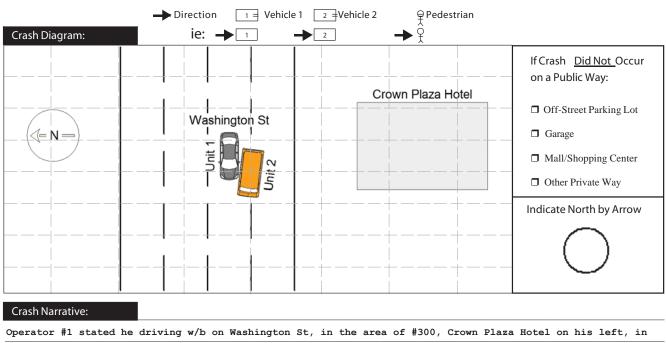
		ce Use Only			monwe											nt Number	
	Date of Crash 11/04/2019	Time of Crash 07:40	City/ NEWTON	Γown	1		icle Ci		Nu Ve	mber hicles	Nun Inju		peed L atitude	imit <u>30</u>		State Police Local Police MBTA Police	XI.
Ļ	, , , , , ,	24HR					Report		2		0	L	ongitu	de		Other:	
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╣,	Route# Direct	ion	Name of Inter	secting Roadwa	ay/Street									Landma	ark		
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-	Name (Last Firs				Address		Age/DOB	Sex			28 Airbag Status S			de Statu	s Code	p. Medical Facil	lity
ŀ	Operator			20 SCHOOL LN	See Above					-	4	99 (-	10	1		
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	of the Followir	ng: Vernicie			T WOODISETY TY	урс	7 Kedon		ocation						11110/11	tuli Livior	ocu
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- 1	Operator TOU	Last	FENIX First		Middle	_	Owner CITY OF BOSTON Last First Middle								_		
1	Address 752 M	IETROPOLITA	N AVE			. Addre	ess 400 FRON	TAGE I	RD								_
	City HYDE PARK State MA Zip 02136					City BOSTON State MA Zip 02118							_				
Insurance Company NATIONAL INTERSTATE Vehicle Travel Direction: NSEM Responding to Emergency? N Citation # (If Issued)					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ree)				
					Event Sequence 1 22 22 22 22 22 2 22 20 10 Undercarriag 11 Totaled												
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-	BRAZIER, JEA	N		4 ACADEMY (ROXBURY, MA				м	97	0	4	99 0	0	10	1		



Operator #1 stated he driving w/b on Washington St, in the area of #300, Crown Plaza Hotel on his left, in middle lane when vehicle #2(small box style school bus changed into his lane from the lane to his left causing the crash. Operator #1 had a dash cam video that recorded the crash.

Operator #2 who was operating a City of Boston Transportation mini box style school bus, stated he was travelling w/b on Washington St near the Crown Plaza Hotel when he felt like something struck his bus.Operator reports never seeing vehicle #2 prior to the crash. Operator#2 also reports he never changed lanes and was always in the middle lane.

Both vehicles had already moved from the crash site to further down the road in front of Honda village, #371

Washington St.

(Continued o	n next page)					
Witnesses:						
Name (Last, First, Middle)	Addre	ess			Phone	# Statement
Property Damage:					1	1
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property
T 1 10 16 4						
Truck and Bus Information: Carrier Name CITY OF BOSTON	Registration # SB42133		(From Vehic	le Section)	Carrier Iss	suing Authority Code
Carrier Name CITY OF BOSTON Address 400 FRONTAGE RD			(From Vehic			suing Authority Code
Carrier Name CITY OF BOSTON		C	city_BOSTON		St_MA	zuing Authority Code Zip 02118
Carrier Name CITY OF BOSTON Address 400 FRONTAGE RD US DOT #:		C	city_BOSTON		St_MA	zuing Authority Code Zip 02118
Carrier Name CITY OF BOSTON Address 400 FRONTAGE RD US DOT #:	State Number	C	Sity_BOSTON Issuing State MASS	6A(ICC #:_	St_MA 39	zuing Authority Code Zip 02118
Carrier Name CITY OF BOSTON Address 400 FRONTAGE RD US DOT #: Cargo Body Type Code 2 37 Grost	State Number	C	Sity_BOSTON Issuing State MASS	6A(ICC #:_	St_MA 39	zuing Authority Code Zip 02118
Carrier Name CITY OF BOSTON Address 400 FRONTAGE RD US DOT #: Cargo Body Type Code 2 37 Grost Trailer Reg #:	State Numberss Vehicle Weight 1 38 Reg Type Reg	g State	Sity_BOSTON Issuing State MASS Reg Year	6A(ICC #: Tr	St_MA 39	Zip_02118 Interstate 2 36

THOMAS J MCCARTHY			NEWTON POLICE DEPARTA		11/04/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

From First Middle Phone Settorere	_	Direction 1	→ Vehicle 1	2 ≢Vehicle 2	Pedestr	rian	
	Crash Diagram:	ie: → 1	→	2	₽		
Bus driver had one student passenger who resides in Boston but attends Newton North Bigh. There were no vehicles towed and no reported injuries. 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: Carrier Name Carrier Name Carrier Name Carrier Stating Authority Code Address City St. Zip US DOT #: State Number Insuring State ICC #: Interstate Trailer Reg #: Reg Type Reg State Reg Type Reg State Reg Year Trailer Longth Address Address Release code 42 Placard Material 1 digit # Material 1 Name Material 4 digit # Release code 42	Crash Diagram:					If Crash <u>Did Not</u> on a Public Way: Off-Street Parkin Garage Mall/Shopping C	ng Lot Center
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: Carrier Name Address City St Zip Trailer Reg #: Interstate Trailer Reg #: Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Address Placant Address Address Reg Type Reg State Reg Year Trailer Length Address Relcase code 42	Crash Narrative:						
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Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration #							
Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration #							
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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	Carrier Name					Carrier Issuing Authority Co	de
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Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42	Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	
Placard Material 1 digit # Material Name Material 4 digit # Release code							
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THOMAS I MCCAPTHY						L	
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ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)