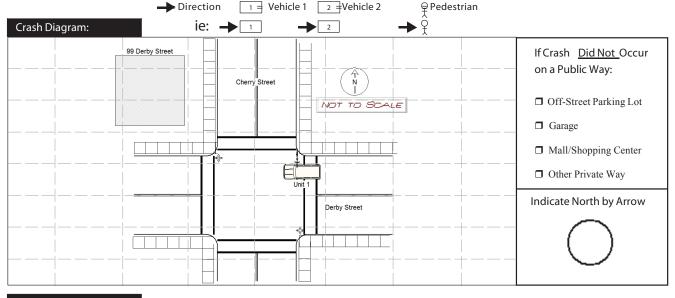
Route# Direction		Poli	ce Use Only		Commonwe	alth o	of Mass	achu	isetts	\$		RMV	<sup>7</sup> Docum	ient Number	
Table   Tabl				1	MIOTOI			ısh [			d Latit	ude		State Police Local Police MBTA Police	N N
SOUTH   CHERRY ST				CT CTT CTT					1					Other:	_
Reade   Direction			AT INTER	RSECTION:	<	LOCA	HON	>		NO	r at .	INTE	ERSEC	TION:	
Pool   Pictoria   Name of Intersecting Readway/Street   Alto a Intersecting Readway/Street   Alto a Intersecting Readway/Street   Feet   N S   W of   Reason   Intersecting Readway/Street   21		SOUT	TH CHERR	Y ST											
Pool   Pictoria   Name of Intersecting Readway/Street   Alto a Intersecting Readway/Street   Alto a Intersecting Readway/Street   Feet   N S   W of   Reason   Intersecting Readway/Street   21	1 1	Route# Direct	tion				Route# Direction	on Ad	dress #		Nar	ne of R	oadway/S	Street	$ 2^{10}$
Route   Direction   Name of Intersecting Roadway/Street   Feet   N S E W   of   Route   Intersecting Roadway/Street   1	Н	WEST	T DERBY		t		Feet	N S E	W of		•	(	or		. <del>  -</del>
Resules   Direction   Name of Intersecting Readway/Street		Route# Direc	tion N	Vame of Intersecting	Roadway/Street					Mile I	Marker			Exit Number	_
Route# Direction   Name of Intersecting Roadway/Street   Landmurk   Landmurk				Also at Interse	ction with		Feet	NSE	w of	Route	# — <u>I</u> ı	ntersect	ting Road	way/Street	-
Second Published   Higher   Moped   Case Number   2100000738   Landmark	2 <b>1</b>		<del></del> ——	N CI .	D 1 (G)		Feet	N S E	W of						1
License # _ St   St   Make   St   Make   St   Make   St   Make   St   Make   St   Make   Ma		Route# Direct	tion	Name of Intersect	ing Roadway/Street							Lan	ıdmark		
Sec. F   Lie. Class   D   18   Lie. Restrictions   B   D   D   Veh Veh Veh Veh Veh Veh Config.   2   2   3   4   4   4   3   4   4   5   5   1   7   4   4   5   5   1   7   4   4   5   5   1   7   4   4   5   5   1   7   4   4   5   5   1   7   4   4   5   5   1   7   4   4   5   5   1   7   4   4   5   5   1   7   4   4   5   5   1   7   4   4   5   5   1   7   4   4   5   5   1   7   4   4   5   5   1   7   4   4   5   5   1   7   4   4   5   6   4   4   4   5   6   4   4   5   6   4   4   5   4   4   4   5   4   4   4	3	XVehicle1	1_#Occupants	Hit/Run	Moped Case	e Number		21	.00000738						
Sec. F   Lie. Class   D   8   18   Lie. Restrictions   B   D   D   Veh Ven; 2021   Veh Make, KIA   Veh Config.   2 0		License#		St MA	DOB/Age	Reg#	8HC743			Reg T	<sub>/pe</sub> PAN	N	Reg S	State MA	
Operator PUSATIRI  SILIC MANUAL PROPERTY OF PUSATIRI  FILE MANUAL PROPERTY OF PUSATIRI  FILE MANUAL PROPERTY OF PUSATIRI  Address 1942 WASHINGTON STREET (apt. 125)  Address 2 Provided The Crash 1 2 Damaged Area Code: (Circle Up to Three) Pusation of Circle Manual Provided Provid		Sex F Lic. 0	Class D 18 1	8	B CDL									20	
City NEWTON State MA Zap 02466  City NewTon NS E X Responding to Emergency? N Event Sequence 4 22 22 22 22 20 4 4 10 Undercarriage 5 11 Totaled 4 22 12 22 22 20 4 4 10 Undercarriage 5 11 Totaled 5 11 Totaled 6 1 1	4			_	Endorsment MARIE	_									12
City NEWTON State MA Zip 02466 City State Zip  Insurance Company PLYMOUTH ROCK  Vehicle Travel Direction: NSEW Responding to Emergency? N  Vehicle Travel Direction: NSEW Responding to Emergency? N  Citation # (If Issued) N/A  Violation 1: Ch See Violation 2: Ch See Underride Override  Please fill out for operator and all occupants involved  Name (Last Fun Middle)  Operator  See Above  Please fill out for operator and all occupants involved  License # Occupants  State MA Zip 02465  City NEWTON  State MA Zip 02465  City NEWTON  State MA Zip 02465  City NEWTON  State MA Zip 02465  City State  Vehicle Action Prior to Crash  1 21 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NSE   No.   No	3			First  STREET (apt. 125	Middle								Middle		-   1
Insurance Company PLYMOUTH ROCK  Vehicle Action Prior to Crash  Vehicle Travel Direction:  NSEN Responding to Emergency?  Vehicle Action Prior to Crash  Veh Year Veh Make  Veh Config.  Vehicle Action Prior to Crash Vehicle Travel Direction:  NSEN NSEN NSEN Responding to Emergency?  Vehicle Action Prior to Crash Vehicle Action Prior to Crash Vehicle Action Prior to Crash Vehicle Travel Direction:  NSEN NSEN NSEN NSEN NSEN NSEN NSEN NS													7	in .	-
Vehicle Travel Direction:   S   E   M   Responding to Emergency!   No.		,			~r <sub>P</sub>										
Citation # (If Issued) NA  Citation # (If Issued) NA  Violation 1: Ch. See Violation 2: Ch. See Driver Contributing Code 1 24 24 24 24 24 24 24 24 24 24 24 24 24	5				nding to Emergency? N					22 €	)	0		4	
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24 24 24 24 24 24 24 24 24 24 24 24	1			S E X Respo	nding to Emergency:		Sequence 4	23				$\prod$		10 Undercarri	iage
Please fill out for operator and all occupants involved Name (Last First Middle)  Please fill out for operator and all occupants involved Name (Last First Middle)  Operator  See Above  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age DOB  See Violation 3: Ch See Violation 4: Ch See Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age DOB  See Above  Age DOB  Age				Violation 3	· Ch Sec		l		24	24	<b>←</b>	9		5 11 Totaled	
Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  AgeDOB  See Above  AgeDOB  See Above  AgeDOB  See Age AgeDoB  See AgeDoB	6						١			. J. N. 8		7		6	
Operator  See Above  See Above  Please Select One of the Following:  Vehicle # Occupants   Mon-Motorist A Type   2	1					Unden	ride/Override	Τ			29 30	31	32	33	13
Please Select One of the Following:		Name (Last Firs			Address			Sex F	os. System	Status Swi	tch Code	Code .	Status Cod	de Medical Facilit	4
of the Following:  Vehicle #Occupants Non-Motorist A Type 2 Action 2 Location 4 Condition 1 Hit/Run Moped  License # St DOB/Age Reg # Reg Type Reg State  Sex M Lic. Class 18 18 Lic. Restrictions PLast Veh Year Veh Make Veh Config.  Operator LAVOIE BENJAMIN Owner  Last First Middle 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 22 22 23 4  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 24 24 24 24 24 24 24 24 24 24 24 24 24		Operator			See Above				1	4 99	0	0	10 1	IN/A	
The Following:      Vehicle											_	-			
The Following:      Vehicle															
The Following:      Vehicle															
License # St DOB/Age Reg # Reg Type Reg State  Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Veh Year Veh Make Veh Config.  Operator LAVOIE BENJAMIN Owner  Last First Middle Address  12 HENSHAW PLACE  City NEWTON State MA Zip 02465 City State Zip  Insurance Company Vehicle Action Prior to Crash Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 22 22 22 22 22 22 23 4  Vehicle Action # (If Issued) N/A Most Harmful Event 23	<sup>7</sup> 2		Vehicle	# Occupants	Non-Motorist A Ty		Action 2		ition 4		lition	17	Hit	/Run Mop	ed
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Veh Year Veh Make Veh Config. 20  Operator LAVOIE BENJAMIN Owner Last First Middle Address 12 HENSHAW PLACE  City NEWTON State MA Zip 02465 City State Zip Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 22 22 22 22 22 22 22 22 20 20 3 4 10 Undercarriage Citation # (If Issued) N/A  Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Description of the Config. 20  Please fill out for operator and all occupants involved Name (Last First Middle)  Address State Veh Make Veh Config. 20  Owner Last First Middle  Veh Year Veh Make Veh Config. 20  Owner Last First Middle  Address State Zip Damaged Area Code: (Circle Up to Three)  Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)  Nost Harmful Event 23  Flowed Sex		of the Followin	ng:			/			4		1				4
Operator LAVOIE BENJAMIN  Last First Middle  Address  12 HENSHAW PLACE  City NEWTON  State MA Zip 02465  City Newton  Insurance Company  Vehicle Travel Direction:  N S E W  Responding to Emergency?  Event Sequence  22 22 22 22 22 22 22 22 21 22 21 22 21 22 22		License#	18 1			Reg#				Reg Ty	/pe		Reg S		-
Operator LAVOIE BENJAMIN Owner Last First Middle Address  12 HENSHAW PLACE  Address  City NEWTON State MA Zip 02465 City Newton Insurance Company Vehicle Action Prior to Crash Vehicle Action Prior to Crash Vehicle Action Prior to Crash Vehicle Travel Direction: Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence Vehicle Action Prior to Crash Violation # (If Issued) N/A  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Address  Owner  Last First Middle  Address  Owner  Last First Middle  Address  Address  Owner  Last First Middle  Address  Owner		Sex_M Lic. (		Lic. Restrictions	CDL	-			Make				Veh Con	nfig.	
Address   2 HENSHAW PLACE   Address   City   NEWTON   State   MA   Zip   02465   City   State   Zip   Damaged Area Code: (Circle Up to Three)	<sup>8</sup> <b>2</b>		Last	First	Middle	Owner	Las	st		First			Middle		-
Insurance Company		Address 12 HI	ENSHAW PLAC			Addre	SS								-
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 22 23 4  Citation # (If Issued) N/A Most Harmful Event 23 10 Undercarriage  Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 24 24 24 10 10 Undercarriage  Violation 3: ChSec Violation 4: ChSec Underride/Override 25 Towed 8 7 6  Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility		City NEWTO	N	State	e MA Zip 02465	City_						_State_	Z	Zip	-
Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence  Citation # (If Issued) N/A  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved  Name (Last First Middle)  Name (Last First Middle)  Responding to Emergency?  Event Sequence  Driver Contributing Code  23  Driver Contributing Code  25  Towed  8  7  6  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility		Insurance Com	pany			Vehicl					Damageo		`	•	ee)
Citation # (If Issued) N/A  Violation 1: ChSec Violation 2: ChSec Driver Contributing Code  Violation 3: ChSec Violation 4: ChSec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Most Harmful Event  9  5 11 Totaled  Violation 2: ChSec Violation 2: ChSec Underride/Override  25  Towed  8  7  6  Violation 3: ChSec Violation 4: ChSec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Sex Pos System Status Switch Code Code Status Code Medical Facility		Vehicle Travel	Direction: N	S E W Resp	onding to Emergency?	Event	Sequence			22 2		3			
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code  Violation 3: ChSec Violation 4: ChSec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Name (Last First Middle)  Address  Driver Contributing Code  Underride/Override  25  Towed 8  7  6  Violation 3: ChSec Violation 4: ChSec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Sex Pos System Status Switch Code Code Status Code Medical Facility		Citation # (If Is	ssued) N/A			Most Harmful Event  Driver Contributing Code  24  24  5 11 Totaled							age		
Violation 3: ChSecViolation 4: ChSecUnderride/Override		Violation	n 1: ChSe	ec Violation	2: ChSec										
Name (Last First Middle)  Address  Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility		Violation	n 3: ChSe	ecViolation	4: ChSec	Under	ride/Override			1		7		6	
	ſ			operator and all o			Age/DOB		26 27 Seat Safety	28 2 Airbag Airl	29 30 Eject	31 Trap I	njury Tran	isp.	ity
									Syster	Status SW	Code	Code			
								++			+				



## Crash Narrative:

On Tuesday, September 21, 2021, I received a call from Sgt. Mike Wade of the Newton Police Traffic

Bureau. Sgt. Wade stated a serious MVA/Bicycle crash had just occurred at the intersection of Cherry Street

and Derby Street in Newton and the bicyclist was a 10-year-old boy with a possible head injury. Sgt. Wade

stated the Traffic Bureau was requested to respond by the Shift Commander and asked if I could respond to

investigate the crash.

On arrival, Officers reported to me that the cyclist involved, Benjamin Lavoie, was transported to Children's Hospital in Boston with a possible head injury. It was reported to them that Benjamin was traveling Southbound on Cherry Street towards Derby Street on his bicycle. Benjamin entered the intersection of Derby Street and crashed into the front passenger side area of a passing motorist that had a green light.

(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 DEPARTA 09/21/2021

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	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	$\dashv$
		 -				
				+		
Curale Namuséirea						
Crash Narrative:  Officers on the scene also	o reported tha	at the motor v	vehicle and the	bicycle	involved had been moved from	
their original rest locat						
Cherry Street is a	public roadway	maintained by	y the City of N	Newton.	It supports two way travel (N	
and S) from Washington St	reet (S) to Wal	tham Street	(N). The trave	l lanes	are divided by an	
unprotected double yellow	line median.	The posted sp	peed limit for	this str	eet is 25 miles per hour. Derk	by .
Street is a public roadway	y maintained by	the City of	Newton. It su	pports t	wo way travel (E and W) from	
Waltham Street (E) to Lex	ington Street (	(W). The tra	avel lanes are	divided	by an unprotected	
double yellow line median	. The posted s	speed limit fo	or this street	is 25 mi	les per hour. The weather at t	he
time of the crash was clear	ar and sunny.	The road surf	face in the imm	mediate a	rea of the crash was dry.	
(Continued	on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone # State	ment
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)		25
Carrier Name	Registration #		(110111 VCII	icie section)		35
	Registration #		(From ven	,	Carrier Issuing Authority Code	35
Address			City		St Zip	-
AddressUS DOT #:			City		St Zip	-
AddressUS DOT#:			City		St Zip	-
AddressUS DOT#:	_ State Numbeross Vehicle Weight	38	City Issuing State	ICC#:_	St Zip	-
AddressUS DOT #:Cargo Body Type Code 37 Gre	_ State Numbeross Vehicle Weight	38	City Issuing State	ICC#:_	St Zip	35
AddressUS DOT #:	State Number oss Vehicle Weight Reg Type	38 Reg State	City Issuing State Reg Year	ICC#:Tr	St Zip	-

Signature

Department

Precinct/Barracks

Date

-	→ Direction 1	Vehicle 1	vehicle 2	Pedestri	an	
Crash Diagram:	ie: 🕕 🛚 1	<b>→</b>	<b>→</b>	Ŷ		
		   <u> </u>	<u> </u> 		I	rash <u>Did Not</u> Occur a Public Way:
						Off-Street Parking Lot
		 				Garage
			į		1 🗖	Mall/Shopping Center
		+				Other Private Way
			+-		Indic	cate North by Arrow
			<del>-</del> -			
Crash Narrative:						
I spoke with the op	erator of MV1, I	Ms. Erica Pus	sateri (S614098	366). Ms.	Pusateri stat	ted he was
operating her 2021 Kia Se	eltos (MA: 8HC74	3) Westbound	on Derby Stree	et towards	Cherry Street	t. Ms.
Pusateri stated that she	had a green ligh	ht at the int	ersection and	proceeded	to cross Cher	rry Street to
continue onto Derby Stre	et. Ms. Pusate	ri stated hal	fway through t	the inters	ection she hea	ard a noise and saw
a bicyclist hit the front						
from the front driver-sid					led her vehic	le to a stop and she
observed a young boy lyin	g on the roadway	y in the inte	ersection behir	nd her.		
Ms. Pusateri exited	her vehicle, ra	an over to th	ne injured bicy	clist, an	d rendered aid	d to him by
stabilizing his neck. Ms	. Pusateri rema	ined on scene	and cooperate	ed fully w	ith Officers.	I asked Ms.
(Continued	on next page)					
Witnesses: Name (Last, First, Middle)		Address			Phone #	\$ Statement
Name (Last, 111st, Middle)		Address			1 Hone #	Statement
Property Damage:			T			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property
Truck and Bus Information:	Registration #		(From Veh	icle Section)		
Carrier Name					Carrier Issu	uing Authority Code
Address			City		St	Zip
US DOT #:	State Number_		Issuing State	ICC#:		Interstate 36
37	ross Vehicle Weight	38				
		D. Gut	D V	Tr	39	
Trailer Reg #:  Hazmat Information:	Keg Type	Keg State	Keg Year	1 rai	iei Length	
Placard 40 Material 1 digit	t# 41 Material N	lame		_ Material 4 di	git#	Release code 42
<u> </u>						

Department

Precinct/Barracks

Date

Signature

CDP1 11 ·24·00

⊣	Direction 1 :	Vehicle 1 2	Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: → 1	2	→	Ŷ			
						Crash <u>Did Not</u> C n a Public Way:	Occur
						Off-Street Parking	; Lot
						1 Garage	
						Mall/Shopping Ce	enter
				- — —		1 Other Private Way	
	. —   — — —		+-			dicate North by A	rrow
	· —   — — —       —   — — —					$\bigcirc$	
Crash Narrative:							
Pusateri if she was distra	cted at all wh	ile operatin	g her vehicle	prior to	the collisor	n. Ms. Pusater	ri
stated she was not. I as	ked Ms. Pusater	i if she cou	ld recall where	e in the	intersection	the bicyclist	:
crashed into her vehicle.	Ms. Pusateri s	tated the bid	cyclist crashe	d into h	er vehicle ir	the Northwest	side
of Derby Street just outside	de of the marke	d crosswalk	in the interse	ction.	Ms. Pusateri	stated she kno	ows it
was in the street in the in	ntersection bec	ause she obse	erved a woman	with a s	troller on th	ne sidewalk on	the
corner of Cherry Street at	Derby Street o	n the Frankl:	in Elementary	School s	ide and she h	ad already tra	velled
through the intersection p	assed the East	side of Cher	ry Street.				
Due to the unknown in	jury status of	the bicyclis	t, Ms. Pusater	i's vehi	cle was towed	l to the Newtor	Police
Station and secured in the	garage area as	evidence.	Ms. Pusateri	reported	a small lace	eration on her	right
(Continued or	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phor	ie#	Statement
Property Damage:		•			<u>'</u>		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dar	maged Property	
Truck and Bus Information:  Carrier Name	Registration #			cle Section)	Carrier	ssuing Authority Code	35
Address_			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC#:		Interstate	36
37	ss Vehicle Weight	38	_			_	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	9	
Hazmat Information:						_	
Placard 40 Material 1 digit #	Material Na	ime		Material 4 o	digit #	Release code	42

		Vehicle 1 2	_=tVehicle 2	Pedestr	an	
Crash Diagram:	ie: 🕕 🔟	2	<b>→</b>	· }		
			<u> </u> 	- — <u> </u>  -	If Crash <u>Did Not</u> Occ on a Public Way:	cur
					☐ Off-Street Parking Lo	ot
					☐ Garage	
	_					
	_i i-		- — — <del> </del> —		Mall/Shopping Cente	21
					☐ Other Private Way	
	_				Indicate North by Arro	w
		<del> </del>		+		
Crash Narrative:	•					
hand with no other injuries	. I observed	damage to the	e front passen	ger side	fender/door area. There was	s no
airbag deployment as a resu	lt of the cras	h. I observe	ed glass throu	gh out t	ne front passenger side	
compartment area of the veh	icle from the	window break	king.			
I contacted Benjamin'	s parents, Ch	eryl and John	n, to check on	the sta	tus of their son. Cheryl sta	ated
Benjamin did not suffer any	life-threaten	ing injuries	and appears t	o have b	umps, bruises, and a cut on h	nis
head. I asked if I could	speak with Ben	jamin for his	s account of w	hat happ	ened at the crash. Benjamin s	stated
he was riding his bicycle or	Cherry Stree	t (Southbound	d) on the side	walk on	the East side of Cherry	
Street. Benjamin stated he	left the side	walk and ente	ered the inter	section	to cross Derby Street and cor	ntinue
on Cherry Street. Benjamin	acknowledged	that at this	time Cherry S	treet ha	d a red light and Derby Stre	eet
(Continued on	next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone # St	atement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)		35
Carrier Name					Carrier Issuing Authority Code	33
Address			City		St Zip	
	ate Number		Issuing State	ICC #:_	Interstate 3	36
Cargo Body Type Code 37 Gross	Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	
Hazmat Information:						
Hazmat Information:  Placard 40 Material 1 digit #	41 Material Na	me			igit # Release code	42

Signature

Department

Precinct/Barracks

Date

io. N					
Crash Diagram: ie: -	1 - 2	<b>→</b>	Ŷ		
				If Crash <u>Did Not</u> on a Public Way:	<u>Occur</u>
				☐ Off-Street Parking	ng Lot
	į į			☐ Mall/Shopping (	Center
	-	<u>-</u>	+-	☐ Other Private W	ay
			+-	Indicate North by	Arrow
Crash Narrative:					
had a green light. Benjamin stated he	then crashed i	nto a passing	car in the	roadway. Benjamin was	wearing
a helmet at the time of the crash. The	helmet had si	gnificant dama	ge to it as	a result of the colli	sion. I
told Benjamin his bicycle was being hel	d at the Newto	n Police Depar	tment for s	afekeeping and we will	arrange
to get it back to him. Benjamin is a st	dent at the F	ranklin Elemen	tary School	•	
I make contact with a witness to	the crash, Mr.	Benjamin Cros	by. Mr. Cr	cosby stated he did not	witness
the actual crash, just the aftermath.	I was able to	reviewthe 9-1	-1 call Mr.	Crosby made regarding	the
crash in Newton Disptach. Mr. Crosby s	cated a boy on	a bicycle was	in a crash	with a motor vehicle.	Mr.
Crosby is heard saying "he went through	the light" to	the Dispatche	r taking th	e call.	
After completing my investigation	, I have summi	zed the follow	ing. The b	cicyclist (Benjamin	
(Continued on 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 #		(F. 1/1)	1.0.0		
Carrier Name		(From Vehi	cie Section)	Carrier Issuing Authority Co	ode 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

-	→ Direction	1 = Vel	hicle 1	2 =Vehicle 2	₽ Pedestr	ian		
Crash Diagram:	ie: →[	1	→[	2	<b>→</b> ♀			
						I	Crash <u>Did Not</u> O	Occur
		_					Off-Street Parking	2 Lot
							Garage	,_,,
		— — — 	+				Mall/Shopping Co	enter
		_					Other Private Way	
		 		 			icate North by A	
		_						
		_		+		- — — —		
Crash Narrative:								
Lavoie) traveled down Che	erry Street (S)	and w	ent thre	ough a red 1:	ight to cro	ss the interse	ection at	
Derby Street (W). As a r	esult of trave	ling t	hrough	the red light	t and enter	ing the inters	section, he	
crashed into the front pa	ssenger side d	loor ar	ea of a	passing moto	orist that	had a green li	ght (Erica	
Pusateri). No citation w	vill be issued	as a r	esult o	f this crash	•			
Witnesses:								
Name (Last, First, Middle)		Add	ress			Phone	#	Statement
Property Damage:								
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of Dam	aged Property	
Truck and Bus Information:	Registration #			(From '	Vehicle Section)			
Carrier Name						Carrier Iss	suing Authority Cod	e 35
Address				City		St	Zip	
US DOT #:	State Number			Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38						
Trailer Reg #:	Reg Type	R	Reg State	Reg Year	r Tra	ailer Length		
Hazmat Information:	<b>A1</b>							42
Placard 40 Material 1 digi	t # Materia	Name			Material 4 d	ligit #	_ Release code	72
MICHAEL P.C.AVIDET							00/64 (-)	201
MICHAEL R GAUDET				N	EWTON POLICE DEPARTM		09/21/20	JZI

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00