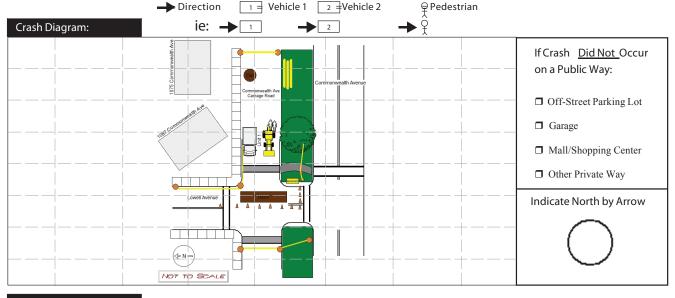
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Crash Narrative:

On Monday, July 19, 2021, while assigned to Traffic unit N525, I responded to the area of Commonwealth Avenue and Lowell Avenue, Newton for a report of a MVA/Pedestrian crash. Commonwealth Avenue and Lowell Avenue are both public ways maintained by the City of Newton. The weather at the time of the crash was overcast with light rain. The road surface at the time of the crash was wet. Feeney Brothers Utilities has been performing gas repair services at this intersection for the past month and they have had a paid Newton Police Detail with them during their service.

The detail presented itself as follows on my arrival. There was service being conducted in the northbound lane of Lowell Avenue in-between the Commonwealth Avenue carriage roads. A large trench was present in the northbound lane that made the roadway impassible. Traffic was permitted to travel down the

(Continued on next page)

Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)			
Carrier Name					Carrier Issu	ing Authority Cod	e 35
Address		(City		St	Zip	
US DOT#:	State Number		Issuing State	ICC #:		Interstate	36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra			
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Nar	me		Material 4 d	igit #	Release code	42

MICHAEL R GAUDET NEWTON POLICE DEPARTM 07/19/2021

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

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 Indicate North by Arrow Indicate North by Arrow	Crash Diagram:	Direction	1 = Vehicle 1	≥ =Vehicle 2	₽Pedestrian		
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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 # Statemer							Occur
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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:	Commonwealth Avenue was pro	ohibited. The	northbound 1	ane was blocke	ed by orange	construction cones and	l road
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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 # Statemer	these roadways were closed	with orange c	construction of	cones and cauti	on tape. I	here was also caution t	ape and
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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 Statement Property Damage:	carriage road just after Lo	owell Avenue ((E). I also o	bserved a "Sid	lewalk Close	ed" sign posted on the	
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 # Statemen	walkway.						
(Continued on next page) Witnesses: Name (Last, First, Middle) Address Phone # Statemer Property Damage:	I spoke with Officer	Gabriel of th	ne Newton Poli	ce Department.	Officer G	Gabriel stated he was wo	orking a
Witnesses: Name (Last, First, Middle) Address Phone # Statement Property Damage:	paid detail for Feeney Bro	thers at this	location. Of	ficer Gabriel	stated he h	and just assisted two fe	emale
Name (Last, First, Middle) Address Phone # Statement Property Damage:	(Continued or	n next page)					
Property Damage:	Witnesses:						
	Name (Last, First, Middle)		Address			Phone #	Statement
	Proporty Damago:						
		Address		Phone #	34-Type De	scription of Damaged Property	
					71		
Truck and Bus Information: Registration #(From Vehicle Section)	Truck and Bus Information:	Registration #		(From Veh	icle Section)		35
Carrier Name Carrier Issuing Authority Code						Carrier Issuing Authority Co-	
Address City St Zip	Carrier Name			City		St Zip	
US DOT #: State Number Issuing State ICC #: Interstate							
Cargo Body Type Code 37 Gross Vehicle Weight 38	Address			Issuing State	ICC #:	Interstate	36
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length	Address US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Hazmat Information:	Address US DOT #: Cargo Body Type Code 37 Gros	State Numberss Vehicle Weight	38			39	36
Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42	AddressUS DOT #:	State Numberss Vehicle Weight	38			39	36

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

07/19/2021

Date

Precinct/Barracks

CDP1 11 ·24·00

MICHAEL R GAUDET

-	→ Direction	1 = Vehicle 1	2 =Vehicle 2	Pedestrian		
Crash Diagram:	ie: →□	1 -	2	→ ĝ		
		 			If Crash <u>Did Not</u> on a Public Way:	Occur
			<u> </u>		— ☐ Off-Street Parkin	g Lot
		 _				
į į			i i	j	☐ Mall/Shopping C	enter
		- 			Other Private Wa	y
			++		Indicate North by A	Arrow
Crash Narrative:						
parties cross Commonweal	th Avenue (E)	at Lowell Av	enue. Officer	Gabriel state	d a short time later,	
he heard a scream and obs	erved two fema	le parties l	aying on the r	oadway on the	opposite side of Comm	onwealth
Avenue in the carriage ro	ad. Officer G	abriel immed	iately contact	ed Newton Poli	ce Dispatch via his po	rtable
radio and requested aid	for the injure	d parties.	Prior to my ar	rival, Officer	Gabriel stated one of	the
pedestrians was transport	ed to Newton W	ellesley Hos	pital with a	head injury.		
I spoke with one of	the pedestria	ns involved	in the crash,	Ms. April Stei	n. Ms. Stein stated s	he was
walking in the carriage r	oad of Commonw	ealth Avenue	(E) towards I	owell Avenue w	rith her friend Sarah	
Kish. Ms. Stein stated w	hen they got t	o Lowell Ave	nue there was	work being don	e in the roadway, and	a Police
Officer assisted them wit	h crossing the	area. Ms.	Stein stated t	hey then re-en	tered the carriage roa	d when
(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: Carrier Name			`	rehicle Section)	Carrier Issuing Authority Co	de 35
Address			City		St Zip	
US DOT #:						36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer L	ength 39	
Hazmat Information: Placard 40 Material 1 digit	# 41 Material	Name		Material 4 digit #	Release code	42

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

07/19/2021

Date

Precinct/Barracks

MICHAEL R GAUDET

→ Direction 1 :	Vehicle 1 2	Vehicle 2	Pedestri	ian	
Crash Diagram: ie: 👈 🔟	2	→	Ŷ		
	<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	
	<u>_</u>				
Crash Narrative:					
they crossed Lowell Avenue. Ms. Stein st	ated they we:	re walking alo	ng the e	dge of the roadway when they were	-
hit by a front loader. Ms. Stein stated	they fell to	the roadway d	ie to the	e collision. Ms. Stein stated she	-
did not hear or see the front loader back	ing up toward	ds them and die	d not no	tice it because they were having	-
an "intense conversation". Ms. Stein repo	rted no inju	ries and signe	d a patie	ent refusal with Fallon Medics. 1	
asked Ms. Stein if she had transportation	to her resid	dence. Ms. Ste	ein state	ed she would walk home.	-
I spoke with the operator of the fr	ont loader i	nvolved in the	crash, l	Mr. Mark Mannion	-
(S91049325). Mr. Mannion is an employee	of Feeney Bro	others Utilitie	es and s	tated he was operating a	-
2015 Case Loader (MA CON: R99118) at the	time of the	crash. Mr. Mai	nnion sta	ated he was backing up the	
loader down the Commonwealth Avenue carri	age road (E)	from Lowell A	zenue. 1	Mr. Mannion stated he was	-
(Continued on next page)					-
W itnesses: Name (Last, First, Middle)	Address			Phone # Statemen	
Name (Last, First, Midule)	Address			FHORE # Statemen	
Property Damage:		1			_
Owner (Last, First, Middle) Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information: Registration #		(From Vehic	le Section)		
Carrier Name		(From Venic	ic Section)	Carrier Issuing Authority Code	
Address		City		St Zip	1
				Interstate 36	
37	38	_ 135umg State	100 #	mersace	
Cargo Body Type Code Gross Vehicle Weight				39	
Trailer Reg #: Reg Type	Reg State	Reg Year	Tra	iler Length	
Hazmat Information: Placard 40 Material 1 digit # 41 Material Na	me		Material 4 d	ligit # Release code 42	

ID/Badge #

Department

Signature

Date

Precinct/Barracks

	→ Direction	1 = Vehicle 1	2 Vehicle 2	₽Pedestr	ian	
Crash Diagram:	ie: →□	1	2	→ ĝ		_
					If Crash <u>Did Not</u> on a Public Way:	Occur
		_			Off-Street Parkin	g Lot
			; []		☐ Garage	
						antar
	- — –		<u> </u>		☐ Mall/Shopping C ☐ Other Private Wa	
		_	<u> </u>		Indicate North by A	
		 _	 			
Crash Narrative:					1 3 -55	***
					ide the marked off work ar	
					behind him to make sure th	
					as activated while he was	
			-		side and immediately slam	
					on the ground. Mr. Mann	ion
stated he exited the loa						
	-	_			are all active. I asked	
					arm was functioning proper	
Mannion was cooperative	and while rever	sing the vehic	cle the emerge	ency backi	ng alarm was functioning p	roperly
(Continued	d on next page)					
Witnesses:		1				
Name (Last, First, Middle)		Address			Phone #	1
		•			I	Statement
I .						Statement
						Statement
Property Damage:						Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	Statement
	Address		Phone #	34-Type	Description of Damaged Property	Statement
	Address		Phone #	34-Type	Description of Damaged Property	Statement
				34-Type Sehicle Section)	Description of Damaged Property	
Owner (Last, First, Middle)	Registration#_		(From Ve	rehicle Section)	Description of Damaged Property Carrier Issuing Authority Code	35
Owner (Last, First, Middle) Truck and Bus Information: Carrier Name	Registration#_		(From Ve	Tehicle Section)		35
Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #:	Registration #_		(From Ve	rehicle Section)	Carrier Issuing Authority Coc	35
Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #:	Registration #_		(From Ve	rehicle Section)	Carrier Issuing Authority Cod St Zip Interstate	de 35
Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code Trailer Reg #:	Registration # _ State Number Gross Vehicle Weight	38	(From Vo	rehicle Section)	Carrier Issuing Authority Cod St Zip Interstate	de 35
Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code 37	Registration #State Number_ Gross Vehicle WeightReg Type	38 Reg State	(From Vo	Transfer of the section of the secti	Carrier Issuing Authority Cod St Zip Interstate	de 35

-	→ Direction 1	Vehicle 1	vehicle 2	Pedestr	ian		
Crash Diagram:	ie: → 1	→	→	₽ ĝ			
		 <u> </u>	<u> </u> 	<u> </u> 	l l	If Crash <u>Did Not</u> on a Public Way:	Occur
						☐ Off-Street Parkin	ng Lot
						□ Garage	
			į			☐ Mall/Shopping (Center
		+				☐ Other Private Wa	ny
			+-			ndicate North by	Arrow
			- -	 		\bigcirc	
Crash Narrative:							
in my presence. I asked	Mr. Mannion if	the loader ha	nd moved since	it was b	rought to a	stop due to th	ne crash.
Mr. Mannions stated it	had not moved.	I observed t	this vehicle to	be with	in the param	neters of the t	ork
zone that was taped off.				ck to Fee	ney Brother	s. Photos we	re taken
of the work site and load							
I responded to Newt							
Emergency Room. Ms. Kish							
Lowell Avenue with her fr							
Avenue, they walked to the						-	
-	on next page)	. MS. KISH	stated as they	y were wa		vas nic irom be	enina by
Witnesses:	on new page,						
Name (Last, First, Middle)		Address			Pho	one #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of D	amaged Property	
, , , , , , , , , , , , , , , , , , , ,				7,1	, , , , , , , , , , , , , , , , , , ,		
Truck and Bus Information:	D : (; "		(F. 1/1	:1 0 .:)			
Carrier Name			(From Veh	nicle Section)	Carrier	Issuing Authority Co	35 de
Address			City		St	Zip	
US DOT #:						Interstate	36
37	ross Vehicle Weight	38					
3 3 3 4		Dan State	D V	Т	ilan I an ada	39	
Trailer Reg #: Hazmat Information:	keg Type	Keg State	Keg Year	Ira	mer Length		
Placard 40 Material 1 digit	41					_	
	t # Material N	lame		_ Material 4 d	ligit #	Release code	42

ID/Badge #

Department

Precinct/Barracks

Date

Signature

	Direction 1 =	Vehicle 1 2	₹Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: → 1	2	→	Ŷ			
					I	rash <u>Did Not</u> C a Public Way:)ccur
						Off-Street Parking	Lot
	 _					Garage	
						Mall/Shopping Ce	nter
			- — — —	+		Other Private Way	
				+	Indi	cate North by Ar	rrow
						\bigcirc	
Crash Narrative:	- Vich	· 1-3 sho d	· · · - h-am or		- t leadon	1 1:-1: nmag	
a front loader in the rubucket hit her in the he							
Wellesley Hospital for h							
and head, and her left s	houlder/neck/back	area was so	re. I asked M	is. Kish	how often she	walks that	
particular route. Ms. K	ish stated 5 times	s a week. M	s. Kish stated	there w	as nothing in	place to rest	rict
her access down to the c	arriage road afte	r she crosse	d Lowell Avenu	ıe.			
I spoke with a wit	ness to the crash	via telepho	ne, Ms. Megan	Boitano.	Ms. Boitano	stated she wa	ıs
traveling on Lowell Aven	ue (N) towards Cor	mmonwealth A	venue. Ms. Bo	itano st	ated she was s	topped at the	<u> </u>
light right next to the	trench that was in	n the northbo	ound lane of L	owell Av	enue. Ms. Boi	tano stated s	she
(Continued	on next page)						
Witnesses:	on next page)	1			Dhono		2: :ant
	on next page)	Address			Phone	#	Statement
Witnesses:	on next page)	Address			Phone	#	Statement
Witnesses:	on next page)	Address			Phone	#	Statement
Witnesses:	on next page)	Address			Phone	#	Statement
W itnesses: Name (Last, First, Middle)	Address	Address	Phone #	34-Type	Phone Description of Dama		Statement
W itnesses: Name (Last, First, Middle) Property Damage:		Address	Phone #	34-Туре			Statement
W itnesses: Name (Last, First, Middle) Property Damage:		Address	Phone #	34-Туре			Statement
Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information:			(From Vehi	icle Section)	Description of Dama	iged Property	35
Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle)	Address		(From Vehi	icle Section)		iged Property	35
Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name	Address		(From Vehi	icle Section)	Description of Dama	nged Property uing Authority Code	35
Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #:	Address Registration # State Number		(From Vehi	icle Section)	Description of Dama Carrier Iss St	uing Authority Code	35
Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code 37 C	Address Registration # State Number Gross Vehicle Weight	38	(From Vehi City Issuing State	icle Section)	Description of Dama Carrier Iss St 39	uing Authority Code	35
Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code Trailer Reg #:	Address Registration # State Number Gross Vehicle Weight	38	(From Vehi City Issuing State	icle Section)	Description of Dama Carrier Iss St 39	uing Authority Code	35
Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code 37 C	Address Registration # State Number Gross Vehicle Weight Reg Type	Reg State	(From Vehi City Issuing State	icle Section) ICC #: Tra	Description of Dama Carrier Iss St ailer Length	uing Authority Code Zip Interstate	35

	→ Direction 1 =	Vehicle 1	2 =Vehicle 2	우 Pedestrian		
Crash Diagram:	ie: → 1] <u></u>	2	▶ ĝ		
					If Crash <u>Did Not</u> C on a Public Way:	Эссиr
					— ☐ Off-Street Parking	g Lot
		·			☐ Garage	
				į	☐ Mall/Shopping Ce	enter
	- — — — —	+ 			☐ Other Private Way	
	- — — — — —				Indicate North by A	rrow
	· — — — — — — — — — — — — — — — — — — —		-	-		
Crash Narrative:	11 Awanus	± Commonw	7-1- 3	· former of hor		
then observed a heavy p	-					
speed. Ms. Boitano stat						
stated she then observed						
					renue in the roadway be	
the front loader. Ms. Bo	oitano stated she	lost sight o	of the women,	and then observ	ved the front portion	of the
front loader aggressive	ly shake. Ms. Boi	tano stated	i she then obs	served one of the	he women walk around	from the
side of the front loader	r holding her head	i				
As presented while	e investigating th	nis crash, th	ne Feeny Broth	ners work site	appeared to be proper	rly set
(Continued	d on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Descrip	ption of Damaged Property	
Truck and Bus Information:	Registration #		(From V _i	ehicle Section)		25
Carrier Name					Carrier Issuing Authority Code	de 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 Len	ngth 39	
Hazmat Information:						
Placard 40 Material 1 di	igit # 41 Material Na	ame		Material 4 digit #	Release code	42

	→ Direction	_1 Vehicle 1	2 = Vehicle 2	₽ Pedestri	an	
Crash Diagram:	ie: →[1 -	2	→ $\hat{\xi}$		
					If Crash on a Publ	<u>Did Not</u> Occur ic Way:
		_	_		—— ☐ Off-Str	eet Parking Lot
		 _			Garage	
		į			☐ Mall/Sl	hopping Center
	- — — — — — –	_			Other P	rivate Way
		_	_		Indicate N	orth by Arrow
	- — — — — —	 -	_ 	+		$\overline{}$
		<u> </u>	<u> </u>		()
Crash Narrative:						
up to mitigate a potent	ial safety incid	dent with a	mple cones, bar	riers, cauti	on tape, and signa	ge. There was
also a police detail pro	esent to assist	with pedes	trian travel.	The area of	the work zone wher	e the
pedestrans entered from	Commonwealth Av	venue after	crossing Lowel	.l Avenue was	s taped off with ca	ution tape and
a sidewalk closed sign	was present. The	crash hap	pened inside th	e work zone	parameters.	
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		·				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Pro	operty
Truck and Bus Information:	Registration # _		(From	Vehicle Section)		35
Carrier Name					Carrier Issuing Au	thority Code
Address						Zip
US DOT #: Cargo Body Type Code 37		38	Issuing State _	ICC #:	Into	erstate
The grant of the g	Gross Vehicle Weight				39	
Trailer Reg #: Hazmat Information:	Reg Type	Reg Stat	te Reg Yes	ar Tra	iler Length	
Placard 40 Material 1 di	git # 41 Material	l Name		Material 4 d	igit#Relea	ase code 42
MICHAEL R GAUDET				NEWTON POLICE DEPARTM		07/19/2021

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Department

Signature

Precinct/Barracks

Date