

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/25/2022	Time of Crash 13:38 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 2	Speed Limit 30 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:					
<div>WEST COMMONWEALTH AVE</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>EAST AUBURN ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>			<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of _____</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000252			
License # --- St MA DOB/Age ---			Reg # 6NB244		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2014		Veh Make JEEP		Veh Config. 2 20			
Operator GARAFALO ROBERT			Owner GARAFALO ARTHUR							
Address 74 WEBSTER ST			Address 74 WEBSTER ST							
City WESTON State MA Zip 02493			City WESTON State MA Zip 02493							
Insurance Company COMMERCE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22				10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23				5 11 Totalled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		Age/DOB		Sex			
Operator			See Above		-----		---			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 # 4606EO		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2014		Veh Make TOYT		Veh Config. 1 20			
Operator BIGHAM THERESE			Owner (Same as operator)							
Address 7 VALS LANE			Address _____							
City MARLBOROUGH State MA Zip 01752			City _____ State _____ Zip _____							
Insurance Company COMMERCE			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 23 22 22 22				10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23				5 11 Totalled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 14 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		Age/DOB		Sex			
Operator/Non-Motorist			See Above		-----		---			

→ 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 3/25/2022 at approx 1338Hrs while assigned to 497 I responded to the area of Commonwealth Av and Auburn St near 1900 Commonwealth Av for a report of a two car crash with possible injuries and entrapment. Upon arrival I observed Ma Reg 6NB244 , a 2014 Jeep Grand Cherokee disabled in the westbound lane of Commonwealth Ave with heavy front and passenger side damage as well as crash debris strewn over Commonwealth Ave W/B lane. Ma Reg 4506EO a 2014 Toyota Corolla was at rest against a utility pole on the west side island of Commonwealth Ave with significant front end damage , There was a Fire Call box that she had struck and was shorn off and dragged laying to the right of the passenger side of the Corolla. Both vehicles had airbag deployment. The operator of the Jeep , Robert Garafalo was standing on the grassy WB island. The operator of the Corolla , Therese Brigham was prone across both front seats, Therese was able to provide her name but did not know

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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

JO A GOURDEAU

NEWTON POLICE DEPT

03/25/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

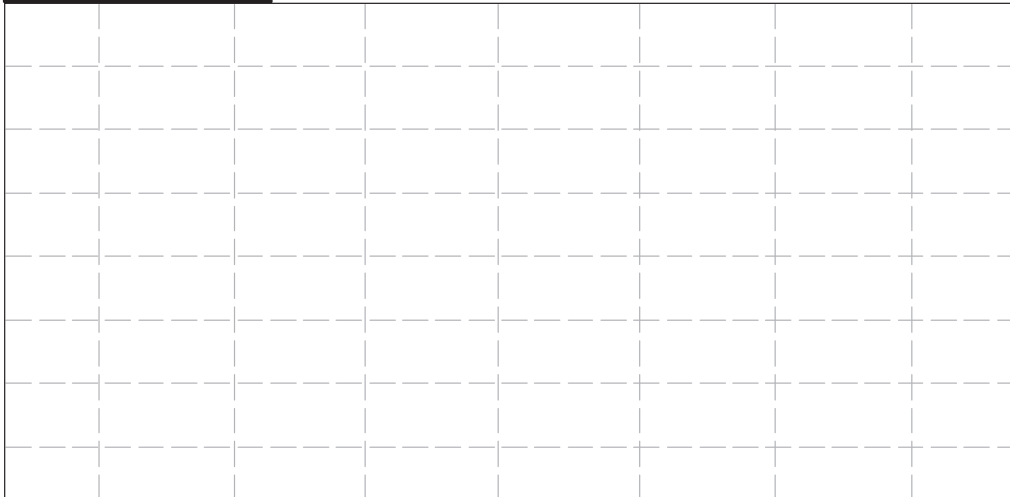
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



If Crash Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

where she was , where she was heading or that a crash had occurred. Therese had a hospital visitor sticker affixed to her jacket dated with todays date, when I asked Therese why she had been at the hospital she appeared confused and could not answer. It also appeared that Therese had wet her pants. Robert stated he was travelling w/b on Auburn St, proceeded through the green light and "out of nowhere" was struck by Therese. It appeared by both damage and debris that Robert was already over halfway through the intersection when his vehicle was struck with such force his car was spun around 180 degrees by Therese who than continued up onto the grassy island striking and shearing off the Fire Call box than driving into a utility pole.

Therese was transported to The Beth Israel by medic 2 with suspicion of a seizure.

Thereses' pocketbook was left behind by medics, inventoried and TOT to Officer Manouk in property and

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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

JO A GOURDEAU

NEWTON POLICE DEPART

03/25/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

