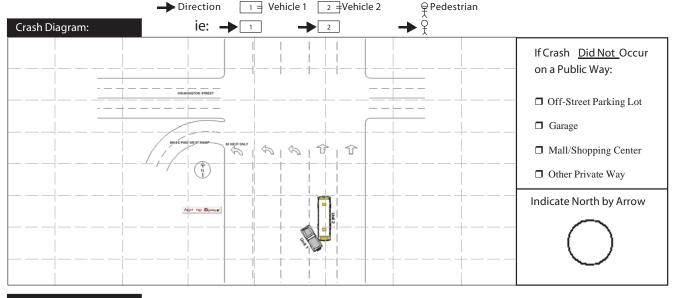
	Poli	ice Use Only		Common	wealth	of Massa	achus	setts	5	Г	R	RMVE	ocume	nt Number		
	Date of Crash 04/10/2019	Time of Crash 07:55	City/ NEWTON	Town Mo		nicle Cra Report	'	Number Vehicles		ured]	Speed I Latitude Longitu	e	¹	State Police Local Police MBTA Police Other:	XI O	
		AT INTER	SECTION	: <			>								一	
												ヿ	1 9			
1	Route# Direct	tion	Name	of Roadway/Street		NORTH		ess #	—	VIKE S		of Roa	dway/St	reet	- -ŀ	10
1	Route# Direction Name of Intersecting Roadway/Street					Fact N	lelelu	7]			•				_	2 ¹⁰
						Feet NSEW of• Mile Marker						Exit Number				
	Troute Bree			tersection with		Feet [N	N S X W	of			WASH			av/Street	-	
2 2						Route# Intersecting Roadway/Street Feet N S E W of								ay/Street		4 11
	Route# Direc	tion	Name of Inter	secting Roadway/Street		Landmark										
³ 3	XVehicle1	#Occupants	Hit/Ru	n Moped	Case Numbe	r	190	0000359)						1	
	License #		St	MA DOB/Age	Reg #	9HC355			Res	2 Type	PAN		Reg Sta	ate MA		
		Class D 18 18	8	19		Year_2018								20		
4	Operator LYM	A Last	JULIE	Endorsme	nt	(Same as oper							Middle		_	1 ¹²
1	Address 1505	COMMONWEA	LTH AVE (ap	t. 614)		ess							Middle		_	1
	City BRIGHT	ON		State MA Zip 02135	City						S	tate	Zip)	_	
	Insurance Com	pany GOVT EM	IPLOYEES		Vehic	cle Action Prior to	Crash	5	21	Dan	naged A	rea Co	de: (Cir	cle Up to Thre	ee)	
5 1	Vehicle Travel	Direction:	S E W R	esponding to Emergency	? Even	t Sequence 1 2	22	22	22	2		3	@)		
	Citation # (If Is	ssued)			Most	Harmful Event	1 23	•		1	_ `	9	5	10 Undercarr 11 Totaled	iage	
	Violation	1: ChSec	Violati	on 2: ChSec	Drive	er Contributing Co		24	9 24			Ţ				
⁶ 1	Violation	3: ChSec	Violati	on 4: ChSec	Unde	rride/Override	25	Towe		8			6			
	Please f Name (Last Fire Operator		ator and all oc	cupants involved Address See Above		Age/DOB	Sex Pos	. \$ystem	28 Airbag Status	Switch	30 Eject Tr Code Co	31 Sap Inju	us Code	p.	ity	1 13
⁷	Please Select C of the Followi	IX Vehicle	2 <u>7</u> #Occup	ants Non-Motorist	A Type	14 Action 1	5 Locati	on	16	onditio	on	17	Hit/R	Run Mop	ed	
	License#	18 1	St_	MA DOB/Age	Reg#	BU43184			Re	g Type_	BUN		Reg Sta	ate MA	-	
	Sex_M_ Lic. 0	Class B	Lic. Restrict	ions 1 CDL	nt		Veh I	/lake_T	HMS			V	eh Confi			
8 4		NDES GONCAL	First	Middle	Own	EASTERN BU	JS COMI		Firs	ŧ			Middle		-	
		ALES ST (apt. 1)				ess PO BOX 514									-	
	City DORCHESTER State MA Zip 02124					City SOMERVILLE State MA Zip								-		
		pany AMERICA				cle Action Prior to		2	21		naged A		de: (Cir 4	cle Up to Thre	e)	
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	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1)						
				all occupants involved	Unde	rride/Override	2 Sea			29 Airbag	30 Eject Tr	31 3	32 33	3	\dashv	
	Name (Last Fi	rst Middle)	- F-I-ator und	Address		Age/DOB	Sex Po	s. Syster	m Statu	Switch	Code C	Code St	atus Code		lity	
		Non-Motorist		See Above				- 99	4		0 0				\dashv	
	MOON, JUN			NEWTON, MA 02465	AVE		M 12	99	5	4	0 0	10	1	-	\dashv	
	WALDORF, LI	UCY	1	NEWTON, MA 02465			F 12	99	5	4	0 0) 10) 1		_	
	MOON, SHYU	JN	I	185 COMMONWEALTH NEWTON, MA 02465	AVE		F 12	99	5	4	0 0	10	1			

Poli	ice Use Only		Comm	onwealth	of Massa	achu	seti	ts_	[ment Ni		
Date of Crash 04/10/2019	Time of Crash 07:55	City/	Town]	Motor Vel	hicle Cra	sh	Numb Vehicl			Speed Latitud			State Local	Police Police A Police	□ Xì
04/10/2019	07:55 24HR	NEWTON		Police	Report		2	0		Longit			Other	A Police	
	AT INTER	RSECTION		< LOCA	TION :	>		N	OT A	AT II	NTE	RSE	CTIO	N:	
Route# Direc	tion	Name	of Roadway/Street		Route# Direction	n Add	lress #			Name	e of Ro	oadway	/Street		_
_		Feet NSEW of or													
Route# Direc	ction N	Name of Intersec	ing Roadway/Stree	et					ile Mar					lumber	_
		Also at Int	ersection with		Feet N	SEV	W of	Ro	ute#	Int	ersecti	ing Roa	idway/St	reet	-
]					Route# Intersecting Roadway/Street Feet N S E W of										
Route# Direc	tion	Name of Inter	secting Roadway/St	treet	Landmark										\exists
Vehicle	#Occupants	Hit/Ru	n Mope	d Case Numbe	r	190	000003	59							
License#		St	DOB/Age	Reg	#			Re	g Type			Reg	State		
Sex Lic.	Class 18 18		ons CD	L Veh	Year	Veh	Make_					Veh Co	onfig.	20	
Operator	Last		End	orsment Own	er							Middle			
	Last		M		ess							Middle			_
City		;	StateZip	City						:	State_		Zip		_
Insurance Com	ipany			Vehi	cle Action Prior to	Crash		21	Dan	naged .	Area (Code: (Circle U	p to Thre	e)
Vehicle Travel	Direction: N	S E W Re	sponding to Emerg	gency? Even	t Sequence 2	2 22	22	22	2		3		4		
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Please		ator and all occ	eupants involved	ddress	Age/DOB	Sex Po	26 2 eat Safe	7 28 ty Airbag em Status	29 Airbag	30 Eject I	31 Frap I Code S	32 njury Tra Status Co	33 ansp. ode Me	dical Facilit	
Operator	st Wilddie)			Above	Age/DOB			em Status	pwitch	Code	coue a	biaius Ci	ode Me	uicai raciii	y
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Please Select C of the Followi		2 <u>7</u> #Occupa	nts Non-Mo	otorist A Type	Action 1	Locat	ion	16	Conditio	on	17	Ні	it/Run	Мор	ed
License#		St _	MA DOB/Age	Reg	BU43184			Re	g Type	BUN		Reg	State_M	ÍΑ	
Sex_M Lic.	Class B 18 18	8 Lic. Restricti	19		Year_2018	Veh	Make_					Veh Co		4	
Operator ME	NDES GONCAL	LV ANTONIO		orsment Own	er _EASTERN BU	JS COM									
Address 59 W	ALES ST (apt. 1)	First	M	liddle Addr	ess PO BOX 514			Fire	st			Middle	e 		_
City DORCH	ESTER	:	State_MA Zip_02		SOMERVILLE					:	State_	MA	Zip 021	43	_
Insurance Com	npany AMERICA	N GUARD & 1	LIAB	Vehi	cle Action Prior to	Crash	2	21	Dan	naged .	Area (Code: (Circle U	p to Thre	e)
Vehicle Travel			tesponding to Emer	gency? Even	t Sequence 1 2	2 22	22	22	2		3		4		
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Violatio	n 1: ChSe	ec Viola	ion 2: ChSe	ec Drive	er Contributing Co		24	24		_	/	,) -	Juill	
Violatio	n 3: ChSe	ec Viola	ion 4: ChS	ec Unde	erride/Override	25	Tow	ed_N	8		7		Q		
		operator and a	ll occupants invo				26 2 eat Safe	7 28 ty Airbag	29 Airbag	30 Eject			33 ansp.		\exists
Name (Last Fi	Non-Motorist			Address Above	Age/DOB	Sex F	os. Sys	tem Statu	s Switch			Status C	Code M	edical Facil	ity
CELA, SONIA		I	38 EASTBOURNE			F 12	2 99	5	4	0	0	10 1			\dashv
			IEWTON, MA 024 5 CROSBY RD	65											-
ZLATEV, IVA	N		IEWTON, MA 024	65		M 12	2 99	5	4	0	0	10 1	L		_
GILMARTIN,	BRIDGET	I	1 GARRISON ST IEWTON, MA 024	67		F 12	99	5	4	0	0	10 1			



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	2 #	Statement
Property Damage:	,					
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Dam	aged Property	
, EASTERN BUS CO.,	PO BX 514 SOMERVILLE,MASSACHUSETTS 02	617-628-6868	3	SCHOOL BUS		
Truck and Bus Information: Carrier Name EASTERN BUS CO	Registration # BU43184	(From Veh	icle Section)	Carrier Is	suing Authority Cod	35 le
Address POBOX 514		City_SOMERVILLE		St	Zip_0214	3
US DOT #: 895273	State Number	Issuing State MAS	SSA(ICC #:_		Interstate	36
Cargo Body Type Code 1 37 Gros	ss Vehicle Weight 3			39	i	
Trailer Reg #:	Reg Type Reg Sta	te Reg Year	Tr			
Hazmat Information:						
Placard 40 Material 1 digit #	Material Name		_ Material 4	digit #	Release code	42

	→ Direction 1	Vehicle 1	yehicle 2	무 Pedestrian		
Crash Diagram:	ie: → 1	→ [2	<u> </u>	₽Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
		<u> </u>			☐ Off-Street Parki	ng Lot
		 			Garage	
			į	į	☐ Mall/Shopping (Center
			+		☐ Other Private W	ay
					Indicate North by	Arrow
Crash Narrative:						
sustained minor damage						
					75868) who stated he was	
					e. MV2 stated MV1 attemp	
		side corner	of the school	L bus. MV2 su	istained minor damage a	nd the
operator reported no in		w ashool bus	that had aim	ahildman nwa	egent on the bug at the	time of
					esent on the bus at the eschool. All children	
					tion. I escorted the sci	
back to the school when	-		-		sion. I ebecited the bea	
(Continue	ed on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	scription of Damaged Property	
Truck and Bus Information:	Registration #		(From V	ehicle Section)		
Carrier Name	_				Carrier Issuing Authority Co	ode 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:	A1					427
Placard Material 1	digit # Material N	ame		Material 4 digit	# Release code	42

•	Direction	1 = Vehicle 1	2 #Vehicle 2	₹ Pedestr	ian		
Crash Diagram:	ie: →	1	2	₽Ŷ			
Crash Diagram:	ie: ->			▶Ŷ 	If C on	Crash Did Not Coa Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way icate North by Ai	; Lot enter
14 photographs were taken	and submitted	to the IT Bu	reau.				

W itnesses: Name (Last, First, Middle)		Address			Phone	#	Statement
Name (Last, First, Middle)		Address			Priorie	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	r e		<u>'</u>				
			(From V				35
Carrier Name					Carrier Iss	uing Authority Code	e
Address			City		St	Zip	
LIS DOT!	G M. I		T	100 "			36
US DOT #:	State Number	38	Issuing State	ICC #:_		Interstate	
Cargo Body Type Code 37 Gr	ross Vehicle Weight	30					
Trailer Reg #:	Reg Type	Pag State	Dag Voc	т	ailer Length		
	Keg 1ype	reg state	Keg i ear_	1ra	anci Lengui		
Hazmat Information:	41						42
Placard 40 Material 1 digi	t # 41 Material I	Name		Material 4	digit #	_ Release code	42
ANDREA M FERGUSON			NEV	VTON POLICE DEPART?	1	04/10/20)19

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)









