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|---|--|----------------------------------|-------------------------------|--------------------------------------|--|---|---------------------|--|---------------------|---|--|--|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
| Date of Crash 07/18/2022 | | Time of Crash 11:23 24HR | | City/Town NEWTON | | Motor Vehicle Crash Police Report | | Number Vehicles 2 | Number Injured 0 | Speed Limit 25 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: | | | | | | 9 | |
| Route# Direction Name of Roadway/Street At | | | | WEST 1750 COMMONWEALTH AVE | | Route# Direction Address # Name of Roadway/Street | | Feet N S E W of _____ • _____ or _____ | | Mile Marker Exit Number | | 10 | |
| Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | | Feet N S E W of _____ | | Route# Intersecting Roadway/Street | | Feet N S E W of _____ | | Landmark | | 11 | |
| Route# Direction Name of Intersecting Roadway/Street | | | | | | | | | | | | 2 | |
| <input checked="" type="checkbox"/> Vehicle 1 2 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 22000639 | | | | | | 3 | |
| License # --- St MA DOB/Age --- | | | | Reg # 157SE7 | | Reg Type PAN | | Reg State MA | | | | 2 | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | | Veh Year 2012 | | Veh Make ACURA | | Veh Config. 2 20 | | | | 12 | |
| Operator FABRIZIO ELIZABETH DALEY | | | | Owner (Same as operator) | | | | | | | | 1 | |
| Address 43 TROY LANE | | | | Address | | | | | | | | | |
| City NEWTON State MA Zip 02468 | | | | City | | State | | Zip | | | | | |
| Insurance Company COMMERCE | | | | Vehicle Action Prior to Crash 2 21 | | Damaged Area Code: (Circle Up to Three) | | | | | | | |
| Vehicle Travel Direction: N S E X Responding to Emergency? N | | | | Event Sequence 1 22 22 22 22 | | 2 3 4 | | 10 Undercarriage | | 11 Totaled | | | |
| Citation # (If Issued) N/A | | | | Most Harmful Event 1 23 | | 1 24 24 | | 8 7 6 | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 1 24 24 | | Underride/Override 25 Towed N | | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | | | 13 | |
| Name (Last First Middle) | | | | Address | | Age/DOB | | Sex | | 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code | | Medical Facility | |
| Operator | | | | See Above | | ----- | | --- | | 1 4 99 0 0 10 1 | | N/A | |
| DALEY, MARY | | | | 6 WELDON RD NEWTON, MA 02458 | | ----- | | F 6 1 4 99 0 0 10 1 | | | | N/A | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | 7 | |
| License # --- St MA DOB/Age --- | | | | Reg # S87959 | | Reg Type CON | | Reg State MA | | | | 13 | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | | Veh Year 2009 | | Veh Make CHEVROLET | | Veh Config. 2 20 | | | | 12 | |
| Operator KIRBY-THOMAS DJ | | | | Owner ASHLAND LUMBER | | | | | | | | 1 | |
| Address 21 HAMMOND ROAD | | | | Address 134 FRONT STREET | | | | | | | | | |
| City HOPEDALE State MA Zip 01747 | | | | City ASHLAND State MA Zip 01721 | | | | | | | | | |
| Insurance Company FEDERATED MUTUAL | | | | Vehicle Action Prior to Crash 1 21 | | Damaged Area Code: (Circle Up to Three) | | | | | | | |
| Vehicle Travel Direction: N S E X Responding to Emergency? N | | | | Event Sequence 1 22 22 22 22 | | 2 3 4 | | 10 Undercarriage | | 11 Totaled | | | |
| Citation # (If Issued) 519268AB | | | | Most Harmful Event 1 23 | | 19 24 20 24 | | 8 7 6 | | | | | |
| Violation 1: Ch 19/75 Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 19 24 20 24 | | Underride/Override 25 Towed N | | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | | | 13 | |
| Name (Last First Middle) | | | | Address | | Age/DOB | | Sex | | 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code | | Medical Facility | |
| Operator/Non-Motorist | | | | See Above | | ----- | | --- | | 1 4 99 0 0 10 1 | | N/A | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington Street

Commonwealth Avenue

NOT TO SCALE

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 Monday, July 18, 2022, while assigned to unit N493, I responded to the area of 1750 Commonwealth Avenue, Newton for a reported crash. The weather at the time of the crash was overcast and cloudy. The road surface was dry. Commonwealth Avenue is a public way maintained by the City of Newton.

The operator of MV1, Ms. Elizabeth Fabrizio (S29560661) stated she was stopped at a red light in her 2012 Acura MDX (MA:157SE7) on Commonwealth Avenue (W) just before Washington Street. Ms. Fabrizio stated while stopped at the light, MV2 crashed into the rear of her vehicle. I observed damage to the rear bumper area of MV1. Ms. Fabrizio and her passenger, Ms. Mary Daley, reported no injuries.

(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

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

MICHAEL R GAUDET

NEWTON POLICE DEPART

07/18/2022

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:

The operator of MV2, Mr. DJ Kirby-Thomas (S32655458) stated he was operating a 2009 Chevrolet Silverado (MA CON: S87959) on Commonwealth Avenue (W) towards Washington Street. Mr. Kirby-Thomas stated while operating his vehicle he became distracted by the GPS in his vehicle and his front end crashed into the rear of MV1. I observed damage to the front bumper area of MV2. Mr. Kirby-Thomas reported no injuries. Mr. Kirby-Thomas was provided with Massachusetts Uniform Citation 519268AB in hand for Newton City Ordinance Chapter 19, Section 75 (Fail To Use Care).

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

MICHAEL R GAUDET

NEWTON POLICE DEPART

07/18/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date