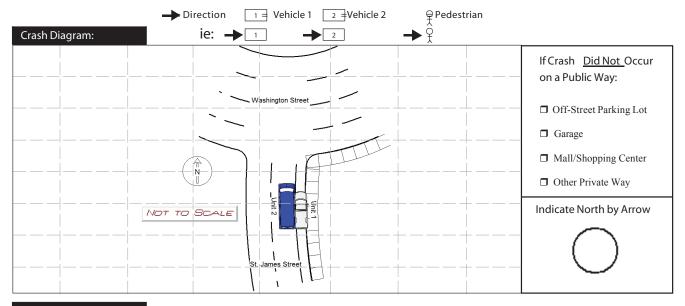
	Poli	ice Use Only		Commonwea	lth o	of Mass	achu	isetts			RMV D	ocumer	nt Number	
	Date of Crash 06/23/2021	Time of Crash 10:49 24HR	City/Town NEWTON	1410101		icle Cra Report	sh [Number Vehicles 2		Latitu	Limit <u>25</u> de tude	S L N	tate Police ocal Police MBTA Police Other:	Xi D
			SECTION:		LOCAT		>		NOT		NTER	SECT	ION:	\Box
	WES	T ST JAM	IES ST											2
1 1	Route# Direc	tion		oadway/Street	Ē	Route# Direction	on Ad	dress #		Nam	e of Road	way/Str	eet	2
	NOR	TH WASHI	At INGTON ST		-	Feet	N S E	W of		•	or _			
	Route# Direc	etion N	Name of Intersecting		<u> </u>	Fact [N S E	w of	Mile N	larker		E	Exit Number	-
2	1		Also at Intersec	ction with	- [-			_	Route#	In	tersecting	Roadwa	ny/Street	-
² 1	Route# Direc	tion	Name of Intersecti	ng Roadway/Street		Feet	N S E	w of			Landm	owle		_ 4
3	W Vahiala 1	0 #Occupants	☐ Hit/Run	Moped Case N							Landin	агк		7
	Venicie	#Occupants	Hiykun	Case N	Number		21	.00000461						_
	License#	18 1	St			M3116A			Reg Ty			Reg Sta	20	-
	Sex Lic.		Lic. Restrictions	CDL Endorsment		ear 2019					Ve	h Config	g. 2	
4 1		Last		Middle		CITY OF NE			First		1	Middle		- 3
						110 CRAFTS	. 31				~ M	· .	02458	
		_{ipany} SELF INSU		Zip		EWTON	- C 1				State MA			e)
5	1			r . F . N	Vehicle Action Prior to Crash Three Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 23 4									
		Direction: N		nding to Emergency? N		sequence 1	23						10 Undercarri	age
	`	ssued)		: ChSec		Iarmful Event Contributing C	1	24	24 1	←	9	5	11 Totaled	
⁶ 1				: Chsec		ide/Override	25	Towe	8		O	6		
_			ator and all occupa		Olidelli	ide/Override		26 27 Seat Safety		30 Eject	31 3: Trap Injur	2 33 y Transp		
	Name (Last First Middle) Address Operator See Above					Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facil						Medical Facilit	<u>y</u> 2	
	Орегию			566716676										
										+				
7														
7	Please Select (of the Followi	IX Vehicle	2 <u>0</u> #Occupants	Non-Motorist A Type	e 14	4 Action	Loca	ition	Cond	tion	17	Hit/R	un Mope	ed
	License#	18 1	St	DOB/Age	Reg # UNK Reg Type PAN Reg State M						te MA 20	201		
	Sex Lic.		Lic. Restrictions	CDL	Veh Ye	ear	Veh	Make_U	NK		Ve	h Config		
8 1	Operator	Last	First	Middle	Owner	La	st		First		1	Middle		-
	Address				Addres	s								
	City	Zip	City						State					
	Insurance Com	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Damaged Area Code: (Circle Up to Three)								e)				
	l	Direction: N	Event Sequence 2 22 22 22 22 22 2 22 2 22 22 22 22 22								age			
Citation # (If Issued) Most Harmful Event 2 1 4 9 5								11 Totaled						
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 9														
				4: ChSec ccupants involved	∪nderr	ide/Override		Towed	28 29 Airbag Airba	30	31 32 Trap Injur	2 33		\blacksquare
	Name (Last Fi	rst Middle)		Address		Age/DOB	Sex	Pos. Systen	Airbag Airba Status Swi	g Eject ch Code	Trap Injur Code Stat	y Transp		ity
	Operator/	Non-Motorist		See Above			-					+		_
												+		_
		· · ·		<u>-</u>										1



Crash Narrative:

On Wednesday, June 23, 2021 while assigned to Traffic unit N525, I responded to St. James Street at the Washington Street rotary for a motor vehicle crash involving a Fallon Ambulance and a City of Newton owned vehicle. The weather at the time of the crash was clear and sunny. The road surface was dry. St. James Street and Washington Street are both public ways maintained by the City of Newton.

I spoke with the operator of MV1, Mr. Michael Cannistraro. Mr. Cannistraro works for the City of Newton

Parks and Recreation Division. Mr. Cannistraro stated he parked his City of Newton owned 2019 Ford F-150

(MA MVN: M3116A) to the right side of St. James Street (W) at the Washington Street rotary. Mr.

Cannistraro stated he exited his vehicle and was trimming branches hanging over the sidewalk of this area

when he observed a Fallon Ambulance Company owned van drive Westbound on St. James Street. This vehicle's

(Continued on next page)

Witnesses:									
Name (Last, First, Middle)	Address			Phone #	Statement				
CANNISTRARO, MICHAEL,	1000 COMN NEWTON,I	ONWEALTH AVE MA 02459	ENUE		N				
Property Damage:									
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property					
Truck and Bus Information: Registration #(From Vehicle Section) Carrier NameCarrier Issuing Authority Code AddressCityStZip									
US DOT #:	State Number				36				
3 31	Reg Type Reg State	Reg Year	Tr	railer Length 39					
Placard 40 Material 1 digi	it # 41 Material Name		_ Material 4	digit # Release code	42				

⊣	Direction 1	Vehicle 1 2	yehicle 2	Pedestri	ian		
Crash Diagram:	ie: 🕕 🛚 1		□ →	Ŷ			
					I	Crash <u>Did Not</u> C n a Public Way:	Occur
		<u>_</u>				Off-Street Parking	g Lot
		 				Garage	
				į	-	Mall/Shopping Ce	enter
	- — — — — — 					Other Private Way	,
	- — — — —				Inc	licate North by A	rrow
					. — — —	\bigcirc	
Crash Narrative:							
front passenger side door					or mirror of	his unoccupied	1
vehicle and left the scene		-					
Newton Dispatch contacted							
door mirror for the Fallon the damage to MV1 and sub			ng on the road	way next	to MVI. PIC	cures were tar	en or
I spoke with Chris O'Malle			will look int	o what ve	ehicles were	in the area at	t the
time of the crash and get							
On June 24, 2021, I follow		lon and spoke	with the on d	uty supe	rvisor for Fa	llon, Mr. Rich	nard
Souza. Mr. Souza stated h		_					
(Continued o	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:		•					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dan	aged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)			35
Carrier Name					Carrier Is	suing Authority Cod	е
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:		Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38			20		
Trailer Reg #: Hazmat Information:	Reg Type	Reg State	Reg Year	Tra	iler Length		
Placard 40 Material 1 digit #	# 41 Material N	ame		Material 4 d	ligit #	Release code	42
MICHAEL R GAUDET			NEWTO	N POLICE DEPARTN		06/23/20	121

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)

-	Direction	1 = Vehicle 1	2 #Vehicle 2	₹ Pedesti	ian	
Crash Diagram:	ie: →[1	2	→ ♀		
Crash Diagram: Crash Narrative: crash or reported any dam					If Cracon a	ash Did Not Occur Public Way: ff-Street Parking Lot arage fall/Shopping Center ther Private Way ate North by Arrow n will update me.
Witnesses:		1				
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		-			-	'
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ed Property
Truck and Bus Information: Carrier Name	Registration # _		(Fro	m Vehicle Section)	Carrier Issui	ng Authority Code
Address			City		St	Zip
US DOT#:						36
37		38	135umg 5tau	icc#		Interstate
Cargo Body Type Code Gr	oss Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg Sta	te Reg Y	earTr	ailer Length	
Hazmat Information:	41				_	42
Placard 40 Material 1 digit	# Material	Name		Material 4	digit #	Release code 42
MICHAEL R GAUDET				NEWTON POLICE DEPART	N	06/23/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)