

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 08/07/2019	Time of Crash 09:31 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 35 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
NORTH CHESTNUT ST Route# Direction Name of Roadway/Street At EAST WOODWARD ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark								
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000813		
License # --- St MA DOB/Age --- Sex M Lic. Class B 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator ALTIDOR VLADIMIR Address 387 SALEM STREET City MALDEN State MA Zip 02148 Insurance Company SELF INSURED			Reg # MBT6804 Reg Type ATN Reg State MA Veh Year 2016 Veh Make NFRY Veh Config. 4 20 Owner MBTA Address 10 PARK STREET PLAZA City BOSTON State MA Zip 0216 Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 10 22 22 22 22 2 Most Harmful Event 10 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ 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			See Above			-----			--- 1 4 4 0 0 10 1		
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 --- Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment Operator PRENNER EMILY Address 702 CHESTNUT ST City WABAN State MA Zip _____ Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ 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			-----			--- 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:

Bus#1 was turning right from Chestnut Street to Woodward Street when it struck a traffic signal light knocking it over; the post then landed on the fence of 702 Chestnut street causing minor damage to the fence.

-Op Bus#1 stated he was traveling north on Chestnut Street and was making the turn from Chestnut Street on to Woodward Street when he observed a an unknown MV coming toward him as he was turning onto Woodward Street. He stated the operator of the unknown Mv who did not observed the wide angle which the bus needed to make the turn safely and continued forward toward the bus . Op Bus#1 stated he tightened his turn in order to avoid colliding with the oncoming MV striking the post. Op bus#1 stated he pulled over to asses the damage to the bus and the post cause by the collision. He stated the unknown MV continued traveling in an unknown

(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
CITY OF NEWTON,,	1000 COMMONWEALTH AVE NEWTON,MASSACHUSETTS		3	LIGHT POST
PRENNER, EMILY,	702 CHESTNUT STREET WABAAN,MASSACHUSETTS 0	617 969-0897	97	SECTION OF FENCE

Truck and Bus Information:

Registration # MBT6804 (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

DAVID A. CALDERON NEWTON POLICE DEPARTM 08/07/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

