

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 03/08/2021	Time of Crash 12:49 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 25 ARMORY ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number				1 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Landmark				11 2				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000166		
License # --- St MA DOB/Age ---			Reg # MF444 Reg Type MVN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2010 Veh Make PIERCE Veh Config. 6 20		
Operator COLELLA JOSEPH A			Owner CITY OF NEWTON FIRE			Address 1164 CENTRE ST			City NEWTON State MA Zip 02459		
Insurance Company SELF INSURED			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 2 22 22 22 22 2 3 4		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? Y			Most Harmful Event 2 23			Driver Contributing Code 97 24 24			Underride/Override 25 Towed N		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 5 11 Totaled		
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			13 2		
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 # 108017 Reg Type SPN Reg State MA			Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2018 Veh Make RAM Veh Config. 2 20		
Operator _____			Owner ALTERNATIVE TRA			Address 9 DUDLEY CT			City ARLINGTON State MA Zip 02476		
Insurance Company PHILIDELPHIA IDEMINITY			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 1 23		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 5 11 Totaled		
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:

ARMORY ST

25 ARMORY ST

P.O.I.

NOT TO SCALE

Indicate North by Arrow

Crash Narrative:

On 03/08/2021 at 1249hrs I responded to 25 Armory St for a motor vehicle crash involving a city of Newton owned motor vehicle. Vehicle 1 described as city of Newton Fire Engine #4 (MA Fire Reg 444) backed into Vehicle 2 which was parked and unoccupied facing northbound on Armory St. As a result of the impact Vehicle 1 sustained little to no visible damage, Vehicle 2 sustained minor damage to the passenger side front bumper. No injuries were reported on scene. No tows were required. Photographs were taken and submitted to the NPD 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