

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/10/2019		Time of Crash 07:55 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 _____				NORTH		CENTRE ST						1	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____		Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____						10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____		WASHINGTON ST						11	
				Feet [N][S][E][W] of _____		Route# _____ Intersecting Roadway/Street _____						4	
						Landmark _____							
3		<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000359					
4		1		License # _____ St MA DOB/Age _____		Reg # 9HC355		Reg Type PAN		Reg State MA		12	
				Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____		Veh Year 2018		Veh Make JEEP		Veh Config. 1 20			
				Operator LYM JULIE		Owner (Same as operator)		Last First Middle		Last First Middle			
				Address 1505 COMMONWEALTH AVE (apt. 614)		Address _____		Last First Middle		Last First Middle			
				City BRIGHTON State MA Zip 02135		City _____ State _____ Zip _____		City _____ State _____ Zip _____		City _____ State _____ Zip _____			
				Insurance Company GOVT EMPLOYEES		Vehicle Action Prior to Crash 5 21		Damaged Area Code: (Circle Up to Three)		Damaged Area Code: (Circle Up to Three)			
5		1		Vehicle Travel Direction: [X][S][E][W] Responding to Emergency? _____		Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
				Citation # (If Issued) _____		Most Harmful Event 1 23		1 2 3 4 5 6 7 8 9 10 11		11 Totaled			
				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Driver Contributing Code 5 24 9 24		Underride/Override 25 Towed N		Underride/Override 25 Towed N			
6		1		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									
				Operator See Above		99 4 4 0 0 10 1							
7		7		Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 7 #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 # BU43184		Reg Type BUN		Reg State MA			
				Sex M Lic. Class B 18 18 Lic. Restrictions 1 19 CDL _____		Veh Year 2018		Veh Make THMS		Veh Config. 4 20			
				Operator MENDES GONCALV ANTONIO		Owner EASTERN BUS COMI		Last First Middle		Last First Middle			
				Address 59 WALES ST (apt. 1)		Address PO BOX 514		Last First Middle		Last First Middle			
				City DORCHESTER State MA Zip 02124		City SOMERVILLE State MA Zip 02143		City _____ State _____ Zip _____		City _____ State _____ Zip _____			
				Insurance Company AMERICAN GUARD & LIAB		Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)		Damaged Area Code: (Circle Up to Three)			
				Vehicle Travel Direction: [X][S][E][W] Responding to Emergency? _____		Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
				Citation # (If Issued) _____		Most Harmful Event 1 23		1 2 3 4 5 6 7 8 9 10 11		11 Totaled			
				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Driver Contributing Code 1 24 24		Underride/Override 25 Towed N		Underride/Override 25 Towed N			
				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____									
				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		99 4 4 0 0 10 1							
				MOON, JUN 185 COMMONWEALTH AVE NEWTON, MA 02465		M 12 99 5 4 0 0 10 1							
				WALDORF, LUCY 188 COMMONWEALTH AVE NEWTON, MA 02465		F 12 99 5 4 0 0 10 1							
				MOON, SHYUN 185 COMMONWEALTH AVE NEWTON, MA 02465		F 12 99 5 4 0 0 10 1							

Police Use Only			Commonwealth of Massachusetts				RMV Document Number										
Date of Crash 04/10/2019	Time of Crash 07:55 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 _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet [N S E W] of _____ Mile Marker _____ Exit Number _____								10						
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____								11						
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____														
<input type="checkbox"/> Vehicle #Occupants _____			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000359								
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____														
Sex _____ Lic. Class [18] [18] Lic. Restrictions [19] CDL _____			Veh Year _____ Veh Make _____ Veh Config. [20]														
Operator _____ Last _____ First _____ Middle _____			Owner _____ Last _____ First _____ Middle _____								12						
Address _____			Address _____														
City _____ State _____ Zip _____			City _____ State _____ Zip _____														
Insurance Company _____			Vehicle Action Prior to Crash [21]			Damaged Area Code: (Circle Up to Three)											
Vehicle Travel Direction: [N S E W] Responding to Emergency? _____			Event Sequence [22] [22] [22] [22]			2 3 4											
Citation # (If Issued) _____			Most Harmful Event [23]			1 9 10 Undercarriage											
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code [24] [24]			5 11 Totaled											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override [25] Towed _____			8 7 6											
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
Operator			See Above			-----		---	---								
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 7 #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 # BU43184 Reg Type BUN Reg State MA														
Sex M Lic. Class B [18] [18] Lic. Restrictions [1] [19] CDL _____			Veh Year 2018 Veh Make THMS Veh Config. [4] [20]														
Operator MENDES GONCALV ANTONIO			Owner EASTERN BUS COMI														
Address 59 WALES ST (apt. 1)			Address PO BOX 514														
City DORCHESTER State MA Zip 02124			City SOMERVILLE State MA Zip 02143														
Insurance Company AMERICAN GUARD & LIAB			Vehicle Action Prior to Crash [2] [21]			Damaged Area Code: (Circle Up to Three)											
Vehicle Travel Direction: [X] [S] [E] [W] Responding to Emergency? _____			Event Sequence [1] [22] [22] [22] [22]			2 3 4											
Citation # (If Issued) _____			Most Harmful Event [1] [23]			1 9 10 Undercarriage											
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code [1] [24] [24]			5 11 Totaled											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override [25] Towed N			8 7 6											
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			-----		---	---								
CELA, SONIA			138 EASTBOURNE RD NEWTON, MA 02465			-----		F	12	99	5	4	0	0	10	1	
ZLATEV, IVAN			55 CROSBY RD NEWTON, MA 02465			-----		M	12	99	5	4	0	0	10	1	
GILMARTIN, BRIDGET			11 GARRISON ST NEWTON, MA 02467			-----		F	12	99	5	4	0	0	10	1	

→ 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 Wednesday April 10th, 2019 at approximately 0755 hours I responded to the area of Centre Street and Washington Street for two car motor vehicle accident involving a Newton school bus with children on board. Centre Street and Washington Street are both public ways in the City of Newton.

At the time of the accident the weather was cloudy with light rain. The road conditions were fairly dry. I spoke to the operator of MV1 identified as Julie Lym (S16060051) who stated she was traveling northbound on Washington Street onto the Centre Street bridge. MV1 stated she was attempting to cut across lanes to merge on to the Mass Pike Westbound. MV1 stated traffic was at a standstill and she saw an opening to change lanes. MV1 stated MV2 was stopped in front of her and as she attempted to change lanes her vehicle side swiped the rear drivers side corner of the school bus. The operator of MV1 reported no injuries. MV1

(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
EASTERN BUS CO.,	PO BOX 514 SOMERVILLE, MASSACHUSETTS 02143	617-628-6868	3	SCHOOL BUS

Truck and Bus Information:

Registration # BU43184 (From Vehicle Section)

Carrier Name EASTERN BUS CO Carrier Issuing Authority Code 35

Address PO BOX 514 City SOMERVILLE St Zip 02143

US DOT #: 895273 State Number Issuing State MASSA ICC #: Interstate 36

Cargo Body Type Code 1 37 Gross Vehicle Weight 3 38

Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39

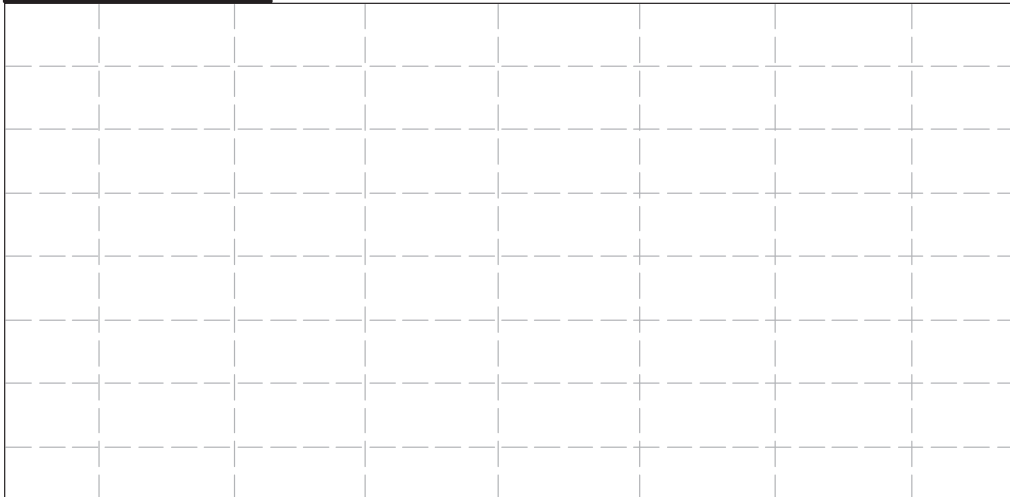
Hazmat Information:

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:

sustained minor damage and was able to leave the scene.

I spoke with the operator of MV2 identified as Antonio Mendes Goncalves (S54275868) who stated he was stopped at the red light in the right middle lane on the Centre Street bridge. MV2 stated MV1 attempted to change lanes and struck the rear drivers side corner of the school bus. MV2 sustained minor damage and the operator reported no injuries.

MV2 is a City of Newton contracted yellow school bus that had six children present on the bus at the time of the accident. The school bus was transporting the children to Bigelow Middle School. All children present reported no injuries and their parents were notified by the school administration. I escorted the school bus back to the school where the children were all evaluated by the school nurse.

(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

ANDREA M FERGUSON

NEWTON POLICE DEPART

04/10/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

 Pedestrian

[illegible]

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

14 photographs were taken and submitted to the IT Bureau.

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Registration # _____ (From Vehicle Section)

35

Zip

36

37

38

39

Placard

40

Material 1 digit #

41

Material Name_____ Material 4 digit #_____ Release code_____

Release code

42

04/10/2019

Date _____



