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|---|--|--------------------------------|-------------------------------|--|--|--------------------------------------|---------------------|-------------------------|------------------------|---|--|--|----|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | | |
| Date of Crash 11/09/2021 | | Time of Crash 20:57 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 _____ | | | | WEST 312 OTIS ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____ | | | | | | | | 2 | 10 | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | | | | | | | | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | | | | | | | | | | | 11 | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | | | | | | | | | | | 4 | |
| <input checked="" type="checkbox"/> Vehicle 1 0 #Occupants | | | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 2100000926 | | | | | | |
| License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company SELF INSURED | | | | Reg # 9234YI Reg Type PAN Reg State MA Veh Year 2017 Veh Make FORD Veh Config. 2 20 Owner NEWTON POLICE DI Address 1321 WASHINGTON ST City NEWTON State MA Zip 02465 Vehicle Action Prior to Crash [11][21] Damaged Area Code: (Circle Up to Three) Event Sequence [1][22][22][22][22] 2 3 4 Most Harmful Event [1][23] 10 Undercarriage Driver Contributing Code [24][24] 5 11 Totaled Underride/Override [25] Towed N | | | | | | | | | 12 | |
| Vehicle Travel Direction: [N][S][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 _____ | | | | | | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | | | 13 | 2 | |
| 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 | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 MA DOB/Age --- Sex M Lic. Class [D][18][18] Lic. Restrictions [1] 19 CDL _____ Operator KILLILEA TIMOTHY Address 1164 CENTRE ST City NEWTON State MA Zip 02460 Insurance Company ARBELLA | | | | Reg # 7716 Reg Type AMN Reg State MA Veh Year 2021 Veh Make FORD Veh Config. 2 20 Owner FALLON AMBULAN Address 111 BROOK ROAD City QUINCY State MA Zip 02169 Vehicle Action Prior to Crash [10][21] Damaged Area Code: (Circle Up to Three) Event Sequence [2][22][22][22][22] 2 3 4 Most Harmful Event [2][23] 10 Undercarriage Driver Contributing Code [19][24][24] 5 11 Totaled Underride/Override [25] Towed N | | | | | | | | | | |
| Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N 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 | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

312 OTIS ST

NOT TO SCALE

MV1

MV2

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:

MV1 was parked in front of 312 Otis St for a medical call and was struck by MV2 in a sideswipe manner. Operator 2 states he was backing the ambulance into the driveway of 312 Otis St when he struck MV1. Minimal damage to the rear drivers quarter panel of MV1 and minimal damage to MV2 rear passenger quarter panel. No injuries reported and photos taken to be attached to this report.

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

TIMOTHY WALTON

NEWTON POLICE DEPART

11/09/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date