

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 10/23/2020		Time of Crash 16:42 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35 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		
CENTRE ST												1		
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10		
COMMONWEALTH AVE						Feet N S E W of _____ • _____ or _____ 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						11		
Route# Direction Name of Intersecting Roadway/Street						Landmark						2		
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000610						
License # --- St MA DOB/Age ---				Reg # 3NWW40		Reg Type PAN		Reg State MA						
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2018		Veh Make TOYOTA		Veh Config. 2 20						
Operator MACHADO JILSEIA				Owner MACHADO JOSIANE									12	
Address 16 BRIDGE STREET				Address 119 FARNUM RD										
City NEWTON State MA Zip 02458				City WALTHAM		State MA Zip 02453								
Insurance Company COMMERCE INSURANCE				Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 24 24		11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		Underride/Override 25 Towed N								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____														
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						
MACHADO, JOSIANE 119 FARNUM RD WALTHAM, MA 02453				---		F 3 1 4 99 0 0 10 1								
FUNTES, OLGA				---		F 4 1 4 99 0 0 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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # --- St MA DOB/Age ---				Reg # 42204		Reg Type SBN		Reg State MA						
Sex M Lic. Class B 18 18 Lic. Restrictions M 19 CDL _____				Veh Year 2021		Veh Make FRHT		Veh Config. 4 20						
Operator JURE SONY				Owner FIRST STUDENT INC										
Address 280 N WARREN AVE (apt. C2)				Address 15 YORK AVE										
City BROCKTON State MA Zip 02301				City RANDOLPH		State MA Zip 02368								
Insurance Company NATIONAL UNION FIRE INSURANCE COMPANY				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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		5 24 24		11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 5 24 24		Underride/Override 25 Towed N								
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						

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Commonwealth Ave

Centre St

Unit 1

Unit 2

P.O.I.

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 of MV1 (Ma Reg 3NWW40) stated she was traveling NB on Centre Street when she came to a stop light at the intersection of Commonwealth Ave. While waiting for the light her vehicle was struck in the rear by a school bus.

Operator of MV2 (Ma SBN 42204) stated he was traveling NB on Centre Street approaching the intersection of Commonwealth Ave. Operator of MV2 stated that he stopped behind MV1 but was too close and he bumped the rear of the vehicle.

The damage was minor to MV1 and MV2 had no visible damage. No parties claimed any injuries at this time. MV2 is a yellow school bus that was empty at the time but was being used as a shuttle service for Boston College. Both vehicles were able to drive off from the scene safely.

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 # 42204 (From Vehicle Section)

Carrier Name FIRSTGROUP LEASING Carrier Issuing Authority Code 35

Address 600 VINE ST SUITE 1400 City CINCINNATI St MA Zip 45202

US DOT #: _____ State Number _____ Issuing State OHIO ICC #: _____ Interstate 2 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

MARK D HAGOPIAN NEWTON POLICE DEPTA 10/23/2020

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

CDP1 11 -24:00