

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 12/18/2019	Time of Crash 08:24 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: _____			
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:							
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 192 ADAMS ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____									
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet [X][S][E][W] of QUICK CT Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____									
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001306					
License # --- St MA DOB/Age ---			Reg # EV4653		Reg Type PAS		Reg State MA					
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2018		Veh Make TESLA		Veh Config. 1 20					
Operator KONDO STEVE TOMOKI Last First Middle			Owner (Same as operator)		First Middle							
Address 5 ERNEST DRIVE			Address _____		First Middle							
City NATICK State MA Zip 01760			City _____ State _____ Zip _____									
Insurance Company LIBERTY MUTUAL			Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: [X][S][E][W] Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event 1 23		1 9		5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		8							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N		6							
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		-----		---		---		10 1	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped					
License # --- St MA DOB/Age ---			Reg # 3799A		Reg Type APN		Reg State MA					
Sex _____ Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2017		Veh Make PREO		Veh Config. 4 20					
Operator UNKOWN UNKOWN Last First Middle			Owner _____		Last First Middle							
Address UNK			Address _____		First Middle							
City _____ State _____ Zip UNK			City _____ State _____ Zip _____									
Insurance Company SAFETY INSURANCE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
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Citation # (If Issued) _____			Most Harmful Event 2 23		1 9		5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24		8 7 6							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N									
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:

ADAMS STREET

192 ADAMS 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:

MV1 stated his vehicle was parked in front of 192 Adams Street on 12/12/2019 unoccupied when it was possible sideswiped by a FLIXBUS. MV1 stated his dash cam recorded the incident showing a green and yellow colored Prevost bus with FLIXBUS in large lettering make contact with his vehicle. MV1 was unable to provide a plate number at the time but did state he saw what he believes to be the same bus the following day in the same area on 12/13/2019. MV1 was able to get a plate of MA APN REG:3799A, which is registered to United Leasing INC out of Indiana on a white 2017 PREO H345 58 passenger bus, insured by Safety Insurance. MV1 stated he already filed an accident report with the RMV and notified his insurance company.

I attempted to make contact with the FLIXBUS company to get the drivers contact information but was only able to speak with a customer service representative in a foreign country who would not provide me with any

(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 # 3799A (From Vehicle Section)

Carrier Name FLIXBUS Carrier Issuing Authority Code 35

Address P.O. BOX 5089 City EVANSVILLE St MA Zip 47716

US DOT #: _____ State Number _____ Issuing State INDIAN ICC #: _____ Interstate 99 ³⁶

Cargo Body Type Code 1 ³⁷ Gross Vehicle Weight 3 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

ANDREA M FERGUSON

NEWTON POLICE DEPT.

12/18/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

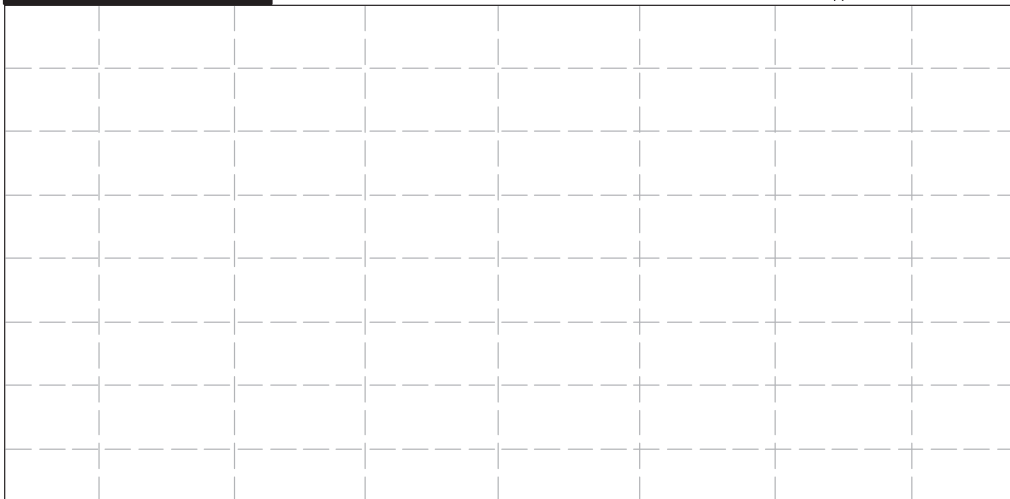
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 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:

information. I was able to locate an email address for the company and emailed a request for information but have not received a response.

I advised MV1 of my investigation results and he was satisfied. MV1 stated the damage to his vehicle was minor.

Witnesses:

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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

ANDREA M FERGUSON

NEWTON POLICE DEPART

12/18/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date