

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 03/06/2020		Time of Crash 08:32 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: <input type="checkbox"/>			
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9			
SOUTH PARKER ST										2					
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						10					
At				Feet N S E W of _____ or _____											
EAST BOYLSTON ST															
Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number											
Also at Intersection with				Feet N S E W of _____						11					
				Route# Intersecting Roadway/Street						2					
Route# Direction Name of Intersecting Roadway/Street				Landmark											
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000220									
License # --- St MA DOB/Age ---				Reg # 05641 Reg Type SPN Reg State MA											
Sex F Lic. Class D 18 18 Lic. Restrictions D 19 CDL _____				Veh Year 2016 Veh Make DODGE Veh Config. 2 20											
Operator GEMELLI GIANNA M				Owner JSC TRANSPORTATI								12			
Address 16 WESTWOOD STREET				Address 224 CALVARY STREET											
City NEWTON State MA Zip 02465				City WALTHAM State MA Zip 02452											
Insurance Company NATIONAL INTERSTATE INSURANCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4							
Citation # (If Issued) N/A				Most Harmful Event 1 23				10 Undercarriage							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6							
Please fill out for operator and all occupants involved													13		
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	N/A
NESVACIL, HAILEY		16 WESTWOOD STREET NEWTON, MA 02465		-----		F	4	1	4	99	0	0	10	1	N/A
MARTINEZ, MAYSON		160 BOYLSTON STREET (apt 2338) NEWTON, MA 02459		-----		M	6	1	4	99	0	0	10	1	N/A
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 3 #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 # 8MC655 Reg Type PAN Reg State MA											
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2015 Veh Make TOYOTA Veh Config. 1 20											
Operator BINNS CLARY MELISSA				Owner BINNS ANDREW											
Address 87 HILLSIDE ROAD				Address 87 HILLSIDE RD											
City NEWTON State MA Zip 02461				City NEWTON State MA Zip 02461											
Insurance Company COMMERCE				Vehicle Action Prior to Crash 5 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22				3 4							
Citation # (If Issued) T0115909				Most Harmful Event 1 23				10 Undercarriage							
Violation 1: Ch 19/75 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 5 24 24				5 11 Totaled							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 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/Non-Motorist		See Above		-----		---	---	1	4	99	0	0	10	1	N/A
BOCK, MAYA		45 IRVING STREET NEWTON, MA		-----		F	3	99	4	99	0	0	10	1	N/A
FREEDMAN-NADITCH, JONATAN		22 ROWENA ROAD NEWTON, MA 02458		-----		M	4	99	4	99	0	0	10	1	N/A

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 → Pedestrian

Boylston Street (E) On Ramp

Unit 1

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:

On Friday, March 6, 2020 while assigned to Traffic unit N525, I responded to the area of the Countryside School (191 Dedham Street, Newton) for a report of a motor vehicle crash involving a City of Newton contracted school bus. The weather at the time of the crash was clear and sunny. The road surface was dry. I spoke with the operator of MV1, Gianna Gemelli (S95586165). Gemelli stated she was traveling Southbound on Parker Street towards the Boylston Street (E) on ramp in a JSC Transportation owned 2016 Dodge Grand Caravan (MA SPN: 105641). JSC Transportation is contracted by the City of Newton to transport students through out the city. Gemelli stated as she was traveling on Parker Street, MV2 attempted to pass her on her driver side to take a left onto Boylston Street (E). Gemelli stated the front passenger side of MV2 made contact with the rear driver side of MV1. I observed minor damage to the rear

(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 # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

MICHAEL R GAUDET NEWTON POLICE DEPT 03/06/2020

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

CDP1 11 -24-00

→ 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:

driver side bumper area of MV1.

Gemelli was transporting two students to the Countryside Elementary School at the time of the crash. The students in the vehicle were identified as Mayson Martinez and Hailey Nesvacil. No injuries were reported by any of the occupants of MV1. Countryside Principal Elizabeth Herlihy signed a patient refused for Mayson Martinez. Martinez's mother Rosa Mordan was notified of the crash by school staff. Gemelli signed a patient refusal for her daughter, Hailey Nesvacil. Regina Moody was notified of the crash.

I spoke with the operator of MV2, Clary Binns (s100112165). Binns stated she was traveling Southbound on Parker Street towards the Boylston Street (E) on ramp. Binns stated she attempted to go around MV1 to enter the on ramp to proceed onto Boylston Street when the front passenger side of her vehicle made

(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 # _____ (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

MICHAEL R GAUDET

NEWTON POLICE DEPT

03/06/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

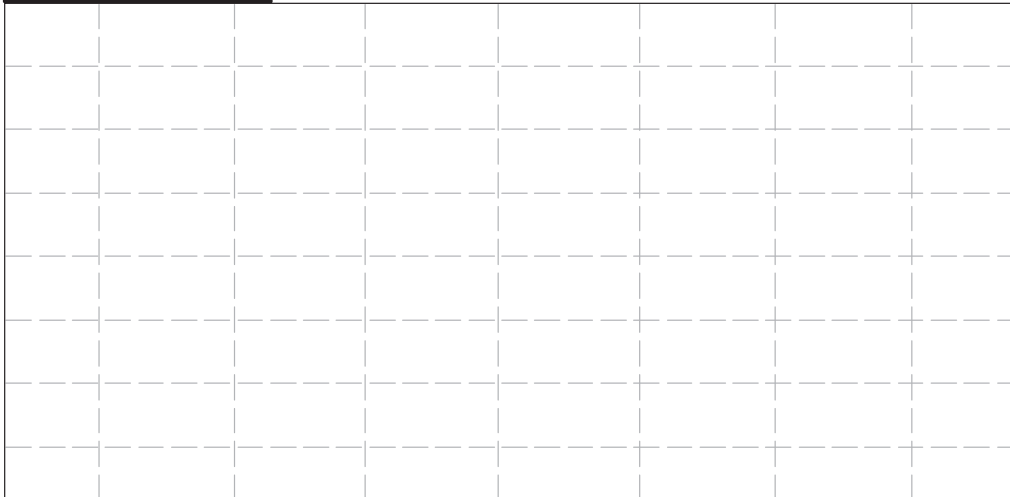
Precinct/Barracks

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:

contact with the rear driver side of MV1. I observed minor damage to the front passenger side fender/wheel area of MV2. Binns reported no injuries.

Prior to my arrival, Binns stated she had two passengers in her vehicle at the time of the crash that had left the scene. They were identified as Maya Bock and Jonatan Freedman-Naditch. I contacted parents for both parties to notify them of the crash. No injuries were reported. Binns, Bock, and Freedman-Naditch are all students the Meridian Academy in Boston.

Clary Binns was provided with Massachusetts Uniform Citation T0115909 for Newton City Ordinance Chapter 19, Section 75 (Failure to Use Care). Photos were taken of both vehicles and submitted to the IT Bureau.

Parker Street and Boyston Street are both public ways in the City of Newton.

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 # _____ (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

MICHAEL R GAUDET

NEWTON POLICE DEPART

03/06/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date