

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/16/2021		Time of Crash 13:07 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	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	
WEST COMMONWEALTH AVE												2	
Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street								10	
NORTH TEMPLE ST				Feet N S E W of _____ or _____ 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								11	
Route# Direction Name of Intersecting Roadway/Street				Landmark								3	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000517							
License # --- St MA DOB/Age ---				Reg # 2BFF61 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____				Veh Year 2018 Veh Make NISSAN Veh Config. 2 20									
Operator FORBES JACOB				Owner FORBES BRIAN MARC								12	
Address 55 MYRTLE STREET				Address 55 MYRTLE STREET									
City NEWTON State MA Zip 02465				City NEWTON State MA Zip 02465									
Insurance Company SAFETY				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22				Event Sequence 1 22 22 22 22					
Citation # (If Issued) 071113AB				Most Harmful Event 1 23				Most Harmful Event 1 23					
Violation 1: Ch 89/8 Sec Violation 2: Ch Sec				Driver Contributing Code 4 24 24				Driver Contributing Code 4 24 24					
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y				Underride/Override 25 Towed Y					
Please fill out for operator and all occupants involved												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				Operator See Above									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 ---				Reg # MF445 Reg Type MVN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2019 Veh Make FORD Veh Config. 2 20									
Operator MORRIS JOHN				Owner CITY OF NEWTON NEWTON FIRE									
Address 1164 CENTRE STREET				Address 1164 CENTRE STREET									
City NEWTON State MA Zip 02465				City NEWTON State MA Zip 02459									
Insurance Company SELF INSURED				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? Y				Event Sequence 1 22 22 22 22				Event Sequence 1 22 22 22 22					
Citation # (If Issued) N/A				Most Harmful Event 1 23				Most Harmful Event 1 23					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24				Driver Contributing Code 1 24 24					
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y				Underride/Override 25 Towed Y					
Please fill out for operator and all occupants involved												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/Non-Motorist See Above				Operator/Non-Motorist See Above									
MCNAMARA, MICHAEL				1164 CENTRE STREET NEWTON, MA 02459									

→ 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 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 of 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 he 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

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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 R GAUDET NEWTON POLICE DEPARTMENT 07/16/2021

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

CDP1 11 -24:00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

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:

collision and the front end of MV2 crashed into his passenger side. Mr. Forbes reported no injuries and signed a patient refusal with Fallon Medics. I observed damage to the front passenger side area of MV1 and it was removed from the roadway by Tody's Towing.

MV2 is a City of Newton Fire Department vehicle "C2". It is a 2019 Ford Expedition (MF455). The vehicle was responding to a Fire Alarm Activation call with emergency lights and siren activate at the time of the crash. The occupants of the vehicle were taken to Newton Wellesley Hospital for evaluation. I observed front end and driver side damage to MV2. There was air bag deployment inside the vehicle, on both the front driver and passenger side. Tody's Towing removed MV2 from the roadway. Photos were taken of the crash scene and submitted to the IT Bureau.

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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 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 R GAUDET

NEWTON POLICE DEPART

07/16/2021

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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- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

I responded to Newton Wellesley Hospital and spoke with Newton Firefighter John Morris (Driver) and Deputy Chief Michael McNamara (passenger) in the emergency room. Both parties stated they were responding to a call with emergency lights and siren activated. FF Morris stated as he approached the intersection of Commonwealth Avenue (W) and Temple Street, he observed a black SUV exiting Temple Street onto Commonwealth Avenue. FF Morris stated as they were passing he believed MV1 tried to speed up to cross Commonwealth Avenue. MV2 then crashed into MV1. As a result of the crash, FF Morris suffered right hand/wrist injury. Both FF Morris and Deputy Chief McNamara stated they had slight respiratory issues from breathing in the powder from the air bag deployment.

MV1 failed to yield to MV2's right of way as he attempted to cross Commonwealth Avenue from Temple Street.

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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 R GAUDET

NEWTON POLICE DEPT

07/16/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

