

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/08/2022		Time of Crash 15:58 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 45 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				9 EAST 1238 BOYLSTON ST		Route# Direction Address # Name of Roadway/Street				2 10			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				1 FOOT Feet N S X W of 127 . 0 or Mile Marker Exit Number		0.1 MIL Feet N S X W of 9 HIGH S				11			
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of		Route# Intersecting Roadway/Street				4			
Landmark													
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000289					
License # --- St MA DOB/Age ---				Reg # EV235J Reg Type PAN Reg State MA		Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2018 Veh Make TESLA Veh Config. 1 20		12	
Operator WILLIAMS BRANDON				Owner (Same as operator)		Address				City State Zip		1	
Address 9 HIGGINS ST				Address		City State Zip							
Insurance Company SAFETY INSURANCE				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4				10 Undercarriage			
Citation # (If Issued)				Most Harmful Event 1 23		1 24 24				5 11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24		Underride/Override 25 Towed N							
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										1			
Operator See Above				-----		1 4 4 0 0 10 1				NONE			
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 ---				Reg # AMB45 Reg Type AMN Reg State MA		Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2016 Veh Make FORD Veh Config. 2 20			
Operator SMILIOTOPOULOS JOHN				Owner FALLON AMBULAN		Address				City State Zip			
Address 52 ANDERSON ST				Address 111 BROOK ROAD		City QUINCY State MA Zip 02169							
Insurance Company ARBELLA PROTECTION				Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4				10 Undercarriage			
Citation # (If Issued)				Most Harmful Event 1 23		1 24 24				5 11 Totaled			
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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										1			
Operator/Non-Motorist See Above				-----		1 4 4 0 0 10 1				NONE			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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:

On Friday April 8, 2022 at approximately 1558 hours I was dispatched to Boylston St Eastbound at Rockland Place for a reported MVA involving a Newton Medic's Ambulance.

MV1 operator stated he and AMB1 were on Boylston St Eastbound (a public way) next to highway marker 127.0. MV1 operator stated he was in the right lane and AMB1 was in the left lane. MV1 operator said AMB1 was next to him when AMB1 began to merge into his lane. MV1 operator said it was at this time that the rear passenger tire of AMB1 struck MV1's driver side bumper. MV1 operator said he was not injured at this time. MV1 sustained minor driver side bumper damage.

AMB1 operator stated he was on Boylston St Eastbound in the left lane. AMB1 operator said in front of him was unknown debris that he was trying to avoid so the ambulance would not be damaged. AMB1 operator said before

(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

MARK HATFIELD NEWTON POLICE DEPT 04/08/2022

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 Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

attempting to merge into the right lane he checked all his mirrors and could not see any other MV. AMB1 stated MV1 must have been in his blind spot and close to AMB1. AMB1 operator said after he checked his mirrors he attempted to merge into the right lane but struck MV1. AMB1 operator stated he was not injured at this time. AMB1 sustained minor damage to the rear passenger tire wheel well.

No tows were required. MV1 and AMB1 operators signed refusals. Both were given copies of the accident report number and advised. Photos were taken and forwarded to the I.T. Bureau to be added to this incident.

Witnesses:

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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

MARK HATFIELD

NEWTON POLICE DEPART

04/08/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date