

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/06/2019	Time of Crash 12:22 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:	
EAST FRANKLIN ST				
Route#	Direction	Name of Roadway/Street		
At				
SOUTH WAVERLEY AVE				
Route#	Direction	Name of Intersecting Roadway/Street		
Also at Intersection with				
Route#	Direction	Name of Intersecting Roadway/Street		
		Feet N S E W of _____ of _____ • _____ or _____ Mile Marker Exit Number		
		Feet N S E W of _____ of _____ Route# Intersecting Roadway/Street		
		Landmark		

<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 1900000583
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License # --- St MA DOB/Age -- -- --	Reg # 538EV6 Reg Type PAN Reg State MA
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____	Veh Year 2010 Veh Make TOYOTA Veh Config. 1 20
Operator WENSINK DOROTHY E Endorsment _____	Owner (Same as operator) _____
Address 31 COLBURN ROAD	Address _____
City WELLESLEY State MA Zip 02481	City _____ State _____ Zip _____
Insurance Company AMICA	Vehicle Action Prior to Crash 1 21
Vehicle Travel Direction: N S X W Responding to Emergency? _____	Event Sequence 1 22 22 22 22 2
Citation # (If Issued) T1270074	Most Harmful Event 1 23
Violation 1: Ch 19/75 Sec _____ Violation 2: Ch _____ Sec _____	Driver Contributing Code 4 24 24
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Underride/Override 25 Towed N

Please fill out for operator and all occupants involved		Age/DOB	Sex	Seat Pos.	26 Safety System	27 Airbag Status	28 Airbag Switch	29 Eject Code	30 Trap Code	31 Injury Status	32 Transp. Code	33 Medical Facility
Operator	See Above	-----	---	---	1	4	99	0	0	10	1	N/A

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 2 3 #Occupants	<input type="checkbox"/> Non-Motorist A Type 14	Action 15	Location 16	Condition 17	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # --- St MA DOB/Age -- -- --	Reg # BU39173 Reg Type BUN Reg State MA
Sex M Lic. Class B 18 18 Lic. Restrictions 1 19 CDL P	Veh Year 2015 Veh Make THOM Veh Config. 4 20
Operator GONCALVES ANTONIO MENDES	Owner EASTERN BUS COMI
Address 59 WALES ST (apt. 1)	Address BOX 514
City DORCHESTER State MA Zip 02124	City SOMERVILLE State MA Zip 02143
Insurance Company AMERICAN ALTERNATI	Vehicle Action Prior to Crash 1 21
Vehicle Travel Direction: N X E W Responding to Emergency? _____	Event Sequence 1 22 22 22 22 2
Citation # (If Issued) N/A	Most Harmful Event 1 23
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		Age/DOB	Sex	Seat Pos.	26 Safety System	27 Airbag Status	28 Airbag Switch	29 Eject Code	30 Trap Code	31 Injury Status	32 Transp. Code	33 Medical Facility
Operator/Non-Motorist	See Above	-----	---	---	99	4	99	0	0	10	1	N/A
GOLDMAN, KATHERINE	10 DOLPHIN ROAD NEWTON, MA 02459	--- --	F	99	99	4	99	0	0	10	1	N/A
LUDMAN, LAUREN, B	10 DOLPHIN ROAD NEWTON, MA 02459	--- --	F	99	99	4	99	0	0	10	1	N/A

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash	Time of Crash	City/Town	Motor Vehicle Crash Police Report				Number Vehicles	Number Injured	Speed Limit	State Police	<input type="checkbox"/>	
	24HR								Latitude	Local Police	<input type="checkbox"/>	
									Longitude	MBTA Police	<input type="checkbox"/>	
										Other:	<input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:					9
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street									10
At												
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number									
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street									11
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark									
<input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped						
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 5 11						
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24			8 7 6						
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed									
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 type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 14			Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped
License # St DOB/Age			Reg # Reg Type Reg State									
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year Veh Make Veh Config. 20									
Operator BROGADIR REBECCA			Owner Last First Middle									
Address 10 DOLPHIN ROAD			Address									
City NEWTON State MA Zip 02459			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 5 11						
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24			8 7 6						
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed									
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			-----									

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

ie: → 1 → 2 → ○

Crash Diagram:

Waverly Avenue

Unit 1

Franklin Street

Unit 2

NOT TO SCALE

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 Thursday, June 6, 2019 while assigned to Traffic unit N525, I responded to the intersection of Waverly Avenue and Franklin Street for a report of an accident involving a City of Newton school bus. The weather at the time of the accident was clear and sunny. The road surface was dry. Waverly Avenue and Franklin Street are both public ways maintained by the City of Newton.

The operator of MV1, Dorothy Wensink (S40227061), stated she was operating her 2010 Toyota Prius (MA: 538EV6) Eastbound on Franklin Street towards Waverly Avenue. Wensink stated she came to a stop at the stop sign on Franklin Street (E) at Waverly Avenue. Wensink stated as she began to travel through the intersection, a school bus traveling on Waverly Avenue (S) crashed into the rear driver side door area of her vehicle. Wensink reported no injuries on scene. I observed moderate damage to the rear driver

(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:

side area of MV1. Wensink was able to driver her vehicle away from the scene.

MV2 was a City of Newton contracted yellow school bus (MA BUN: 39173) transporting students attending the Ward Elementary School. The bus was returning to the Ward School from a field trip. The operator of MV2, Antonio Goncalves (S54275856), stated he was operating the school bus Southbound on Waverly Avenue towards Franklin Street. Goncalves stated MV1 abruptly accelerated across the intersection from Franklin Street. Goncalves stated he was unable to avoid making contact with MV1 and crashed into the rear driver side of the vehicle. I observed minor damage to the front middle and passenger side bumper area of MV2.

The following Ward Elementary School student, teachers, and parents were traveling on the school bus at

(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

MICHAEL R GAUDET

NEWTON POLICE DEPART

06/06/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

precinct/Remarks

Date

→ 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:

the time of the accident and reported no injuries. Students: Avishai Arbili, Eleanor Chen, Maeve Donovan, Esat Efendigil, Mark Elentuck, Julian Ismay, Rhea Khanna, Griffin Kirby, Ori Layani, Priscilla Le-Ngo, Callum McLaughlin, Carolina Muniz, Emily Ney, Hrithik Ponduru, Levi Rosenberg Van Gameren, Zachary Schwarzberg, Ava Smoller, Matthew Somers, Lillian Welford, William Balerna, Alexandra Bogdanova, Randi Green, Christopher Iatrou Johnson, Charlotte Nichols, Henry Pozen, Sofia Shadah Alcalde, and Zoey Steinberg. Teachers: Katherine Goldman and Lauren Ludman. Parents: Enrique Shadah, Brian Rosenberg and Xinxin Wang.

The Principal of the Ward Elementary School, Becca Brogadir, responded to the crash scene and signed a patient refusal for all of the students with Newton Medics. The students, teachers, and parents, then walked back to the Ward Elementary School with Principal Brogadir. The school bus was able to drive away from the

(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

Crash Narrative:

scene. Once the students arrived at the Ward Elementary School, the nursing staff there evaluated each child before they could return to class. The school staff stated they would make notifications to the parents of the children involved in the accident.

After speaking with all parties involved, the operator of MV1 was cited in hand for Newton City Ordinance Chapter 19, Section 75 (Failure to Use Care). Pictures were taken of both vehicles and submitted to the IT Bureau.

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 _____		<div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">35</div>
Address _____	City _____	St _____	Zip _____
US DOT #: _____	State Number _____	Issuing State _____	ICC #: _____ Interstate <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">36</div>
Cargo Body Type Code <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">37</div>	Gross Vehicle Weight <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">38</div>		
Trailer Reg #: _____	Reg Type _____	Reg State _____	Reg Year _____ Trailer Length <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">39</div>
Hazmat Information:			
Placard <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">40</div>	Material 1 digit # <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">41</div>	Material Name _____	Material 4 digit # _____ Release code <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">42</div>