

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 11/20/2019	Time of Crash 11:58 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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:				
WEST AVALON RD											
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____								
SOUTH CHESTNUT ST			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001185		
License # _____ St MA DOB/Age _____			Reg # 53CC04			Reg Type COM			Reg State CT		
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2007			Veh Make FORD			Veh Config. 2 20		
Operator REMBLAD COREY MICHAEL			Owner DBN NEW ENGLAND								
Address 71 RAYNER STREET			Address PO BOX 3866								
City BLACKSTONE State MA Zip 01504			City DANBURY State CT Zip 06813								
Insurance Company EASTERN INSURANCE COMPANY			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N <input checked="" type="checkbox"/> E <input type="checkbox"/> 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			1 2 3 4 5 6 7 8 9 10 11			11 Totaled		
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 N								
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		Medical Facility	
Operator			See Above			-----		---		N/A	
SOLECKI, THOMAS, C			292 ORCHARD STREET (apt FL 2) WOONSOCKET, RI 02895			---		M		N/A	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants										14	
<input type="checkbox"/> Non-Motorist A Type										15	
Action										16	
Location										17	
Condition										18	
<input type="checkbox"/> Hit/Run										19	
<input type="checkbox"/> Moped										20	
License # _____ St MA DOB/Age _____			Reg # 5921			Reg Type AMN			Reg State MA		
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019			Veh Make FORD			Veh Config. 2 20		
Operator YUNKER RICHARD EDWARD			Owner CATALDO AMBULA								
Address 190 NORFOLK AVENUE			Address BX435								
City SWAMPSCOTT State MA Zip 01907			City SOMERVILLE State MA Zip 02143								
Insurance Company OLD REPUBLIC			Vehicle Action Prior to Crash 3 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> 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			1 2 3 4 5 6 7 8 9 10 11			11 Totaled		
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N								
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		Medical Facility	
Operator/Non-Motorist			See Above			-----		---		N/A	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Chestnut Street

Avalon Road

Unit 1

Unit 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:

On Wednesday, November 20, 2019, while assigned to Traffic unit N525, I responded to the area of Chestnut Street and Avalon Road, Newton for a report of a motor vehicle crash involving a Cataldo ambulance. Chestnut Street and Avalon Road are both public ways maintained by the City of Newton. The weather at the time of the accident was light rain. The road surface was wet.

I spoke with the operator of MV1, Corey Remblad (S29346684). Remblad stated he was operating his 2007 Ford Ecoline (CT: 53CC04) Southbound on Chestnut Street towards Avalon Road. Remblad stated there was construction ahead of him on Chestnut Street and there was a police officer working a detail that was waving him on to continue down Chestnut Street. Remblad stated MV2 exited Avalon Road and it's front driver side crashed into the driver side of his vehicle. I observed moderate damage to the middle driver side of

(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

→ 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:

MV1. Remblad and his passenger Thomas Solecki report no injuries.

I spoke with the operator of MV2, Richard Yunker (S70658898). Yunker stated he was operating 2019 Ford F150 (MA AMN: 5921) Westbound on Avalon Road towards Chestnut Street. Yunker was operating the vehicle in his capacity as a Field Supervisor Paramedic for Cataldo Ambulance. Yunker stated he approached the intersection and came to a stop before taking a right turn onto Chestnut Street. Yunker stated as he made his right turn his front driver side crashed into the driver side of MV1. I observed moderate damage to the front driver side of MV2.

Photos were taken of both vehicles 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

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 DEPT

11/20/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date