage	
	<input type="checkbox"/> Mall/Shopping Center	
	<input type="checkbox"/> Other Private Way	
	Indicate North by Arrow	
		

**Crash Narrative:**

side windshield. The windshield crack was inward , indicating that an external object had caused the damage. There was another single crack onn the driver's side windshield that extended from the hood to the roof. The operator of the Honda , Lisabeth Ioannilli stated that on 04/29/2021 at 15:20 hours she was driving westbound on Brentwood Ave near the intersection of Judith Rd. Ioannilli stated that she estimated that the speed of her vehicle was approximately 25 to 30 MPH. Ioannilli stated that she did not see a bicyclist in her path of travel until the point of impact when her vehicle was aproximately 3/4 of the way passed the intersection of Judith Rd. Ioannilli stated that her vehicle's front driver's side bumper made contact with the bicyclist. Ioannilli stated that the bicyclist was tossed off of her bike and onto the hood and windshield of her vehicle before rolling onto the ground. Ioannilli stated that she pulled her vehicle to the

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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

MICHAEL A MCSWEENEY

NEWTON POLICE DEPART

04/29/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

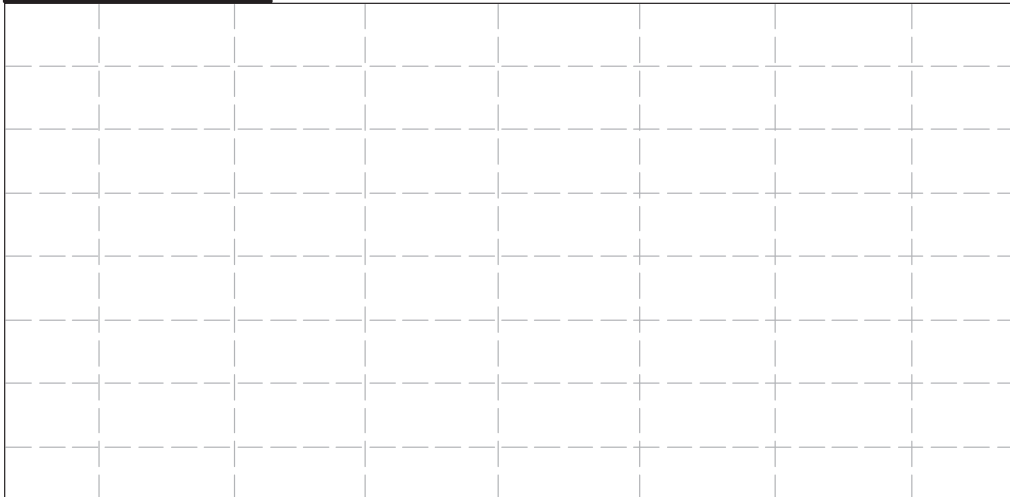
Precinct/Barracks

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:

side of the road and went to check on the bicyclist. Judith Rd is a public way in the City of Newton that runs east and then turns south from Walnut St to Brentwood Ave. There are no traffic control devices at the intersection of Judith Rd and Brentwood Ave. Ioannilli stated that she was not injured in the crash and her vehicle did not require a tow.

At the crash scene, the bicyclist, Lucia Campbell, a student at FA Day Middle School (DOB 11/08/2006) was being treated in an ambulance and was transported to Boston Children's Hospital for treatment. Campbell was conscious and was able to answer questions from EMS members. Campbell stated that she was wearing a helmet at the time of the crash and that she rode her bike south on Judith Rd and was turning eastbound onto Brentwood Ave when the crash occurred. I spoke with Campbell's parents Adam Campbell and Iris Delasota who

(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

MICHAEL A MCSWEENEY

NEWTON POLICE DEPT.

04/29/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

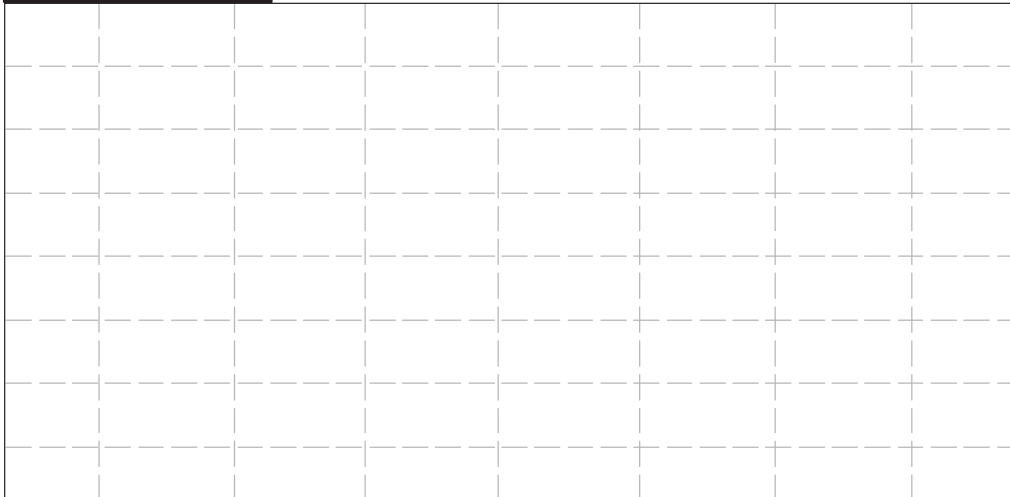
Precinct/Barracks

Date

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

#### Crash Diagram:



If Crash Did Not Occur  
on a Public Way:

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- ☐ Garage
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- ☐ Other Private Way

Indicate North by Arrow



#### Crash Narrative:

stated that their daughter was under going x rays and other tests to determine if she has internal injuries.

I took photo's of the bike, Honda and crash scene and the disk was downloaded by the NPD's IT Bureau.

Based upon my investigation of this crash I concluded that Ioannilli was at fault for it. I issued via US mail Ioannilli MA Uniform Citation T1446633 and cited her for a violation of MGL 90/14 failure to use care while approaching a bicyclist.

Campbell's bike was turned over to her parents at the crash scene.

#### 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

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04/29/2021

Police Officer Name (Please Print)

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ID/Badge #

Department

Precinct/Barracks

Date