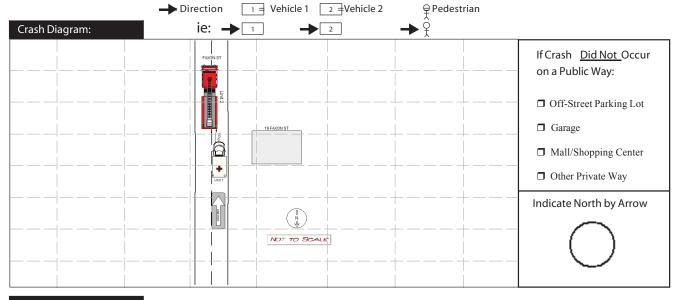
	Poli	ice Use Only		Com	monwealt	th o	f Massa	ach	use	etts			RM	V Doc	umen	t Number	
	Date of Crash	Time of Crash	1	Γown	Motor V	Vehi	icle Cra	sh		mber			ed Lim		SL	tate Police ocal Police IBTA Police	<u> </u>
	07/26/2021	18:59 24HR	NEWTON		Poli	ce F	Report		2		0		ngitude_			IBTA Police other:	
		AT INTER	RSECTION	:	< L(DCAT	TION :	>			N	OT AT	INT	ERS	ECT	ION:	
							SOUTH	19	9		FAX	ON ST					2
1 1	Route# Direc	tion	Name	of Roadway/Stre	eet	R	Route# Directio	n A	ddres	s #		N	ame of l	Roadw	ay/Stre	eet	$ 2^1$
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3	XVehicle1	1_#Occupants	Hit/Ru	n Mo	ped Case Nu	ımber		2	21000	00552							1
	License#		St	MA DOB/Ag	e	Reg#7	7715				Res	Type Al	MN	R	eg Stat	e MA	7
	Sex_M Lic.	18 1		19		_	ear 2021	V	eh Ma	ke FR	_				Config	20	·
4	Operator COI		JOSEPH		P. 1		CITY OF NEV							_ * 011	conng	·	- 1
1	Address 1164	CENTRE ST	First				Last S 1164 CENTRI				Firs	t ·		Mic	idle		
	City NEWTO			State MA Zip			EWTON						State	MA	Zin	02459	
	Insurance Com			ZI		-	Action Prior to	Crash		21						le Up to Thre	ee)
5	1	Direction: N	X E W R	esponding to En			Sequence 2 2		22	22	22	2	3		4		
	Citation # (If I		<u> </u>	openuing to 22			Iarmful Event	2 2	3				Λ	Λ		10 Undercarri	age
		1: Ch Sec	· Violati	on 2: Ch			Contributing Co		1 2	24	24	1	9	$\downarrow \downarrow$	5	11 Totaled	
⁶ 1							ide/Override			Towed	ı N	0	7		6		
	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					Seat Safety Airbag Airbag Eiget Tran Injury Transp							1				
	Name (Last Fir				Address ee Above		Age/DOB	Sex	Pos.					Status	Code	Medical Facilit	y 2
	Орегатог				CC Above					1	4	99 0	0	10	1		\dashv
7 1	Please Select C		2 <u>5</u> #Occup	ants Non-	Motorist A Type	14	4 Action 1	5 Lo	cation	1	16 C	ondition	17		Hit/Ru	ın Mope	ed
	of the Followi	ng:															4
	License#	18 18 19					Reg # MF471 Reg Type MVN Reg State MA							20	-		
	Sex_M_ Lic.	Class D	Lic. Restrict	ons B	Endorsment		ear_2004			ke_E-C	ONE			_Veh	Config	g. 6	
4	Operator HOWARD ERIC Last First Middle					Owner FALLON AMBULAN(Last First Middle Address 111 BROOK ROAD							-				
	Address 1164							ROAL)								
	City NEWTO			State MA Zip	02459	City QUINCY State MA Zip 02169											
	Insurance Com	pany ARBELLA				Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) 12 22 22 22 22 23 3								e)			
	Vehicle Travel	Direction: N	X E W	Responding to E	ng to Emergency? N Event Sequence 1 22 22 22 22 3						\overline{A}		10 Undercarri	age			
	Citation # (If I	ssued)										5	11 Totaled				
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 1 24 24 7 6											
	Violatio			tion 4: Ch		Underri	ide/Override		1	owed		8	0 2:	1 22		ı	_
	Pl Name (Last Fi	ease fill out for	operator and	all occupants i	nvolved Address		Age/DOB	Sex	26 Seat Pos.	27 Safety / System	28 Airbag Status	29 Airbag Eje Switch C	0 31 Ct Trap ode Code	32 Injury Status	33 Transp. Code	Medical Facil	ity
	Operator/	Non-Motorist			ee Above					1	4	99 0	0	10	1		
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	MAMAHON,	SHANE, PATRI	CK	11 BROOK RD QUINCY, MA 0				M	97	0	4	99 0	0	10	1		
	TRAMONTO	771 DOMENIC		9 FAXON ST				F	07		4	99 0	0	10	1		\dashv
	TRAMUNTOZ	ZZI, DOMENICA	A.	NEWTON, MA	02458			r	97	الا	*	22 0	U	10	1		

Date of Cra	olice Use Only Time of Crash	City/			of Massa			umban		MV Do		t Number ate Police	
07/26/2021	18:59	NEWTON	IVI		hicle Cra	Ve	hicles I	njured	Latitude	e	Lo	ocal Police XIBTA Police	
	24HR	_	. <		Report >	2			Longitu			ther:	
	ALINIE	RSECTION		LUC	ATION		-	NOI A	AIIN	TERS	ECI	ION:	
						_							
Route# Di	rection	Name	of Roadway/Street At		Route# Direction					of Roadv		eet	
					Feet N	S E W	of —	Mile Mar	• ker	_ or	E	xit Number	
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					Feet N	SEW		Route#	Inter	rsecting I	Roadwa	y/Street	
Route# Di	rection	Name of Inter	secting Roadway/Street	t			_			Landmai	rk		
☐Vehic1	e#Occupants	s Hit/Ru	n Moped	Case Numbe	or	21000	000552						
- "	•		700//										
License#_	18		19		#							20	
	c. Class	_	Endorsn	nent	Year								
			Middle		erLast						iddle		
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			StateZip		cle Action Prior to		21					le Up to Three)	
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Violati	on 3: ChSe	ec Violati	on 4: ChSec	Und	erride/Override	25	Towed_			7	6		
		rator and all occ	cupants involved		26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap liptury Transp. Age/DOB Sex Pos. System Status Switch Code Code Status (Code Medical Facil								
Operat	First Middle) Or		Addre: See Abo		Age/DOB	Sex Pos.	- System Stat	us Switch	Code Co	ode status	Code	Medical Facility	
Please Sele	t One		1_		14 15	1	16			17		<u> </u>	
of the Follo	IX Vehicle	e2 <u>5</u> #Occupa	ants Non-Motori	ist A Type	Action	Location	1	Condition	on		Hit/Ru	n Moped	
License#_		St 1		Reg	# MF471		R	eg Type	MVN	R	leg Stat		
Sex_M_ Li	c. Class D 18	Lic. Restricti			Year 2004	Veh Ma	ake_E-ON	E		Veh	Config	6	
Operator <u>I</u>	Last	ERIC	Endorsn	Own	er FALLON AM		I	irst		Mi	iddle		
Address 11	64 CENTER ST			Add	ress 111 BROOK I	OAD							
	City NEWTON State MA Zip 02459			City	City QUINCY State MA Zip						02169		
			Vohi	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
City NEW	ompany ARBELLA	<u> </u>		ven									
City NEW Insurance C	ompany ARBELLA		Responding to Emergen				22 22	2		JA		10 Undercarriage	
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City NEW Insurance C Vehicle Trav Citation # (1)	ompany ARBELLA rel Direction: N f Issued)	EcViola	tion 2: ChSec_	cy? <u>N</u> Ever Mos Driv	t Harmful Event Err Contributing Co	1 23 de 1	24	1 1	-		5		
City NEW Insurance C Vehicle Trav Citation # (I	rel Direction: N f Issued) tion 1: ChS tion 3: ChS	Sec Violaties	tion 2: ChSec_ tion 4: ChSec_	cy?N Ever Mos Driv Und	nt Sequence 1 2	1 23 de 1 25	24 Γowed N	1 8	-	7	5 6		
City NEW Insurance C Vehicle Trav Citation # (I	rel Direction: N f Issued) tion 1: ChS tion 3: ChS	Sec Violaties	tion 2: ChSec_	cy?N Ever Mos Driv Und	t Harmful Event Err Contributing Co	1 23 de 1	24 Fowed N 27 2 2 Safety Airb	1 1	30 Eject Tra Code C		5 6 Transp.		
City NEW Insurance C Vehicle Trav Citation # (I Viola Viola	rel Direction: N f Issued) tion 1: Ch S tion 3: Ch S Please fill out for	Sec Violater operator and a	tion 2: ChSec_ tion 4: ChSec_ all occupants involve	Mos Driv Und	t Harmful Event Error Contributing Coerride/Override	1 23 de 1 25 26 Seat	24 Fowed N 27 2 2 Safety Airb	8 29 ag Airbag	30 Eject Tri	7 31 32 ap njury	5 6 Transp.	11 Totaled	



Crash Narrative:

Operator of vehicle one Newton FF Eric Howard stated that while getting into the drivers seat of Newton Medic Unit 3 a Fallon Ambulance (2021 Ford Econoline MA reg AMN 7715), that was parked in front of 19

Faxon St, he inadvertently stepped on the break and disengaged the gear shift so that the ambulance went from park to drive. FF Howard was getting ready to drive Newton Medic Unit 3 to Newton Wellesley Hospital while Fallon Medics attend to their patient in the rear of the ambulance. FF Howard stated that after the ambulance went into drive it drove south bound on Faxon St and it's front driver's side fender struck the rear passenger side bumper of vehicle two. FF Howard stated that he was not injured in the crash and was able to drive the ambulance to Newton Wellesley Hospital. Fallon Medics Jared Gaglio and Shane McMahon stated that they were in the rear of the ambulance treating their patient, Dominica Tramontozzi when they felt the

(Continued or	n next page)						_
Witnesses:							
Name (Last, First, Middle)		Address			Phone	# Statemen	t
Property Damage:		•					
Owner (Last, First, Middle)	Address		Phone #	34-Туре	Description of Dam	aged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)		20	_
Truck and Bus Information: Carrier Name			*	,	Carrier Iss	suing Authority Code	5
						suing Authority Code	5
Carrier NameAddress			City		St	suing Authority Code Zip	5
Carrier Name Address US DOT #:	State Number		City		St	suing Authority Code Zip	5
Carrier Name Address US DOT #:	State Number		City		St	suing Authority Code Zip Interstate 36	5
Carrier Name Address US DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_	St	suing Authority Code Zip Interstate 36	ō
Carrier Name Address US DOT #: Cargo Body Type Code 37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_	St	suing Authority Code Zip Interstate 36	ō
Carrier Name	State Numberss Vehicle WeightReg Type	Reg State	City Issuing State	ICC#:_ Tr	St	zip	5

MICHAEL A MCSWEENEY NEWTON POLICE DEPARTN 07/26/2021

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

	→ Direction 1 = Vehicle 1 2 = Vehicle	2	
Crash Diagram:	ie: → 1 → 2	→Ŷ	_
		 	If Crash <u>Did Not</u> Occur on a Public Way:
		_	☐ Off-Street Parking Lot
		_	☐ Garage
			☐ Mall/Shopping Center
			☐ Other Private Way
		-+	Indicate North by Arrow
		_ 	
Crash Narrative:	and strike vehicle two. Both Gaglio a	nd McMahon stated that	thou wore not injured in

ambulance move forward and strike vehicle two. Both Gaglio and McMahon stated that they were not injured in the crash. I was unable to take a statement from Tramontozzi. Operator of Vehicle two Newton FF Joseph Colella stated that he was sitting in the driver's sea of Newton Fire Dept Eng 8 (2004 E-One Pumper MA reg MF471 and Newton Fire LT Douglas Quinn was sitting in the front passenger seat when the crash occurred. Vehicle two was parked in front of 19 Faxon St. FF Colella stated that the front driver's fender of vehicle one stuck the rear passenger bumper of vehicle two. Both FF Colella and Fire LT Quinn stated that they were not injured in the crash. Vehicle two did not require a tow. Vehicle one was towed from Newton Wellesley Hospital after a tow was arraigned by a Fallon Ambulance Supervisor. I took photos of both vehicles and forwarded the disk to the NPD's IT Bureau for downloading. Faxon St is public way in the City of Newton.

W itnesses:								
Name (Last, First, Middle)		Address			Phone #		Statement	
Property Damage:				,				
Owner (Last, First, Middle)		Phone #	34-Type	Description of Damag	escription of Damaged Property			
Truck and Bus Information: Carrier Name	Registration #		(From Vehic	le Section)	Carrier Issu	ing Authority Code	35	
Address		(City		St	Zip		
US DOT #: S			Issuing State	ICC #:_		_ Interstate	36	
Cargo Body Type Code Gross	s Vehicle Weight	38			39			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra				
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Nar	me		Material 4 o	ligit #	Release code	42	