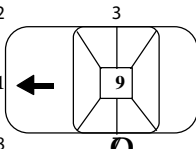
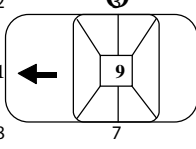


Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 03/12/2019	Time of Crash 07:35 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>					
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					1 9					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 56 CRESCENT AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							1 10					
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____							1 11					
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet N S E W of _____ Landmark _____							4 11					
<input checked="" type="checkbox"/> Vehicle 1 4 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000273								
License # --- St MA DOB/Age -- --			Reg # 104360		Reg Type SPN		Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2016		Veh Make DODGE		Veh Config. 2 20								
Operator PENTIKIS CHARLES Last First Middle			Owner JSC TRANSPORTATI Last First Middle								1 12				
Address 31 WAMPUM AVE			Address 224 CALVARY STREET												
City WALTHAM State MA Zip 02451			City WALTHAM State MA Zip 02452												
Insurance Company NATIONAL INTERSTATE			Vehicle Action Prior to Crash 6 21		Damaged Area Code: (Circle Up to Three)										
Vehicle Travel Direction: N S E X Responding to Emergency? _____			Event Sequence 1 22 22 22 22												
Citation # (If Issued) _____			Most Harmful Event 1 23		10 Undercarriage 11 Totaled										
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24												
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N												
Please fill out for operator and all occupants involved											1 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
Operator			See Above		-----	---	1	4	4	0	0	5	1		
CEDNO, NATHALIE			70 WYMAN ST NEWTON, MA 02459		-----	F	7	1	4	4	0	0	5	1	
GORMAN, SOPHIA			56 CRESCENT AVE NEWTON, MA 02459		-----	F	4	1	4	4	0	0	5	1	
MELCHIONNO, HARRY			165 FAIRWAY DR NEWTON, MA 02465		-----	M	6	1	4	4	0	0	5	1	
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 # 1GG980		Reg Type PAN		Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019		Veh Make CHEV		Veh Config. 2 20								
Operator BULTEMA JAKE Last First Middle			Owner (Same as operator) Last First Middle												
Address 149 PLEASANT ST			Address _____												
City NEWTON State MA Zip 02459			City _____ State _____ Zip _____												
Insurance Company COMMERCE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)										
Vehicle Travel Direction: N S E X Responding to Emergency? _____			Event Sequence 1 22 22 22 22												
Citation # (If Issued) _____			Most Harmful Event 1 23		10 Undercarriage 11 Totaled										
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24												
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		-----	---	1	4	4	0	0	5	1		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ○ Pedestrian

ie: → 1 → 2 → ○

Crash Diagram:

Crescent Ave

56 Crescent Ave

MV1

MV2

Trowbridge Ave

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 had just picked up a student at 56 Crescent Ave (at the intersection of Trowbridge). He made the pick up just west of the stop sign. He turned off his illuminated bus stop sign, paused and then began to pull into traffic.

MV2 was stopped at the stop sign on Trowbridge st at Crescent St waiting for the bus to turn off the stop sign. When the bus turned it off, it appeared to him that the bus was not pulling into traffic. MV2 began to turn left "very slowly". As he was driving next to the van, the van pulled into traffic and the 2 MVs touched mirrors. There was no damage to either MV.

A BLS ambulance was called to the scene because there were three students on board. All parents showed up and signed refusals for their children.

(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:

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:

Pictures were taken of the two mirrors that had no damage.

The following parents showed up on scene to sign refusals for their children:

Gareth Gorman for Sophia 617-515-1576

Lori for Harry Melchionno 617-527-7751

Malagros Falu for Nathalie Cedno

The students belong to the Oak Hill Middle school and they were notified.

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

MICHAEL WADE

NEWTON POLICE DEPART

03/12/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Incident/Remarks

Date