



|   |                                |                     |  |  |  |                      |                                  |   |  |  |
|---|--------------------------------|---------------------|--|--|--|----------------------|----------------------------------|---|--|--|
| Police Use Only   |                                |                     | Commonwealth of Massachusetts                                  |  |  |                      | RMV Document Number              |   |  |  |
| Date of Crash<br>06/01/2022   | Time of Crash<br>15:06<br>24HR | City/Town<br>NEWTON | Motor Vehicle Crash<br>Police Report                           |  |  | Number Vehicles<br>3 | Number Injured<br>2              | Speed Limit 30<br>Latitude _____<br>Longitude _____ | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |  |
| AT INTERSECTION:  |                                |                     | < LOCATION >   |  | NOT AT INTERSECTION:                         |                      |                                  |   |  |  |
| Route# Direction Name of Roadway/Street<br>At                                     |                                |                     | Route# Direction Address # Name of Roadway/Street              |  |  |                      |                                  | 9   |  |  |
| Route# Direction Name of Intersecting Roadway/Street<br>Also at Intersection with |                                |                     | Feet N S E W of _____ Mile Marker _____ Exit Number _____      |  |  |                      |                                  | 10  |  |  |
| Route# Direction Name of Intersecting Roadway/Street                              |                                |                     | Feet N S E W of _____ Route# Intersecting Roadway/Street _____ |  |  |                      |                                  | 11  |  |  |
| Route# Direction Name of Intersecting Roadway/Street                              |                                |                     | Landmark _____   |  |  |                      |                                  |   |  |  |
| <input checked="" type="checkbox"/> Vehicle 3 1 #Occupants                        |                                |                     | <input type="checkbox"/> Hit/Run                               |  | <input type="checkbox"/> Moped               |                      | Case Number 22000476             |   |  |  |
| License # --- St MA DOB/Age ---   |                                |                     | Reg # 18FW37   |  | Reg Type PAN                                 |                      | Reg State MA                     |   |  |  |
| Sex F Lic. Class D 18 D 18 Lic. Restrictions B 19 CDL _____                       |                                |                     | Veh Year 2018  |  | Veh Make TOYOTA                              |                      | Veh Config. 1 20                 |   |  |  |
| Operator POTERE MARY K  |                                |                     | Owner (Same as operator)                                       |  |  |                      |                                  |   |  |  |
| Address 18 INIS CIR   |                                |                     | Address  |  |  |                      |                                  |   |  |  |
| City NEWTON State MA Zip 02465  |                                |                     | City   |  | State  |                      | Zip                              |   |  |  |
| 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                                   |  | 2 3 4  |                      | 10 Undercarriage                 |   |  |  |
| Citation # (If Issued) N/A  |                                |                     | Most Harmful Event 1 23  |  | 5 11 Totaled                                 |                      |                                  |   |  |  |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____                   |                                |                     | Driver Contributing Code 1 24 24                               |  | 6  |                      |                                  |   |  |  |
| 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 type="checkbox"/> Vehicle #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 _____ DOB/Age _____  |                                |                     | Reg # _____  |  | Reg Type _____                               |                      | Reg State _____                  |   |  |  |
| Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____                         |                                |                     | Veh Year _____   |  | Veh Make _____                               |                      | Veh Config. 20                   |   |  |  |
| Operator _____  |                                |                     | Owner _____  |  |  |                      |                                  |   |  |  |
| Address _____   |                                |                     | 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  |                      | 10 Undercarriage                 |   |  |  |
| Citation # (If Issued) _____  |                                |                     | Most Harmful Event 23  |  | 5 11 Totaled                                 |                      |                                  |   |  |  |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____                   |                                |                     | Driver Contributing Code 24 24                                 |  | 6  |                      |                                  |   |  |  |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____                   |                                |                     | Underride/Override 25 Towed _____                              |  |  |                      |                                  |   |  |  |
| 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:

Temple Street right in front of her vehicle. Ms. Keefe stated she did not have time to stop and avoid the 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 by 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

(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

06/01/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

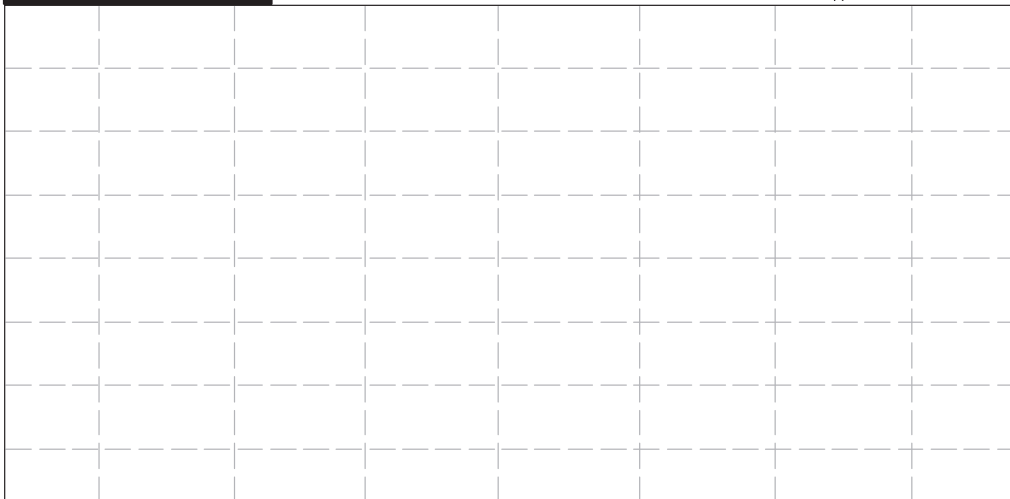




→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:

ie: → 1 → 2 →



If Crash Did Not Occur  
on a Public Way:

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

Indicate North by Arrow



Crash 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 surmised that Mr. Harrigan failed to use care while entering the roadway prior to the crash. Mr. Harrigan did not yield to MV1's right of way while she was traveling 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.

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

06/01/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date