

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/24/2019	Time of Crash 12:55 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:			
Route# Direction Name of Roadway/Street At			EAST 46 MYRTLE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street										
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001333	
License # --- St MA DOB/Age ---			Reg # 369 Reg Type AMN Reg State MA			Veh Year 2016 Veh Make FORD Veh Config. 2				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2016 Veh Make FORD Veh Config. 2			Owner CATALDO AMBULA				
Operator GEDANSKY ELISE L			Owner CATALDO AMBULA			Address BX435				
Address 137 WASHINGTON ST			Address BX435			City SOMERVILLE State MA Zip 02143				
City SOMERVILLE State MA Zip 02143			City SOMERVILLE State MA Zip 02143			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)	
Insurance Company SELF			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23			Driver Contributing Code 19 24 24	
Vehicle Travel Direction: N S X W Responding to Emergency? N			Underride/Override 25 Towed N			Diagram			10 Undercarriage 5 11 Totaled	
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 99 0 0 10 1				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 # 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 # 9940RB Reg Type PAN Reg State MA			Veh Year 2000 Veh Make VOLK Veh Config. 1				
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2000 Veh Make VOLK Veh Config. 1			Owner ELLIOT ALINE				
Operator _____			Owner ELLIOT ALINE			Address 46 MYRTLE ST				
Address _____			Address 46 MYRTLE ST			City NEWTON State MA Zip 02465				
City _____ State _____ Zip _____			City NEWTON State MA Zip 02465			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)	
Insurance Company STANDARD FIRE			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24	
Vehicle Travel Direction: N S X W Responding to Emergency? N			Underride/Override 25 Towed N			Diagram			10 Undercarriage 5 11 Totaled	
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			-----			-----				

→ 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:

Operator of vehicle one Cataldo Medic Elisle Gedansky stated on 12/24/2019 at 12:55 hours she was driving MA reg AMN 369 a 2016 Ford Ambulance east bound on Myrtle St with it's emergency lights and siren activated responding to a medical call at 52 Myrtle St. Gedansky stated the Newton Fire Eng 2 was parked in front of 52 Myrtle St and that vehicle two Ma reg 9940RB a 2000 VW was parked unoccupied across from 52 Myrtle St. Gedansky stated that she believed that there was enough room to drive between the fire truck and vehicle two. Gedansky stated that the front passenger side of vehicle one struck the front driver's side of vehicle two. Vehicle one had no damage and Gedansky was not injured. Vehicle two had damage to it's driver's side mirror and driver's side front bumper. I took photos of vehicle two and forwarded the disk to the NPD's IT bureau. Owner of vehicle two Aline Elliot of 46 Myrtle St was advised of this incident.

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 A MCSWEENEY **NEWTON POLICE DEPART** **12/24/2019**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24-00