

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/19/2021		Time of Crash 09:32 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	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	
Route# Direction Name of Roadway/Street At				EAST 1087 COMMONWEALTH AVENUE Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of LOWELL AVENUE Route# Intersecting Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								11	
3 Vehicle 1 Occupants		Hit/Run		Moped		Case Number 210000528						3	
License # MA St MA DOB/Age				Reg # R99118 Reg Type CON Reg State MA				20				12	
Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL N Endorsment				Veh Year 2015 Veh Make CASE Veh Config. 97									
Operator MANNION MARK Last First Middle				Owner DANGAN CONSTRU Last First Middle									
Address 8 DARWIN LANE				Address 581 COMMON STREET									
City WALPOLE State MA Zip 02081				City WALPOLE State MA Zip 02081									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 3 22 22 22 22 2 Most Harmful Event 3 23				1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
Citation # (If Issued) N/A				Driver Contributing Code 1 24 24 Underride/Override 25 Towed N									
Violation 1: Ch Sec Violation 2: Ch Sec													
Violation 3: Ch Sec Violation 4: Ch Sec													
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator				See Above				99 4 99 0 0 10 1				N/A	
Please Select One of the Following: Vehicle # Occupants Non-Motorist A Type 1 14 Action 2 15 Location 4 16 Condition 1 17 Hit/Run Moped												3	
License # MA St MA DOB/Age				Reg # Reg Type Reg State				20				13	
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				Veh Year Veh Make Veh Config.									
Operator STEIN APRIL Last First Middle				Owner Last First Middle									
Address 99 HIGHLAND STREET				Address									
City NEWTON State MA Zip 02465				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 Most Harmful Event 23				1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
Citation # (If Issued) N/A				Driver Contributing Code 24 24 Underride/Override 25 Towed									
Violation 1: Ch Sec Violation 2: Ch Sec													
Violation 3: Ch Sec Violation 4: Ch Sec													
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator/Non-Motorist				See Above				10 1				N/A	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash	Time of Crash	City/Town	Motor Vehicle Crash Police Report			Number Vehicles	Number Injured	Speed Limit	State Police	<input type="checkbox"/>			
	24HR							Latitude	Local Police	<input type="checkbox"/>			
								Longitude	MBTA Police	<input type="checkbox"/>			
									Other:	<input type="checkbox"/>			
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:					9		
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								10		
At			Feet N S E W of			Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of			Route# Intersecting Roadway/Street					11		
Also at Intersection with			Feet N S E W of			Landmark							
Route# Direction Name of Intersecting Roadway/Street													
<input type="checkbox"/> Vehicle #Occupants			<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										
Endorsment			Owner Last First Middle								12		
Operator Last First Middle			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			1 9 10 Undercarriage							
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24			5 11 Totaled							
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed			8 7 6							
Please fill out for operator and all occupants involved			Name (Last First Middle) Address			Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility					13		
Operator			See Above										
Please Select One of the Following:			<input type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 14			Action 2 15 Location 4 16 Condition 1 17			<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
License # St DOB/Age			Reg # Reg Type Reg State										
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year Veh Make Veh Config. 20										
Endorsment			Owner Last First Middle										
Operator KISH SARAH			Address										
Address 145 FULLER ST			City State Zip										
City NEWTON State MA Zip 02465			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							
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Operator/Non-Motorist			See Above			8 2					NEWTON WELLESLEY H		



→ 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:

southbound lane of Lowell Avenue towards Commonwealth Avenue for the detail. Access to Lowell Avenue from Commonwealth Avenue was prohibited. The northbound lane was blocked by orange construction cones and road closed signs. There was also no access to the Commonwealth Avenue carriage roads at this location. Both of these roadways were closed with orange construction cones and caution tape. There was also caution tape and orange construction cones restricting access to a walkway that traveled from Commonwealth Avenue to its carriage road just after Lowell Avenue (E). I also observed a "Sidewalk Closed" sign posted on the walkway.

I spoke with Officer Gabriel of the Newton Police Department. Officer Gabriel stated he was working a paid detail for Feeney Brothers at this location. Officer Gabriel stated he had just assisted two female

(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 R GAUDET

NEWTON POLICE DEPART

07/19/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

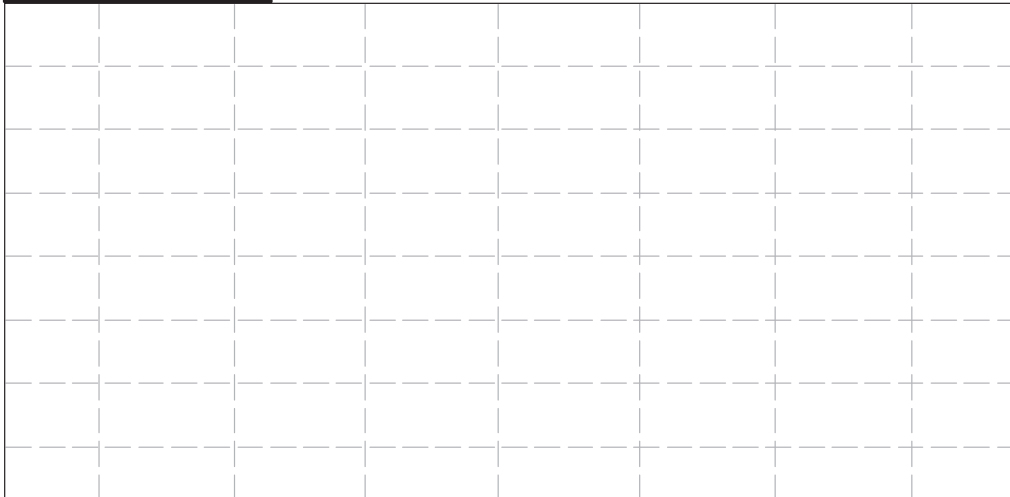
Date



→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

#### Crash Diagram:



If Crash Did Not Occur  
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Indicate North by Arrow



#### Crash Narrative:

they crossed Lowell Avenue. Ms. Stein stated they were walking along the edge of the roadway when they were hit by a front loader. Ms. Stein stated they fell to the roadway due to the collision. Ms. Stein stated she did not hear or see the front loader backing up towards them and did not notice it because they were having an "intense conversation". Ms. Stein reported no injuries and signed a patient refusal with Fallon Medics. I asked Ms. Stein if she had transportation to her residence. Ms. Stein stated she would walk home.

I spoke with the operator of the front loader involved in the crash, Mr. Mark Mannion (S91049325). Mr. Mannion is an employee of Feeney Brothers Utilities and stated he was operating a 2015 Case Loader (MA CON: R99118) at the time of the crash. Mr. Mannion stated he was backing up the loader down the Commonwealth Avenue carriage road (E) from Lowell Avenue. Mr. Mannion stated he was

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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

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

MICHAEL R GAUDET

NEWTON POLICE DEPT

07/19/2021

Police Officer Name (Please Print)

Signature

ID/Badge #


Department

Precinct/Barracks

Date

→ 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:

going to get a load of fill from a pile of dirt on the side of the road inside the marked off work area. Mr. Mannion stated as he was backing up, he was looking over his right shoulder behind him to make sure there were no obstacles in his way. Mr. Mannion stated his emergency backing alarm was activated while he was backing up. Mr. Mannion stated he noticed something enter the roadway to his right side and immediately slammed on his brake. Mr. Mannion stated then heard a scream and saw 2 female parties on the ground. Mr. Mannion stated he exited the loader and checked on the welfare of the two women.

Mr. Mannion's CDL License, Vehicle Registration, and Hoisting License are all active. I asked Mr. Mannion to put the vehicle in reverse to assess if the emergency backing alarm was functioning properly. Mr. Mannion was cooperative and while reversing the vehicle the emergency backing alarm was functioning properly

(Continued on next page)

Witnesses:

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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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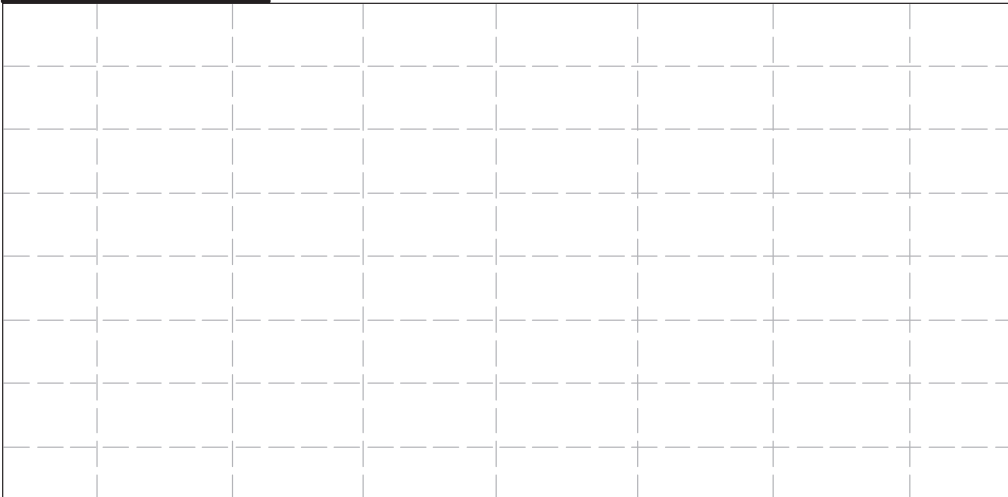
Precinct/Barracks

Date

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

#### Crash Diagram:



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Indicate North by Arrow



#### Crash Narrative:

in my presence. I asked Mr. Mannion if the loader had moved since it was brought to a stop due to the crash. Mr. Mannions stated it had not moved. I observed this vehicle to be within the parameters of the work zone that was taped off. The vehicle at this time was released back to Feeney Brothers. Photos were taken of the work site and loader and submitted to the IT Bureau.

I responded to Newton Wellesley Hospital and spoke with Ms. Sarah Kish (S85088490) in the Emergency Room. Ms. Kish stated she was walking down the Commonwealth Avenue carriage road (E) towards Lowell Avenue with her friend April Stein. Ms. Kish stated a Police Officer assisted them with crossing Lowell Avenue via the crosswalk located on Commonwealth Avenue. Ms. Kish stated after they crossed Lowell Avenue, they walked to the carriage road. Ms. Kish stated as they were walking, she was hit from behind by

(Continued on next page)

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Police Officer Name (Please Print)

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Department

Precinct/Barracks

Date







→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

#### Crash Diagram:



If Crash Did Not Occur  
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- ☐ Other Private Way

Indicate North by Arrow



#### Crash Narrative:

up to mitigate a potential safety incident with ample cones, barriers, caution tape, and signage. There was also a police detail present to assist with pedestrian travel. The area of the work zone where the pedestrians entered from Commonwealth Avenue after crossing Lowell Avenue was taped off with caution tape and a sidewalk closed sign was present. The crash happened inside the work zone parameters.

#### Witnesses:

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