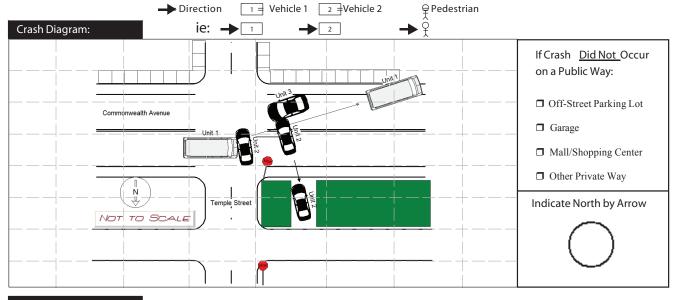
	Poli	ce Use Only		Commonwea	lth o	of Ma	ssa	ch	use	etts			RM	V Do	cumer	nt Number	
	Date of Crash 06/01/2022	Time of Crash 15:06	City/To	Motor Motor	Veh	icle C	ras	h		mber	Num Inju		oeed Lin		SL	State Police Local Police MBTA Police	N N
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	X Vehicle 1	4_#Occupants	Hit/Run	Moped Case	Number			2	220004	176							
	License#		St M		Reg#	SP109407					Reg	Type_S	PN	R	leg Sta	te MA	
	Sex_F Lic. 0	Class D 18 1	Lic. Restrictio		Veh Ye	ear_2019		Ve	eh Mal	ke_FO	RD			_Veh	Config	g. 20	
⁴ 2	Operator KEE		BRENDA	Endorsment		JSC TRA					First			Mi	iddle		- 1 ¹
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	City BRAINT	REE	St	ate_MAZip_02184	City_v	VALTHAM	[Stat	e_MA	Zip	02451	
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5 1	Vehicle Travel	Direction: N	S E X Res	ponding to Emergency? N	Event	Sequence	1 22			22	22	O	3		_ 4		
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6	Violation	1: ChSec	Violation	n 2: ChSec	Driver	Contributir	g Cod		1	4	24		\bot				
⁶ 2				1 4: ChSec	Underr	ride/Overrid	le	2.	_	Γowed	<u> </u>	0					
	Please 1 Name (Last Fire		ator and all occu	pants involved Address		Age/DO	B S	Sex	Seat S Pos. S	27 Safety A System	28 Lirbag A Status S	29 irbag E witch C	30 31 ject Trap ode Code	32 Injury Status	33 Transp Code	Medical Facilit	y10
	Operator			See Above						1	1	99 1	1	10	1	N/A	
	SCOFIELD, EI	LLEN, M		0 EVERETT STREET LLSTON, MA 02134			I	F	5	1	4	99 0	0	10	1	N/A	
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3	of the Followin	I A Venicle	2 <u>1</u> #Occupar	ts Non-Motorist A Typ	ne	Action		Loc	cation		Co	ndition			Hit/R	un Mope	ed
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	Sex_M Lic. 0	Class D 18 1	Lic. Restrictio		Veh Ye	ear_2009		Ve	eh Mal	ke_TO	YOTA	Λ		_Veh	Config	g. 20	
⁸ 2	Operator HAI	RRIGAN	WILLIAM	Endorsment JOSEPH Middle	Owner	(Same as	opera	tor)			First			Mi	iddle		-
	Address 10 BU	JTLER AVE			Addres	SS											
	City MAYNARD State MA Zip 01754 City State Zip																
	Insurance Com	pany_GEICO			Vehicle	e Action Pr	ior to (Crash		4 21		Dama	ged Area	a Code	e: (Circ	cle Up to Thre	e)
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	Violation	n 3: ChSe	ec Violatio	on 4: ChSec	Underr	ride/Overrio	le _	2.	1	owed_		8 /	0	,	6		
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Poli Date of Crash	ce Use Only Time of Crash		Commonwea		i Massa icle Cra		Setts Number	Number		RMV d Limit		State Police	
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XVehicle3	1_#Occupants	s Hit/Run	Moped Case	Number		220	00476						
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Insurance Com	pany_COMME	RCE		Vehicle	Action Prior to	Crash	1 2	I D	amaged	d Area (Code: (C	Circle Up to Th	hree)
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Name (Last Fir		rator and all occupa	Address		Age/DOB	Sex Se	26 27 at Safety s. System	28 29 Airbag Airba Status Swite	g Eject h Code	Trap I Code S	32 Injury Fran Status Coo	nsp. le Medical Fac	cility
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Please Select C of the Followi	I Vehic	le# Occupants	Non-Motorist A Typ	pe 14	Action 1	Locat	ion	Condi	tion	17	Hit	/Run Mo	oped
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Орегатот/			500 110000										



Crash Narrative:

On Wednesday, June 1, 2022, while assigned to Traffic unit N525, I responded to the intersection of Commonwealth Avenue and Temple Street, Newton, for a report of a motor vehicle crash involving a City of Newton contracted school bus with students onboard. At the time of the crash there was a light rain falling with overcast conditions. The road surface was wet. Commonwealth Avenue and Temple Street are both public ways maintained by the City of Newton.

I spoke with the operator of MV1, Ms. Brenda Keefe (S95491012). Ms. Keefe stated he was operating a 2018 Ford Transit van (MA SPN: SP109407) owned by JSC Transportation at the time of the crash. JSC Transportation is contracted by the City of Newton to transport Newton Public School students.

Ms. Keefe stated she was traveling on Commonwealth Avenue (W) past Temple Street when a vehicle exited

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
		4 LILLIAN W	AY					
FLICOP , SUSAN, R		WAYLAND,N	/IA 01778					Y
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descript	tion of Damag	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)				
Carrier Name						_ Carrier Issui	ing Authority Cod	de 35
Address			City			St	Zip	
rudioss			City			. 51		
US DOT #:	State Number		Issuing State	ICC #:_			Interstate	36
Cargo Body Type Code 37 Gros	s Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Leng			
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#		Release code	42
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Crash Diagram: ie:
Crash Narrative: Temple Street right in front of her vehicle. Ms. Keefe stated she did not have time to stop and avoid to collision. The front end of MV1 crashed into the driver side of MV2. At the time of the crash, there were two students from Zervas Elementary School being transported. Ms. Keefe and a bus monitor, Ms. Emily Scofield (S96767671). The students being transported were Andre Toossi Zacarias and Daniel Alvarado. No injuries were reported by any of the occupants of MV1. Daniel and Andre were evaluated by Newton Medics and transported from the area by a parent. I observed significant damage to the entire front end of MV1. Tody's Towing responded and removed the vehicle from the roadway. The operator of MV2, Mr. William Harrigan (S77851597), stated he was operating his 2009 Toyota Yaris (MA: 2YGG77) on Temple Street (N) towards Commonwealth Avenue. Mr. Harrigan stated he came
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(Continued on next page)
(concinued on news page)
Witnesses:
Name (Last, First, Middle) Address Phone # St
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 37 Gross Vehicle Weight 38
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length
Hazmat Information: Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code
MICHAEL R GAUDET NEWTON POLICE DEPARTA 06/01/2022

Signature

Department

Precinct/Barracks

Date

-	Direction 1	ı = Vehicle 1 ☐	2 ≢Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: → 1	1 → [2 →	Ŷ			
		 <u> </u>	<u> </u> 	<u> </u> 		Crash <u>Did Not</u> (n a Public Way:	Occur
		<u> </u>				Off-Street Parking	g Lot
						Garage	
	į		į		-	Mall/Shopping Co	enter
						Other Private Way	7
				+	Inc	dicate North by A	rrow
	 					\bigcirc	
Crash Narrative:							
to a stop at the intersect	_	·	_				
left turn. Mr. Hannigan s							
him. Mr. Hannigan stated							ire
driver side of MV2. Mr. Ha							
transported to Newton Well	esley Hospital	. for evaluati	ion. Tody's to	wing res	ponded and re	moved MV2 from	m the
roadway.	No. No.	(006201052)\		-1 C	1+h 3	
The operator of MV3,							
(E) towards Temple Street							
the roadway in front of MV	n next page)	.aveiing on co		ilue (w)	TIOM TEMPIE 5		
	n next page;						
W itnesses: Name (Last, First, Middle)		Address			Phone	e #	Statement
Property Damage:				24.7	D : :: (D		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dan	naged Property	
Truck and Bus Information:				icle Section)	Carrier Is	ssuing Authority Cod	35
Address_							
US DOT#:							36
37	ss Vehicle Weight	38					
Trailer Reg #:		Reg State	Reg Year	Tr	ailer Length	9	
Hazmat Information:		105 51110	105 1001	11			
Placard 40 Material 1 digit #	# 41 Material N	Name		Material 4	digit #	Release code	42
MICHAEL R GAUDET			NEWIG	ON POLICE DEPART		06/01/20	n22

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

-	Direction 1	ı ≡ Vehicle 1 2	≥ =Vehicle 2	Pedestria	an	
Crash Diagram:	ie: → 🛚	1 → 2	□ →	> ₹		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	ıg Lot
		į	į	į	☐ Mall/Shopping C	Center
		-		+	Other Private Wa	ıy
				+	Indicate North by A	Arrow
		 		+		
Crash Narrative:		-				
(S), and MV1 could not avo	oid the collisi	on. MV2 cras	shed into MV3'	s driver s	ide after MV2 was hit by	
MV1. Ms. Potere was trans	sported to Newt	on Wellesley	Hospital by N	ewton Medi	cs for a potential head a	and neck
injury. I observed damage	e to the front	end and drive	er side of MV3	. Tody's	towing responded and remo	oved MV3
from the roadway.						
I spoke with a witne	ess to the cras	h, Ms. Susan	Flicop. Ms. F	licop stat	ed she was traveling behi	nd MV1
on Commonwealth Avenue (W)	at the time o	of the crash.	Ms. Flicop s	tated she	observed MV2 stopped on	
Temple Street ahead of MV	l, and MV2 was	"edging out"	onto Commonwe	alth Avenu	e. Ms. Flicop stated MV2	entered
Commonwealth Avenue in fro	ont of MV1, and	MV1 did not	have time to	stop. Ms.	Flicop stated MV1 crashe	ed into
MV2's driver side and push	ned the vehicle	back. Ms. F	licop stated	at this ti	me, MV3 was traveling on	
(Continued o	on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		-				1
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Vel	hicle Section)		
Carrier Name					Carrier Issuing Authority Co	de 35
Address			City		St Zip	
US DOT #:	_State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trai	ler Length	
Hazmat Information:	41					42
Placard Material 1 digit	# Material N	Name		_ Material 4 di	git# Release code	

Signature

Department

Precinct/Barracks

Date

Cash Narrative:	_	Direction 1	ı ≡ Vehicle 1 2	≥ =Vehicle 2	Pedestria	n	
Crash Narrative: Commonwealth Avenue (2) and was hit by one of the vehicles. Ms. Flicop stated once MV2 came to a stop In the roadway, it rolled back onto the medium off the roadway. After speaking with all parties involved, I have summised that Mr. Harrigan failed to use care while entering the roadway prior to the orash. Mr. Harrigan did not yield to MV1's right of way while she was traveling on Commonwealth Avenue, resulting in the collision. Mr. Harrigan failed to use care while entering the roadway prior to the orash. Mr. Harrigan did not yield to MV1's right of way while she was traveling on Commonwealth Avenue, resulting in the collision. Mr. Harrigan failed to use care while entering the roadway prior to the orash. Mr. Harrigan did not yield to MV1's right of way), and Newton City Ordinance Chapter 19, Section 75 (Fail to Use Care). Photos were taken of the crash scene and submitted to the IT Bureau. **Vitnesses:** Name (Last First, Middle) Address Phone # SAType Description of Damaged Property **Vitnesses:** Name (Last First, Middle) Address City St. Zip Index and Businformation: Phone # SAType Description of Damaged Property **Internal Care Institute Take Take Take Take Take Take Take Tak	Crash Diagram:	ie: →□	→ 2	2 →	₽Ŷ		
Cash Narrative: Commonwealth Avenue (E) and was hit by one of the vehicles. Ms. Flicop stated once MV2 came to a stop in the roadway, it rolled back onto the medium off the roadway. After speaking with all parties involved, I have summised that Mr. Harrigan failed to use care while entering the roadway prior to the crash. Mr. Harrigan did not yield to MV1 cright of way while she was travaling on Commonwealth Avenue, resulting in the collision. Mr. Harrigan failed to use care while control on Commonwealth Avenue, resulting in the collision. Mr. Harrigan was provided with Massachusetts Uniform Citation 455661AB in hand for Chapter 89, Section 8 (Fail to Yield to Right of Way), and Newton City Ordinance Chapter 19, Section 75 (Fail to Use Care). Photos were taken of the crash scene and submitted to the IT Bureau. Winnesses. Name (Last, First, Middle) Address Phone # Statement Truck and Bus Information: Registration # Registration # Currier Issuing Authority Code Address City							Occur
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Signature

Department

Precinct/Barracks

Date