

Police Use Only						Commonwealth of Massachusetts								RMV Document Number					
Date of Crash 07/07/2021	Time of Crash 07:12 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 15 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:											
												2 9							
Route# Direction Name of Roadway/Street At				NORTH 2101 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number								2 10							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of Route# Intersecting Roadway/Street								11							
Route# Direction Name of Intersecting Roadway/Street				Landmark								2							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000496													
License # --- St MA DOB/Age ---				Reg # 2MRR44 Reg Type PAN Reg State MA								12							
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment				Veh Year 2020 Veh Make HONDA Veh Config. 2 20								7							
Operator PATEL MARTHE G Last First Middle				Owner (Same as operator) Last First Middle															
Address 23 ASH ST				Address															
City WALTHAM State MA Zip 02453				City State Zip															
Insurance Company LIBERTY MUTUAL				Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)															
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N				10 Undercarriage 5 11 Totalled											
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												13							
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												2							
Operator See Above																			
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 # 7718 Reg Type AMN Reg State MA															
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				Veh Year 2021 Veh Make FORD Veh Config. 2 20															
Operator Last First Middle				Owner FALLON SERVICE IN Last First Middle															
Address				Address 111 (apt. 115) BROOK RD															
City State Zip				City QUINCY State MA Zip 02169															
Insurance Company ARBELLA				Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)															
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N				10 Undercarriage 5 11 Totalled											
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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:

There was a medical emergency at 2101 Washington Street (Care One) so Fire, Medics, and Police were all parked by the front entrance.

The OP. of MV#1 states that she was trying to park correctly in her spot. She backed out and her attention was drawn to an ambulance and didn't realize there was a second ambulance behind her. That's when she collided with MV#2.

MV#2 is an unoccupied ambulance with its emergency lights on while medics were out assisting a patient. Medic J. Spratt was nearby and observed his truck shake and walked around and noticed MV#1 pulling away from the ambulance with damage to the corner of the vehicle.

Pictures have been taken of both MV#1 and MV#2. Ambulance MV#2 has some old damage not related to this

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
SPRATT, JEFFREY,	133 GREENE ST QUINCY, MA 02170	-----	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 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

→ 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:

current accident. There doesn't appear to be any new damage to MV#2 from this current accident.

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

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US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

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