

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/07/2021	Time of Crash 13:20 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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 309 CRAFTS ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 <u>3</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000240			
License # _____ St MA DOB/Age _____			Reg # SP104247		Reg Type SPN		Reg State MA			
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2016		Veh Make DODGE		Veh Config. <u>1</u> <u>20</u>			
Operator BERRY SYBIL Last First Middle			Owner JSC TRANSPORTATI Last First Middle							
Address 45 MOODY ST (apt. 213)			Address 224 CALVARY STREET							
City WALTHAM State MA Zip 02453			City WALTHAM State MA Zip 02452							
Insurance Company NATIONAL INTERSTATE INSURANCE			Vehicle Action Prior to Crash <u>1</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 <u>8</u> 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>		1		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>		8					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>		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 See Above			99 4 4 0 0 10 1							
CASTELLANO, DELSI 7 HERWARD ROAD (apt 13) NEWTON, MA			F 4 4 0 0 10 1							
SCHEZER, JOHN 7 HERWARD ROAD (apt 13) NEWTON, MA			M 12 99 4 4 0 0 10 1							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # _____ St MA DOB/Age _____			Reg # 4BM546		Reg Type PAN		Reg State MA			
Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2016		Veh Make NISSAN		Veh Config. <u>1</u> <u>20</u>			
Operator NAKMOO JUN Last First Middle			Owner (Same as operator) Last First Middle							
Address 30 GORDON ST			Address _____							
City ALLSTON State MA Zip 02134			City _____ State _____ Zip _____							
Insurance Company COMMERCE INSURANCE			Vehicle Action Prior to Crash <u>6</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 <u>3</u> 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>		1		5 11 Totaled			
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>		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			99 4 4 0 0 10 1							

Crash Narrative:

Witnesses:

Property Damage:

Truck and Bus Information:

ANDREA M FERGUSON

NEWTON POLICE DEPARTMENT

04/07/2021

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____

Crash Narrative:
was identified as Jun Nakmoo. I was able to speak with Jun but there was a strong language barrier. Jun
stated he was parked on Crafts street and did not see any vehicles coming his way so he pulled into traffic
Jun stated the mini van appeared out of nowhere and sideswiped his car. Jun reported minor damage to his
drivers side panel. Both vehicles were able to drive safely from the scene. The school bus had two children
passengers in the vehicle at the time of the accident. The children were identified as John Castellano
(07/31/09) and Delsi Castellano (06/26/11). Both students were not injured and were picked up by
their mother Adria Castellano (01/05/81). The children both attend Bowen Elementary School and were
being transported to Waltham.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

ANDREA M FERGUSON			NEWTON POLICE DEPT#3		04/07/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					