

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 01/02/2021	Time of Crash 08:47 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: _____			
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:						
NORTH Route# _____ Direction _____ Name of Roadway/Street _____ At _____			2 9								
EAST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			2 10								
EAST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			2 11								
1 1			2 3								
2 3			3								
3			12								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000005		
License # --- St MA DOB/Age ---			Reg # 35GM68			Reg Type PAN			Reg State MA		
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2010			Veh Make TOYT			Veh Config. 2 20		
Operator FADIL SILVANEIDE			Owner (Same as operator)								
Address 94 PINE GROVE ST			Address _____								
City NEEDHAM State MA Zip 02494			City _____ State _____ Zip _____								
Insurance Company CITIZENS			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event 1 23			5 11 Totalled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 5 24								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y								
6 2			13 1								
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											
7 8			13 1								
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 # 1182BY			Reg Type PAN			Reg State MA		
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2019			Veh Make F250			Veh Config. 20		
Operator VINCENT JOSHUA			Owner (Same as operator)								
Address 1476 GREAT PLAIN AVE			Address _____								
City NEEDHAM State MA Zip 02492			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 <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event 1 23			5 11 Totalled					
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								
8 2			13 1								
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 → 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 1/2/2021 at approx 0847hrs while assigned to 497 I responded to the intersection of Washington St and Quinobequin Rd for a report of a MV Crash. Upon arrival I observed Ma Reg 35GM68 with front end damage stopped in the right eastbound lane of Washington St at the intersection of Quinobequin Rd, the operator, Silvanaide FADIL was still inside the vehicle with all front airbags deployed. FADIL denied being injured and stated she was coming through the green light from Wales St when the truck in front of her suddenly stopped causing her to crash into it. I spoke with the operator of the truck, who had managed to pull off to the side of the road, Joshua VINCENT, Ma Reg 1182BY, who stated he had just started into the intersection from Wales St after getting the green light when he observed a red Ambulance with lights flashing approaching from Quinobequin Rd, he stopped to allow the ambulance to pass when he was struck from behind by FADIL. VINCENT

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
MCCARTHY, DONALD,	UNKNOWN	----	N

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

JO A GOURDEAU

NEWTON POLICE DEPART

01/02/2021

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:

expanded that as he had just started into the intersection, he was going at a slow speed and did not need to stop suddenly. I was approached by a witness, Donald MCCARTHY (617-438-1207) who stated he observed the ambulance come though and felt FADIL could not have been paying attention to not see it and stop. Both FADIL and VINCENT signed patient refusals with Fallon Ambulance, FADILS vehicle towed by Todys Towing.

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

JO A GOURDEAU

NEWTON POLICE DEPART

01/02/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

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Date