

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/24/2022		Time of Crash 09:48 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 297 LOWELL AVE 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	
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000562			4
License # _____ St MA DOB/Age _____				Reg # W35648 Reg Type CON Reg State MA				12					
Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL N				Veh Year 2021 Veh Make CAT Veh Config. 97 20				1					
Operator HOLMES RICHARD A				Owner (Same as operator)				1					
Address 25 13TH AVENUE				Address _____				1					
City HALIFAX State MA Zip 02338				City _____ State _____ Zip _____				13					
Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 21				2					
Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N				Event Sequence 2 22 22 22 22				3					
Citation # (If Issued) N/A				Most Harmful Event 2 23				4					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 9 24 24				5					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				6					
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33				13					
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 N/A				2					
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				1					
License # _____ St _____ DOB/Age _____				Reg # 3ZDV69 Reg Type PAN Reg State MA				20					
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2019 Veh Make KIA Veh Config. 1				1					
Operator _____				Owner FEDAS MICHAEL S				1					
Address _____				Address 138 (apt. 1) EDENFIELD AVENUE				1					
City _____ State _____ Zip _____				City WATERTOWN State MA Zip 02472				1					
Insurance Company COMMERCE				Vehicle Action Prior to Crash 11 21				2					
Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N				Event Sequence 1 22 22 22 22				3					
Citation # (If Issued) _____				Most Harmful Event 1 23				4					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				6					
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33				13					
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 ----- ---				2					

→ 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:

On Friday, June 24, 2022, while assigned to unit N492, I responded to the area of Lowell Avenue and Otis Street for a report of a MVA involving a Feeney construction vehicle. The weather at the time of the crash was clear and sunny. The road surface was dry. Lowell Avenue and Otis Street are both public ways maintained by the City of Newton.

The operator of MV1, Mr. Richard Holmes (S34147311), stated he was operating a 2021 CAT 420 Backhoe (MA CON: W35648) is the area of 297 Lowell Avenue (S). Mr. Holmes stated he was transporting a portable restroom in the front bucket to another location on their job site. Mr. Holmes stated a vehicle was traveling towards him on Lowell Avenue (N) and he moved over to the right side of the road to create more room on the roadway for both vehicles. Mr. Holmes stated at this time the front passenger side of 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 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:



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on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

backhoe's bucket area crashed into the rear of an unoccupied vehicle parked in front of 297 Lowell Avenue (S). I observed minor damage to the bucket area of the backhoe. No injuries were reported by Mr. Holmes.

The owner of MV2, Mr. Michael Fedas (S87986062), was advised that his 2019 Kia Forte (MA: 3ZDV69) was involved in the crash. I observed moderate damage to the rear driver side area of MV2. Mr. Fedas was working in the area in his official capacity as a letter carrier for the United States Postal Service.

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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 R GAUDET

NEWTON POLICE DEPART

06/24/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date