

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/04/2019	Time of Crash 19:58 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:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 47 CHARLES ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____				2 9			
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 _____				2 10			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____				2 11			
<input checked="" type="checkbox"/> Vehicle 1 4 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001244	
License # _____ St MA DOB/Age _____			Reg # UNK			Reg Type _____			Reg State MA	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2013			Veh Make EONE			Veh Config. 6 20	
Operator LEONE PETER J			Owner CITY OF NEWTON FIRE			Address 1164 CENTRE ST			City NEWTON State MA Zip 02459	
Address 10 OMAR TERR			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 2 22 22 22 22 2 3 4	
City NEWTON State MA Zip 02460			Most Harmful Event 2 23			Driver Contributing Code 19 24 24			Underride/Override 25 Towed N	
Insurance Company CITY OF NEWTON			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	
Please fill out for operator and all occupants involved			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 4 0 0 10 1			N/A	
MACGOVERN, AARON			144 ELLIOT STREET NEWTON, MA 02461			11 1 4 4 0 0 10 1			N.A	
JEWELL, FRANK, RAYMOND			238 GROVE STREET NEWTON, MA 02466			11 1 4 4 0 0 10 1			N/A	
MCCARTHY, RYAN			20 DEXTER RD NEWTON, MA 02460			11 1 4 4 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	
License # _____ St MA DOB/Age _____			Reg # 8PT684			Reg Type PAN			Reg State MA	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2018			Veh Make KIA			Veh Config. 2 20	
Operator PLONE SALLY J			Owner (Same as operator)			Address _____			City _____ State _____ Zip _____	
Address 47 CHARLES ST			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 1 23	
City AUBURNDALE State MA Zip 0246-1709			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N	
Insurance Company LIBERTY			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	
Please fill out for operator and all occupants involved			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 4 0 0 10 1			N/A	

→ Direction

ie: → 1 → 2 →

1 Vehicle 1 2 Vehicle 2

⊙ Pedestrian

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 12/4/19 at approximately 2000 hours, Ladder Truck E-1 (MF463) responded to 47 Charles St for a fire alarm.

Mv2 drove next to me due to the alarm being at her residence. She stated she was going to park her car and speak to the firefighters. She had parked her vehicle directly behind the truck.

After the scene was clear, Firefighter Leone was operating the truck and reversed. The vehicle was in the blind spot and he was unable to see her. He had reversed into her vehicle.

Pictures were taken of the damage and submitted to the IT bureau.

No injuries reported. No tow. Minor damage.

****Due to QED error, reg plate taken out in order to validate*****

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