

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/04/2019	Time of Crash 07:40 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 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:				
Route# Direction Name of Roadway/Street At			WEST 300 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street CROWN PLAZA HOTEL Landmark _____								
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001129		
License # --- St MA DOB/Age ---			Reg # 9LRR10 Reg Type PAN Reg State MA			Veh Year 2017 Veh Make BMW Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2017 Veh Make BMW Veh Config. 1 20			Owner FINANCIAL SERVICI					
Operator PARK STEVE YOUNG			Address 5550 BRITTON PKWY			City HILLARD State OH Zip 43026					
Address 20 SCHOOL LANE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
City WATERTOWN State MA Zip 02472			Event Sequence 1 22 22 22 22			10 Undercarriage					
Insurance Company PLYMOUTH ROCK			Most Harmful Event 1 23			5 11 Totaled					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Driver Contributing Code 1 24 24								
Citation # (If Issued) _____			Underride/Override 25 Towed N								
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 99 0 0 10 1								
PARK, CONNOR 20 SCHOOL LN WATERTOWN, MA 02472			M 4 4 4 99 0 0 10 1								
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # --- St MA DOB/Age ---			Reg # SB42133 Reg Type SBN Reg State MA			Veh Year 2019 Veh Make FORD Veh Config. 5 20					
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2019 Veh Make FORD Veh Config. 5 20			Owner CITY OF BOSTON					
Operator TOUSSAINT FENIX			Address 400 FRONTAGE RD			City BOSTON State MA Zip 02118					
Address 752 METROPOLITAN AVE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
City HYDE PARK State MA Zip 02136			Event Sequence 1 22 22 22 22			10 Undercarriage					
Insurance Company NATIONAL INTERSTATE			Most Harmful Event 1 23			5 11 Totaled					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Driver Contributing Code 99 24 24								
Citation # (If Issued) _____			Underride/Override 25 Towed N								
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			1 4 99 0 0 10 1								
BRAZIER, JEAN 44 ACADEMY CT ROXBURY, MA 02118			M 97 0 4 99 0 0 10 1								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington St

Crown Plaza Hotel

Unit 1

Unit 2

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:

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 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 # SB42133 (From Vehicle Section)

Carrier Name CITY OF BOSTON Carrier Issuing Authority Code 35

Address 400 FRONTAGE RD City BOSTON St MA Zip 02118

US DOT #: _____ State Number _____ Issuing State MASSA ICC #: _____ Interstate 2 36

Cargo Body Type Code 2 37 Gross Vehicle Weight 1 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

THOMAS J MCCARTHY **NEWTON POLICE DEPT** **11/04/2019**

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

CDP1 11 -24-00

♀ Pedestrian

There were no vehicles towed and no reported injuries.

CDP1 11 -24:00