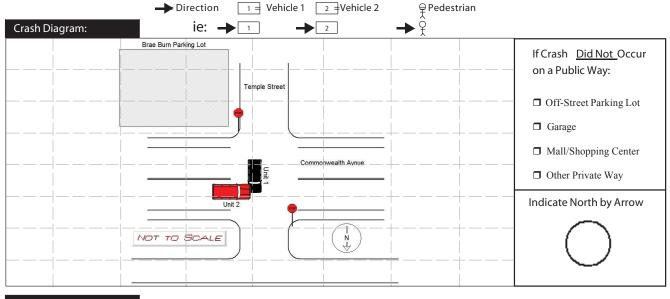
	Poli	ice Use Only		Common	wealth	of Mas	ssacl	huse	etts			RMV	V Docu	ument	Number	
	Date of Crash 07/16/2021	Time of Crash 13:07 24HR	NEWTON	M(hicle C Repor		Nu Vel 2	mber hicles	Numb Injure	d Latin	ed Limi tude gitude_		Sta Lo MI Ot	ate Police cal Police BTA Police her:	NA NA
			SECTION:	<		ATION	>				ΓΑΤ					—
	WES	T COMM	IONWEALTH A	VE												2
1	Route# Direc			of Roadway/Street		Route# Dir	ection	Addres	s #		Na	me of R	Roadwa	ıy/Stree	et	210
1	NOR	TH TEMPL	F ST	At		Fee	t N S	E W	of _		•		or			_ 2
	Route# Direc			ing Roadway/Street		-					Marker				it Number	_
			Also at Int	ersection with		Fee	t N S	EW	of	Route	#	ntersec	ting Ro	oadway	/Street	-
2 1	Route# Direc	<u></u>	Name of Inter-	acting Dandway/Stant		Fee	t N S	EW	of							3
3	Route# Direc	tion	Name of Inters	ecting Roadway/Street								Laı	ndmark			\dashv
	XVehicle1	_1_#Occupants	Hit/Ru	Moped	Case Numb	er		21000	00517							╛
	License#		St_N		Reg	# 2BFF61				_Reg T	ype_PAI	N	Re	g State		
	Sex_M_ Lic.	Class D 18 1	Lic. Restriction		Veh	Year_2018		Veh Ma	ike_NI	SSAN			Veh C	Config.	2 20	
⁴ 2	Operator FOF		JACOB First	Endorsme	Owr	ner FORBES	Last		RIAN	First		M	ARC	dle		- 1
	Address 55 M	YRTLE STREET	,		Add	lress 55 MYRT	LE STR	EET								-
	City NEWTO	N	S	tate_MA_Zip_02465	City	NEWTON						_State	MA	_Zip_0)2465	-
	Insurance Com	npany SAFETY			Veh	icle Action Pri	or to Cra	sh	1 21		_	_			e Up to Thre	æ)
5 1	Vehicle Travel	Direction:	S E W Re	sponding to Emergency	? <u>N</u> Eve	nt Sequence	1 22	22	22	22 €)			4		
	1	ssued) 071113AE				t Harmful Eve	nt 1	23			+	9			10 Undercarri 11 Totaled	age
6	Violation	1: Ch89/8_Sec	c Violatio	n 2: ChSec	Driv	er Contributing	g Code	4	24	24 8			\sum) 6		
⁶ 1				on 4: ChSec	Und	lerride/Override			Towed	<u>Y</u>		,	T 22 T			
	Please 1 Name (Last Fir		ator and all occ	upants involved Address		Age/DOI	3 Sex	26 Seat Pos.	27 Safety System	28 Airbag Air Status Sw	29 30 pag Eject tch Code	31 Trap Code	32 Injury Status	33 Fransp. Code	Medical Facili	ty 13
	Operator			See Abov	e				1	4 99	0	0	10	1	N/A	
⁷ 2	Please Select C of the Followi		2 <u>2</u> #Occupa	nts Non-Motoris	t A Type	14 Action	15 L	ocation	1	6 Con	dition	17		Hit/Rur	п Мор	ed
	License#		St_N		Reg	# MF445				_Reg T	ype_MV	'N	Re	g State		
	Sex_M Lic.	Class D 18 1	Lic. Restriction			Year 2019		Veh Ma	ike_FO	RD			Veh C	Config.	20	
⁸ 2	Operator MO	RRIS	JOHN First	Endorsme	ent Owr	ner CITY OF	NEWTO	N N	EWTC	ON FIR	Ξ		Mido	dle		-
_	Address 1164	CENTRE STREE	ET		Add	ress 1164 CEN	TRE ST	REET								-
	City NEWTO	N	S	tate MA Zip 02465	City	NEWTON						_State	MA	_Zip_0	02459	-
	Insurance Com	npany SELF INSU	URED		Veh	icle Action Pri	or to Cra	sh	1 21			d Area	Code:	(Circle	e Up to Thre	æ)
	Vehicle Travel Direction: NSEN Responding to Emergency? Y Citation # (If Issued) N/A					nt Sequence [1 22	22	22	22 6		3	$\overline{}$	4		
						st Harmful Eve	nt 1	23		0	+	9	$\left(\cdot \right)$		10 Undercarri 11 Totaled	age
	Violatio	n 1: ChSe	ec Violat	on 2: ChSec	Driv	er Contributing	g Code	1	24	24 G		Ų	\mathcal{I}			
	Violatio			on 4: ChSec		lerride/Overrid	e		Towed_	Y "		/	1 '	6		_
	Pl Name (Last Fi		operator and a	ll occupants involved Addres		Age/DO	B Sex		27 Safety A System	28 Airbag Air Status Sv	29 30 bag Eject ritch Cod	Trap Code	32 Injury I Status	Transp. Code	Medical Facil	ity
		Non-Motorist		See Abov	е			-		1 1	1	1			NEWTON WELLES	
	MCNAMARA	, MICHAEL		64 CENTRE STREET EWTON, MA 02459			M	3	1	1 1	0	0	8	2	NEWTON WELLES	LEY
				•												



Crash Narrative:

On Friday, July 16, 2021, while assigned to Traffic unit N525, I responded to the intersection of Commonwealth Avenue and Temple Street, Newton for a crash involving a City if Newton Fire Department vehicle. The weather at the time of the crash was clear and sunny. The road surface was dry. Commonwealth Avenue and Temple Street are both public ways maintained by the City of Newton.

I spoke with the operator of MV1, Mr. Jacob Forbes. Mr. Forbes stated he was at a stop sign on Temple Street and was attempting to cross Commonwealth Avenue (N) from Temple Street. Mr. Forbes stated he looked to his right, and then to his left and did not see any vehicle approaching. Mr. Forbes stated as the began to enter the intersection he looked to his right and saw a vehicle pulling over to the side of the road and a Newton Fire truck with it's lights on was heading towards him. Mr. Forbes stated he could not avoid the

(Continued or	next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone #	# 9	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information:	Registration #		`	le Section)	Carrier Issu	uing Authority Code	35
Carrier Name			City		St	Zip	
Carrier Name	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_	St	Zip	
Carrier Name	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_	St	Zip	

MICHAEL R GAUDET			NEWTON POLICE DEPARTM		07/16/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	→ Direction	1 = Vehicle 1	2 ≠Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →□	1 -	2	₽ ĝ			
				<u> </u> 		Crash <u>Did Not</u> (a Public Way:	Occur
		<u> </u>				Off-Street Parking	g Lot
						Garage	
		į		į		Mall/Shopping Co	enter
		- + 				Other Private Way	y
		-		+	Ind	icate North by A	irrow
					. — — —	\bigcirc	
Crash Narrative:							
collision and the front	end of MV2 cras	shed into his	passenger side	e. Mr. F	orbes reported	l no injurie	s and
signed a patient refusal	with Fallon Med	dics. I obse	rved damage to	the fron	t passenger si	de area of M	V1 and
it was removed from the	roadway by Tody'	's Towing.					
MV2 is a City of Newton	Fire Department	vehicle "C2"	. It is a 201	9 Ford Ex	pedition (MF45	5). The	
vehicle was responding t	o a Fire Alarm F	Activation cal	ll with emerge	ency ligh	ts and siren a	ctivate at t	he time
of the crash. The occup	ants of the vehi	icle were take	en to Newton We	ellesley	Hospital for e	valuation.	I
observed front end and d	river side damaç	ge to MV2. I	nere was air l	pag deplo	yment inside t	the vehicle,	on both
the front driver and pas	senger side. Too	dy's Towing re	emoved MV2 from	n the road	dway. Photos	were taken o	f the
crash scene and submitte	d to the IT Bure	eau.					
(Continued	on next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:							<u> </u>
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	P 11 11 11						
Carrier Name				nicle Section)	Carrier Iss	suing Authority Cod	35 le
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	iler Length 39		
Placard 40 Material 1 dig	it # 41 Material 1	Name		_ Material 4 c	ligit#	Release code	42
MICHAEL R GAUDET			NEWT	ON POLICE DEPARTM		07/16/2	021

ID/Badge #

Department

Signature

Date

Precinct/Barracks

Police Officer Name (Please Print)

-1	► Direction 1	Vehicle 1	₂ =Vehicle 2	Pedestrian		
Crash Diagram:	ie: 🕕 🛚 1	→ [2	2	₽ Ŷ		
					If Crash <u>Did N</u> on a Public Wa	
					☐ Off-Street Pa	rking Lot
					☐ Mall/Shoppin	ng Center
					☐ Other Private	e Way
	- — — — —				Indicate North	by Arrow
Crash Narrative:						
I responded to Newton Well	esley Hospital	and spoke wi	th Newton Fire	efighter Joh	n Morris (Driver) a	nd
Deputy Chief Michael Mcnam	ara (passenger)	in the emer	rgency room.	Both partie	s stated they were	
responding to a call with	emergency light	ts and siren	activated. FI	F Morris sta	ted as he approached	the
intersection of Commonwea	lth Avenue (W)	and Temple S	Street, he obse	erved a blac	k SUV exiting Temple	
Street onto Commonwealth A	venue. FF Mori	ris stated as	they were pas	ssing he bel	ieved MV1 tried to s	peed up to
cross Commonwealth Avenue.	MV2 then crash	ned into MV1.	As a result	of the cras	h, FF Morris suffere	d right
hand/wrist injury. Both F	F Morris and De	eputy Chief M	Mcnamara stated	d they had s	light respiratory is	sues from
breathing in the powder fr	om the air bag	deployment.				
MV1 failed to yield to MV2	's right of way	y as he attem	mpted to cross	Commonwealt	h Avenue from Templ	e Street.
(Continued o	n next page)					
Witnesses:						
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 Veh	icle Section)		
Carrier Name					Carrier Issuing Authority	Code 35
Address			City		St Zip_	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	
37						36
Cargo Body Type Code Gros	ss Vehicle Weight	38				36
Cargo Body Type Code Gros	ss Vehicle Weight Reg Type		Dag Voor	Troiler	Length 39	36
Cargo Body Type Code Gross Trailer Reg #: Hazmat Information:			Reg Year	Trailer	Length 39	36
Cargo Body Type Code Gross Trailer Reg #:	Reg Type	Reg State	Reg Year		Length	36

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)

	→ Direction	1 = Vehicle 1	2 =Vehicle 2	₽ Pedestri	ian	
Crash Diagram:	ie: →□	1 -	2	▶ ♀		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					☐ Off-Street Parkin	g Lot
						ig Lot
		_	 		☐ Garage	, ,
					☐ Mall/Shopping C	
					☐ Other Private Wa	
					Indicate North by A	Arrow
		-	<u> </u> +-	+		
		 -	 			
Crash Narrative:						
The operator of MV1, Mr.	Jacob Forbes w	ill be mailed	Massachusetts	Uniform (Citation 071113AB for Chap	oter 89,
Section 8 (Fail to Yield	at Intersection	n).				
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
T 1 12 16 #						
Truck and Bus Information:	_		`	chicle Section)	Carrier Issuing Authority Co	35
Carrier Name						de
					St Zip	36
US DOT #: Cargo Body Type Code 37		38	Issuing State	ICC #:	Interstate	
	Gross Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	iler Length	
Hazmat Information:	41					42
Placard Material 1 dig	it # Material	Name		Material 4 d	ligit # Release code	
MICHAEL R GAUDET			NEW	TON POLICE DEPARTM	07/16/2	2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)