

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/26/2021		Time of Crash 18:59 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				SOUTH 19 FAXON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11	
1 1		2 1		3		3 Vehicle 1 1 #Occupants <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Case Number 210000552						2	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator COLELLA JOSEPH A Address 1164 CENTRE ST City NEWTON State MA Zip 02459 Insurance Company SELF				Reg # 7715 Reg Type AMN Reg State MA Veh Year 2021 Veh Make FROD Veh Config. 6 20 Owner CITY OF NEWTON NEWTON FIRE Address 1164 CENTRE STREET City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 1 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled								12	
5 Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				6 Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility Operator See Above ----- --- --- 1 4 99 0 0 10 1 ----- ----- -----								13	
7 1 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 5 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				8 4 License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator HOWARD ERIC Address 1164 CENTER ST City NEWTON State MA Zip 02459 Insurance Company ARBELLA Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								2	
8 4 Reg # MF471 Reg Type MVN Reg State MA Veh Year 2004 Veh Make E-ONE Veh Config. 6 20 Owner FALLON AMBULAN Address 111 BROOK ROAD City QUINCY State MA Zip 02169 Vehicle Action Prior to Crash 11 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled				9 Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility Operator/Non-Motorist See Above ----- --- --- 1 4 99 0 0 10 1 GAGLIO, JARED, C 111 BROOK RD QUINCY, MA 02169 ----- M 97 0 4 99 0 0 10 1 MAMAHON, SHANE, PATRICK 111 BROOK RD QUINCY, MA 02169 ----- M 97 0 4 99 0 0 10 1 TRAMONTOZZI, DOMENICA 19 FAXON ST NEWTON, MA 02458 ----- F 97 0 4 99 0 0 10 1								13	

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Date of Crash 07/26/2021	Time of Crash 18:59 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____							
2 Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street _____							
3			Landmark _____							
<input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000552			
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____		Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____					
Operator _____ Last _____ First _____ Middle _____			Owner _____ Last _____ First _____ Middle _____		Veh Year _____ Veh Make _____ Veh Config. 20					
Address _____			Address _____		City _____ State _____ Zip _____					
Insurance Company _____			Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)					
5 Vehicle Travel Direction: N S E W Responding to Emergency? _____			Event Sequence 22 22 22 22		10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event 23		5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24		8 7 6					
6 Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____							
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			Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 5 #Occupants		<input type="checkbox"/> Non-Motorist A Type 14		Action 15 Location 16 Condition 17			
License # --- St MA DOB/Age ---			Reg # MF471 Reg Type MVN Reg State MA		Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____					
Operator HOWARD ERIC			Owner FALLON AMBULAN		Veh Year 2004 Veh Make E-ONE Veh Config. 6 20					
Address 1164 CENTER ST			Address 111 BROOK ROAD		City NEWTON State MA Zip 02459					
Insurance Company ARBELLA			Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event 1 23		5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
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		-----		---			
QUINN, DOUGLAS, E			1164 CENTER ST NEWTON, MA 02459		----- M		3 1 4 99 0 0 10 1			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

FAUXON ST

19 FAUXON ST

UHR 1

NOT TO SCALE

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:**

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 on next page)

**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


**MICHAEL A MCSWEENEY**      **NEWTON POLICE DEPT**      **07/26/2021**

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

CDP1 11 -24:00

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:    ie: → 1    → 2    →

	If Crash <u>Did Not</u> Occur on a Public Way:	
	<input type="checkbox"/> Off-Street Parking Lot	
	<input type="checkbox"/> Garage	
	<input type="checkbox"/> Mall/Shopping Center	
	<input type="checkbox"/> Other Private Way	
	Indicate North by Arrow	
		

Crash Narrative:

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 seat 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 struck 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 arranged 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.

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

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Hazmat Information:

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MICHAEL A MCSWEENEY

NEWTON POLICE DEPARTMENT

07/26/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date