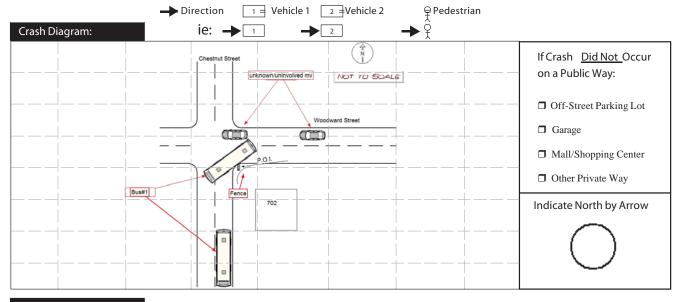
	Poli	ice Use Only		Commonwea	alth (	of Mass	sach	useti	ts		RMV	V Docu	ıment l	Number	
	Date of Crash	Time of Crash	City/Tow	n Motor	Veh	icle Cr	ash	Numb Vehicl		1 ^	ed Limi itude		Stat Loc	te Police cal Police STA Police	<u> </u>
	08/07/2019	09:31 24HR	NEWTON	Po	lice	Report		1	0		ngitude		MB Oth	BTA Police ner:	
		AT INTER	SECTION:	<	LOCA	TION	>		N(	T AT	INTI	ERSE	CTI	ON:	<b>2</b> 9
	NOR	TH CHEST	NUT ST												2
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direct	tion	Name of R	oadway/Street		Route# Direct	ion A	ddress #		N	ame of F	Roadwa	y/Street	t	_ 2 <sup>10</sup>
	At EAST WOODWARD ST					Feet NSEW of or							2		
	Route# Direc	Roadway/Street	Mile Marker						Exit Number			_			
				Feet NSEW of Route# Intersecting Roadway/Stre						Street					
2 <b>1</b>			Feet NSEW of							Street	<b>4</b> 11				
	Route# Direct	tion	Landmark												
3	XVehicle1	#Occupants	Hit/Run	Moped Case	Number		1	19000008	13						
	License#		St MA	_ DOB/Age	Reg#	MBT6804			Reg	<sub>Evne</sub> AT	'N	Red	o State	MA	┥ .
	Sex_M Lic. 0	18 1		19 CDL	_	ear_2016	V							20	
4			VLADIMIR	Endorsment		, MBTA		on whate_				_ ven e	omig.		<b>1</b> <sup>12</sup>
2	Last First Middle					SS 10 PARK S	ast FREET 1	PLAZA	First			Midd	le		
	City MALDEN			e MA Zip 02148		BOSTON					State	MA	Zin 02	216	
				to Crash		21					Up to Thre	e)			
5	Vehicle Travel Direction: N S W Responding to Emergency? Event Sequence 10 22 22 22 22 22 24 22 22 22 22 22 24 22 22														
1		ssued)		nding to Emergency:		Harmful Event	2	3				A	10	0 Undercarri	age
	,			:: ChSec		Contributing (		1 24	24	1 -	9		5 1	1 Totaled	
<sup>6</sup> <b>1</b>	1			: ChSec		ride/Override		L	wed N	8	7		6		
1			ator and all occup		Ulidei	Tide/Override		26 2 Seat Safe		29 3 irbag Ejec	0 31	32 Injury T	33 ransp.		13
	Name (Last Fire			Address See Above		Age/DOB	Sex	Pos. \$yst	em Status \$	witch Cod	c code	Status C	Code N	Medical Facilit	y 22
	Operator			See Above			-	1	4	4 0	0	10	1		_
<sup>7</sup> <b>3</b>	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A Typ	ре	Action	15 Lo	cation	16 Co	ndition	17	□⊦	lit/Run	Море	ed
	License#	License # St DOB/Age DOB/Age					Reg #							. ]	
	Sex_F Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment  Operator PRENNER EMILY  Last First Middle					Veh YearVeh MakeVeh Config.						20			
8 <b>1</b>						Owner Last First Middle									
1	Address 702 C	HESTNUT ST	rust	Middle	Addre	ss	ast		Flist			Midd	iie		
City WABAN State MA Zip City State Zip Damaged Area Code: (Circle Up									.						
								Up to Thre	e)						
	Vehicle Travel	Direction: N	S E W Resp	onding to Emergency?	Event	Sequence	22 2	22 22	22	2	3	$\overline{}$	4		
	Citation # (If Is	ssued)			Most	Harmful Event	2	3				$\langle    $		0 Undercarri 1 Totaled	age
Violation 1: ChSec Violation 2: ChSec Underride/Override								1 Totaled							
			operator and all o	occupants involved			T	26 2 Seat Safe	7 28 ty Airbag A	29 30 irbag Ejec	31 Trap		33 ransp.		7
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos. Sys	tem Status S	Switch Co	de Code	Status	Code 1	Medical Facili	ty
	1									$\dashv$			-		
										+			+		$\dashv$
									$\perp$						
												1			



## 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)	Addre	ess		Phone	Phone #		
Property Damage:	,						
Owner (Last, First, Middle)	Address	I .	Phone #	34-Type	Description of Dama	aged Property	
CITY OF NEWTON, ,	1000 COMMONWEALT NEWTON,MASSACHU	I .		3	LIGHT POST		
PRENNER, EMILY,	702 CHESTNUT STREE WABAAN,MASSACHU		17 969-0897	97	SECTION OF FENC	E	
Truck and Bus Information:	Registration # MBT6804		(From Vehic	ele Section)			35
Truck and Bus Information:  Carrier Name	-		(From Vehic	ele Section)	Carrier Iss	uing Authority Coo	35 le
Carrier Name	-		·		Carrier Iss		le
Carrier Name		Cit	y		St	Zip	le
Carrier Name Address US DOT #:		Cit	y		St	Zip	de
Carrier Name Address US DOT #:	State Number ross Vehicle Weight 38	Cit	Sy	ICC #:_	St	Zip	de
Carrier Name	State Number ross Vehicle Weight 38	Cit	Sy	ICC #:_	St	Zip	de

	→ Direction 1	Vehicle 1	2 =Vehicle 2	₽ Pedestria	ı	
Crash Diagram:	ie: 🕕 🛚 1	→[	2	→Ŷ		
		 			If Crash <u>Did</u> on a Public V	
		<u> </u>	<u> </u>		Off-Street	Parking Lot
					☐ Mall/Shop	ping Center
	. — —   — — —	.			Other Priva	ate Way
	- — — — — — — —	 	 <del> </del>			
			į į		Indicate Nort	n by Arrow
	· — —   — — — —					
	- — — — — — —	 	 		\	ノー
Crash Narrative:						
direction. Op bus# state	ed he did not str	ike the vehi	cle. He conta	cted his the	shift supervisor to	report the
incident.						
-Next spoke to the resid	lent of 702 Chest	nut Street w	ho exchanged	information	with the MBTA shift	supervisor
regarding the damage to	the fence.					
- I observed damage to	he right rear par	nel next to	the bus's rea	r door. I ob	serve green paint tr	ransference
on the panel a result of	striking the bas	se of the tr	affic signal	post. I next	observe the post wa	as leaning on
the fence. I observed be	ends and dents on	the surface	of the top b	ar of the fe	nce and paint chip of	offs. I took
picture of the damage to	the bus and the	property in	volved.			
- There were no injuries	reported at the	time of the	collision an	d no vehicle	was towed from the	scene.
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type D	escription of Damaged Proper	rty
Truck and Bus Information:	Registration #		(From V	Pehicle Section)		
Carrier Name			`	,	Carrier Issuing Author	rity Code 35
Address			_ City		St Zi	ip
US DOT #:	State Number		Issuing State	ICC #:	Intersta	36
Cargo Body Type Code 37	Gross Vehicle Weight	38	0			
Trailer Reg #:		Reg State	Pag Voor	Troile	er Length 39	
Hazmat Information:	Neg 1ype	Reg State _	Keg rear	114116	Length	
Placard 40 Material 1 di	git # 41 Material N	Jame		Material 4 dio	it # Release o	code 42
Ivideona 1 di	J. Michael IV	====			Release C	
DAVID A. CALDERON			NIT.	WTON POLICE DEPARTS		08/07/2019
Police Officer Name (Please Print)	Signature	<u> </u>		Department	Precinct/Barracks	Date