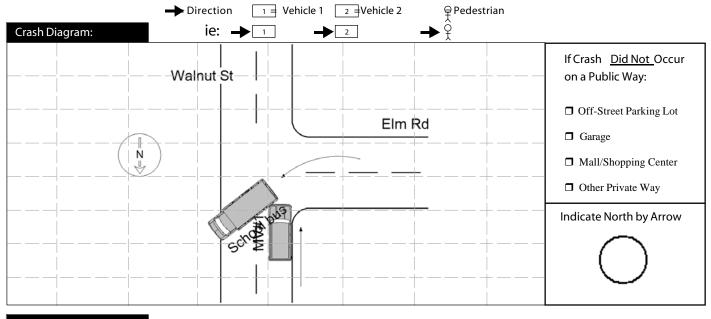
	Poli	ice Use Only		Common	nwealth (of Massa	achus	setts	;		RM	V Docu	ıment Nui	mber	
	Date of Crash		1	Town M	otor Veh	icle Cra	sh [Number Vehicles		iber Spe			State P Local I	Police Police Police	
	03/08/2019	14:36 24HR	NEWTON		Police	Report		venicies 1	Inju		tude _ gitude		MBTA Other:	Police 🗖	
	AT INTERSECTION: <				< LOCATION > NOT AT INTERS					ERSE	ECTION:				
	SOU".	TH WALNU	UT ST												1
1 1	Route# Direct			of Roadway/Street		Route# Direction	on Addi	ess#		Na	me of	Roadwa	y/Street		2 10
1	At NORTH ELM RD					Feet NSEW of or							2		
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Mile Marker Exit Number									
						Feet NSEW of Route# Intersecting Roadway/Street									
2 1						Feet NSEW of									5 ¹¹
	Route# Direct	tion	Name of Inter	secting Roadway/Street		Landmark									
3	XVehicle1	1_#Occupants	X Hit/Ru	n Moped	Case Number		190	0000251							
	License #		St _		Reg#	499ME8			Reg	Type_PA	N	Re	g State MA		
	Sex_F_ Lic. 0	Class D 18 13	Lic. Restrict	ions 19 CDL_	Veh Y	ear_2007	Veh l	Make_B	MW			_ Veh C	onfig. 2	20	
4	Operator WIC	CKNER	PAIGE First	Endorsn G Middle	nent Owne	(Same as oper	rator)		Firet			Midd	la .		1 12
2	Address 43 BE			Middle		ess									_
	City NEWTO	N		State MA Zip 02461	City_						State	e	Zip		
	Insurance Com	pany SAFETY			Vehic	le Action Prior to	Crash	1 2	21	Damage	ed Area	a Code:	(Circle Up	to Three)	
5 1	Vehicle Travel	Direction: N	X E W R	esponding to Emergence	y? Event	Sequence 1 2	22 22	22	22	2	3	7	4		
_	Citation # (If Is	ssued)			Most	Harmful Event	1 23			1 📥			10 Ui	ndercarriage	
	Violation	1: ChSec	Violati	on 2: ChSec	Driver	r Contributing Co	ode 1	24	24					otaled	
⁶ 1	Violation	3: ChSec	Violati	on 4: ChSec	Under	rride/Override	25	Towe	d_N_	0	7		6		
	Please f		ator and all oc	cupants involved		Age/DOB	Sex Pos	26 27 at Safety	28 Airbag A Status S	29 30 Airbag Ejec Switch Code) 31 t Trap c Code	32 Injury T	33 ransp.	ical Facility	13 1
	Operator	st Middle)		See Abo						4 0	0		1	icai Facility	
											-				
7															
3	Please Select C of the Followin	I Wobiclo	e# Occup	ants Non-Motori	st A Type	14 Action 1	5 Locati		16 Co	ondition	17	∥□·	lit/Run	Moped	
	License #		St	DOB/Age	Reg#				Reg	Type		Re	g State_		
	Sex Lic. 0	18 1		19		ear				••				20	
8	Operator		_	Endorsn	nent	r									
2			First	Middle		Las			First			Midd	le		
	CityStateZipC				City_	City State Zip									
						Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
						Event Sequence 22 22 22 22 3 4									
	Citation # (If Issued)					Most Harroful Event 23									
	,	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24 5 11 Totaled								
	Violation		nderride/Override 25 Towed 8 7 6												
	Ple	ease fill out for		all occupants involve	d		Sea	26 27 at Safety	28 Airbag	29 30 Airbag Ejec	31 Trap	32 Injury T	33 ransp.		
	Name (Last Fi	rst Middle)		Addre	ess	Age/DOB		s. System	n Status	Switch Co	le Code	Status		dical Facility	
	Operator/	Non-Motorist	1	See Abo	ve									2	



Crash Narrative:

The operator of MV#1 stated she was travelling southbound on Walnut St at the intersection of Elm Rd when she let a vehicle out of Elm Rd to make a left turn. The operator of MV#1 stated she proceeded to move forward when a school bus directly behind that vehicle also made a left turn making contact with MV#1. The operator of MV#1 honked her horn to get the school bus's attention with negative results. MV#1 sustained minor damages to its driver's side front bumper and fog light. The damage to the school bus should be to its driver's side rear bumper. There were no reported injuries to the operator of MV#1.

There were no reports of any contracted school bus operators reporting an accident. The operator of MV#1 stated there were witnesses at the accident scene but she did not get any of their information. The operator of MV#1 was advised to contact her insurance provider.

Witnesses:										
Name (Last, First, Middle)	A	ddress		Phone #		Statement				
Property Damage:	•									
Owner (Last, First, Middle)	Address	Phone # 34-Type Des			Description of Damageo	scription of Damaged Property				
T 1 10 16 11										
Truck and Bus Information: Registration #(From Vehicle Section)										
Carrier Name					Carrier Issuing	g Authority Code				
Address		(City		St	Zip				
US DOT #:S		_ Issuing State	ICC #:_		Interstate	36				
37 38										
Cargo Body Type Code Gross	s venicie weight				39					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	niler Length					
Hazmat Information:										
Placard 40 Material 1 digit #	41 Material Name	:	Material 4 digit # Release code							

GITA K SETIABUDI 25111 NEWTON POLICE DEPARTM 03/08/2019