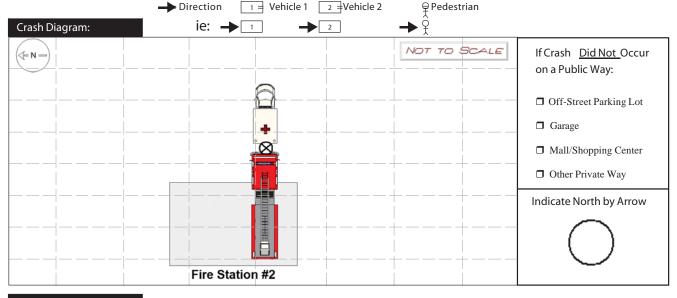
	Poli	ice Use Only		Commonweal	lth o	f Massa	achus	setts			RMY	V Docun	nent Number	
	Date of Crash 09/21/2020	Time of Crash 14:16 24HR	NEWTON	Motor		icle Cra Report	sh [Number /ehicles 2		ed Lati	ed Limi tude _ gitude_		State Police Local Police MBTA Police Other:	<u>X</u>
			RSECTION:		OCAT		>		NO	т АТ	INTI	ERSE(CTION:	⊐⊢
						WEST 1750 COMMONWEALTH AVE							2	
1 1	Route# Direc	tion	Name of R	oadway/Street	R	Route# Direction	n Addı	ress #		Na	ıme of F	Roadway/	Street	
	At				Feet NSEW of or							_ _		
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number								_
Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street							-		
² 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of								99
3						Landmark								\dashv
	Wehicle1	XVehicle1 0_#Occupants ☐ Hit/Run ☐ Moped Case I					Number 2000000546							_
	License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions CDL Endorsment				Reg # MF463 Reg Type MVN Reg State MA								_	
					Veh Year 2013 Veh Make EONE Veh Config. 97 20									
4 1	Operator	Last	First	Middle	Owner FIRE DEPT CITY OF NEWTON Last First Middle								- 7	
					Address 1164 CENTRE ST								-	
				Zip	City NEWTON State MA Zip 02459								-	
5	1	pany SELF INST			Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)								ee)	
5 1	Vehicle Travel	Direction: N	S E W Respon	nding to Emergency? N	Event Sequence 2 22 22 22 22 22 2 20 20 20 20 20 20 20							riogo		
	,	ssued)			Most H	armful Event	2 23	24	24	1 👉	9		5 11 Totaled	lage
⁶ 1	1			: ChSec	Driver Contributing Code 1									
1		Violation 3: ChSec Violation 4: ChSec					Underride/Override Towed N							
	Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB Sex System Status Switch Code Code Status Code Medical Facility							1 2		
	Operator			See Above					\sqcup					
7 1	Please Select C of the Followi	I A Venicle	2 1_#Occupants	Non-Motorist A Type	14	Action 1	5 Locati		16 Co	ndition	17	Hit	t/Run Mor	ped
	License # St MA DOB/Age				Reg # AMB41 Reg Type AMR Reg State MA						State MA	_]		
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions B 19 CDL				Veh Year 2010 Veh Make FORD E350 Veh Config. 97									
⁸ 1	Operator PERRY JR JAMES R Endorsment R Last First Middle				Owner CATALDO AMBULA Last First Middle								_	
	Address 184 HARVARD CIR				Address BX435								-	
	City NEWTON State MA Zip 02461				City SOMERVILLE State MA Zip 02143								_	
	Insurance Company OLD REPUBLIC INSURANCE				Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ee)	
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$				Event Sequence 2 22 22 22 22 3 4									
	Citation # (If Issued)					Most Harmful Event 2 23 10 Undercarriage 5 11 Totaled								паде
	Violatio	Driver Contributing Code 99 24 24												
	Violatio	Underride/Override												
	Pl Name (Last Fi		operator and all o	ccupants involved Address		Age/DOB	Sex Po	26 27 at Safety os. System	28 Airbag A Status S	29 Ejec Switch Coo) 31 t Trap de Code	Injury Tra	nsp. ode Medical Faci	ility
	Operator/	Non-Motorist		See Above				- 99	4	4 0	0	10 1		



Crash Narrative:

On Monday September 21st, 2020 while in N526 I responded to Newton Fire Station #2 located at 1750 Commonwealth Ave for a past accident involving Newton Fire Ladder #1 and a Cataldo Ambulance. The accident is reported to have occurred on Thursday September 17th 2020 at 10:00am. At the time of the accident the weather was partly cloudy and the road surface was dry.

Captain Roche stated he was working at the station that day when a Cataldo Ambulance truck MA AMR: AMB41 slowly backed up and struck the top of the ladder on the Ladder Truck#1 MA MVN: MF463. Ladder #1 was parked and unoccupied at the time in front of the Fire Station. At the time no damage was reported on either apparatus. Today damage was noticed on the top part of the ladder. Pictures were taken of a crack and some damage to the ladder. I spoke with the operator of the ambulance identified as EMT James Perry (S14785886

	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address			Phone #	Statement		
Property Damage:								
Owner (Last, First, Middle)	Phone # 34-Type Desc			Description of Damaged	scription of Damaged Property			
Truck and Bus Information:	Registration #		(From Vehic	ele Section)				
Carrier Name				ic Section)	Carrier Issuing	Authority Code 35		
						Authority Code		
Carrier Name						Zip		
			City		St	Authority Code		
AddressUS DOT #:37			City		St	Zip		
AddressUS DOT #:37	State Numbers Vehicle Weight	38	City Issuing State	ICC#:	St	Zip		
AddressUS DOT #:	State Numbers Vehicle Weight	38	City Issuing State	ICC#:	St	Zip		

-	→ Direction	1 = Vehicle 1	2 ≢Vehicle 2	Pedestria	n	
Crash Diagram:	ie: →□	1 -	2	₽Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					—	g Lot
					☐ Garage	
					☐ Mall/Shopping C	enter
		-			— — — ☐ Other Private Wa	
					Indicate North by A	Arrow
		 -				
Crash Narrative:						
) who stated on Thursday	at around 10:00	Dam he was del	Livering spare	parts to a	another ambulance and was	
slowly backing up in fron						
front of Ladder #1. James	stated there w	was no damage	reported to e	either appar	ratus at the time. This m	inor
accident occurred on City	of Newton Prop	perty in the o	driveway of Fi	re Station	#2. No injuries were rep	orted.
Pictures of Ladder #1 wer	e submitted to	the IT Bureau	1.			
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type D	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From Ve	chicle Section)		
Carrier Name			(110111 + 0	,	Carrier Issuing Authority Co	de 35
Address			City		St Zip	
US DOT #:	_State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Traile	er Length 39	
Hazmat Information:						42
Placard 40 Material 1 digit	# 41 Material I	Name		Material 4 dig	git # Release code	42
	.				_	
ANDREA M FERGUSON			NEW	TON POLICE DEPARTS	09/21/2	2020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)