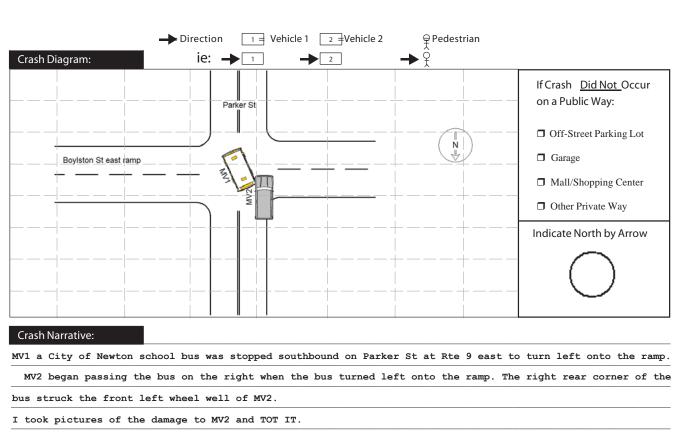
	Number Speed Limit 30 State Police
Date of Crash   Time of Crash   City/Town   Motor Vehicle Crash   Number   Vehicle   V	I cool Doling
104/04/2019 108:30 NEWTON Police Report 2	0 Longitude MBTA Police Other:
AT INTERSECTION: < LOCATION >	NOT AT INTERSECTION:
SOUTH PARKER ST	
Route# Direction Name of Roadway/Street Route# Direction Address #	Name of Roadway/Street
	• or
Route# Direction Name of Intersecting Roadway/Street	Mile Marker Exit Number
Also at Intersection with Feet N S E W of	Route# Intersecting Roadway/Street
Peet N S E W of Route# Direction Name of Intersecting Roadway/Street	Route# Intersecting Roadway/Street
Name of Intersecting Foodway/Street	Landmark
3 Wehicle 1 0_#Occupants Hit/Run Moped Case Number 190000033	
License # St DOB/Age Reg # 8BV549	Reg Type PAN Reg State MA
Sex_ Lic. Class   18   18   Lic. Restrictions   19   CDL Veh Year 2015 Veh Make A	20
Endorsment	
4   Operator	
	State Zip
	Damaged Area Code: (Circle Up to Three)
5 Vehicle Travel Direction: N X E W Responding to Emergency? Event Sequence 1 22 22 22 22	22 2 3 4
Citation # (If Issued) Most Harmful Event 1 23	10 Undercarriage
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 9 24	24 1 5 11 Totaled
	od N 6
Please fill out for operator and all occupants involved     26   27	
Name (Last First Middle)  Address Age/DOB Sex Post. System Operator See Above	Status Switch Code Code Status Code Medical Facility
Sec ricore	
Please Select One of the Following:  Non-Motorist A Type  14 Action  15 Location	Condition 17 Hit/Run Moped
License # St MA DOB/Age Reg # Reg #	
Sex_F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year_UNK Veh Make_U	NKNOWN Veh Config. 4
8 Operator CLYMER ELIZA Owner (Same as operator)  Last First Middle Last	First Middle
Address 203 W. 5TH ST Address	
City BOSTON State MA Zip 02127 City	State Zip
Insurance Company NGM INS Vehicle Action Prior to Crash 4	Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: N K E W Responding to Emergency? Event Sequence 1 22 22 22	22 2 3 4
Citation # (If Issued) Most Harmful Event 1 23	10 Undercarriage 5 11 Totaled
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24	24
Violation 3: ChSec Violation 4: ChSec Underride/Override 25 Tower	1 N 6
Please fill out for operator and all occupants involved  Name (Last First Middle)  Age/DOB Sex Pos. System  Age/DOB Sex P	28 29 30 31 32 33 Airbag Airbag Eject Frap Injury Transp. In Status Switch Code Code Status Code Medical Facility
Name (Last First Middle)         Address         Age/DOB         Sex         Pos. Syste           Operator/Non-Motorist         See Above	Status Switch   Code   Code   Status   Code   Medical Facility     4   4   0   0   5   1



I spoke with Regina Moody of transportation and she put me in contact with the driver of a bus who was in the area at the time of the MVA.

On Thursday I met with Joseph Montuna who was in the area at the time of the MVA. His bus is 362. The side of his bus says Eastern Bus Company. It does not say Newton Public Schools anywhere visible. I looked at the right rear of the bus that would have come into contact with the MV. There was not even a smudge on the

(Continued o	on next page)							
Witnesses:								
Name (Last, First, Middle)	Address				Phone #		Statement	
Dranauty Damaga.								
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Descri	otion of Dama	aed Property	
owner (Edst, First, Middle)	Address		Thorne #	311900	Descrip	ption of Barria	gearroperty	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)				35
Truck and Bus Information:  Carrier Name			(From Vehic	cle Section)		Carrier Issu	ning Authority Coo	
	· 						,	le
Carrier Name			City			St	Zip	le
Carrier Name Address US DOT #:			City			St	Zip	le
Carrier Name Address US DOT #:	_State Number	3	City Issuing State	ICC #:_		St	Zip	le
Carrier Name  Address US DOT #: Cargo Body Type Code37 Gro	_State Number	3	City Issuing State	ICC #:_		St	Zip	le
Carrier Name	State Number	Reg State	City Issuing State	ICC #:_ Tr	railer Ler	St	Zip _ Interstate	le

<del>-</del>	Direction 1	ı ≡ Vehicle 1 2	≥ ≠Vehicle 2	Pedestri	an	
Crash Diagram:	ie: →□	<b>→</b> [2	□ →	▶ ♀		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	g Lot
					☐ Garage	
						lantar
		ii		<u>+</u>	— — Mall/Shopping C	
					☐ Other Private Wa	У
					Indicate North by A	Arrow
		<u> </u>	<del>-</del>	<del>+</del>		
					\ \ \ /	
Crash Narrative:						
bumper. I am not positive	that this is t	the bus involv	red.			
I have attempted to contact	ct MV2 for clar	rification to	positively ID	the corre	ect bus. The number provid	led goes
directly to VM which is for	ıll.					
It is possible that this	was a non Newto	on school bus	involved that	I am unab	ole to identify.	
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 Vel	nicle Section)		35
Carrier Name					Carrier Issuing Authority Cod	de
Address			City		St Zip	
US DOT#:	_ State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	iler Length 39	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material N	Name		_ Material 4 di	igit # Release code	42
MICHAEL WADE			NEWT	ON POLICE DEPARTM	04/02/2	2019

CDP1 11 ·24·00

Police Officer Name (Please Print)

Department