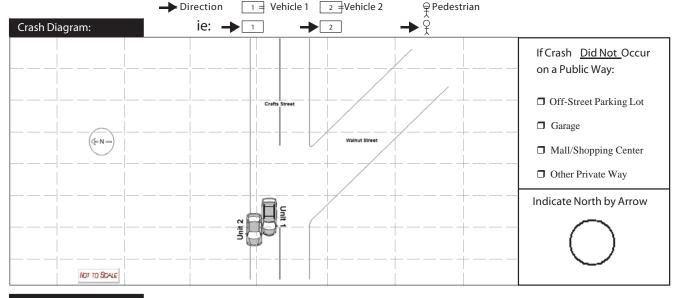
| Poli                              | ice Use Only    |                    | Common                         | ıwealth    | of N                | Iassa      | ach    | use      | tts        |                             |                |                                |                     |              | nt Number                                   |          |
|-----------------------------------|-----------------|--------------------|--------------------------------|------------|---------------------|------------|--------|----------|------------|-----------------------------|----------------|--------------------------------|---------------------|--------------|---|----------|
| Date of Crash<br>04/07/2021       | Time of Crash   | City/I<br>NEWTON   | Yown M                         | otor V     | ehicle              | Cra        | sh     |          | mber       | Num                         |                | need Lin                       |                     | S            | State Police<br>Local Police<br>MBTA Police | N<br>N   |
| 0-407/2021                        | 24HR            |                    |                                | Police     | Rep                 | ort        |        | 2        |            | 0                           |                | ongitude                       |                     |              | Other:                                      |          |
|                                   | AT INTER        | RSECTION:          | <                              | LOC        | CATION              |            | >      |          |            | N(                          | )T A           | ΓINT                           | ERS                 | ECT          | ION:  |          |
|                                   |                 |                    |                                |            |                     | WEST       | 30     | )9       |            | CRA                         | FTS ST         |                                |                     |              |   |          |
| Route# Direc                      | tion            | Name               | of Roadway/Street              |            | Route#              | Direction  | on A   | ddress   | s #        |                             | 1              | Name of                        | Roadv               | vay/Str      | reet  | _        |
| -                                 |                 |                    | At                             |            |                     | Feet 1     | N S E  | w c      | of –       |                             |                | •                              | or                  |              |   |          |
| Route# Direc                      | etion N         | Name of Intersect  | ing Roadway/Street             |            | -                   |            |        |          |            | Mil                         | e Marke        | er                             |                     | I            | Exit Number                                 | _        |
|                                   |                 | Also at Int        | ersection with                 |            | _                   | Feet 1     | N S E  | <b>W</b> | of         | Rou                         | te#            | Interse                        | ecting I            | Roadwa       | ay/Street                                   | -        |
| Route# Direc                      |                 |                    |                                |            | _                   | _Feet []   | N S F  | W c      | of         |                             |                |                                |                     |              | -9  |          |
| Route# Direc                      | tion            | Name of Inters     | ecting Roadway/Street          |            |                     |            |        |          |            |                             |                | L                              | andma               | rk           |   | _        |
| XVehicle1                         | 3_#Occupants    | Hit/Ru             | n Moped                        | Case Num   | ber                 |            | 2      | 210000   | 00240      |                             |                |                                |                     |              |   |          |
| License#                          |                 | St <sup>N</sup>    | IA DOB/Age                     | Re         | g # SP1042          | <b>1</b> 7 |        |          |            | Reg                         | Tyne S         | PN                             | F                   | Reg Sta      | te MA                                       |          |
| Sex_F Lic.                        | 18 1            |                    | 19                             |            | h Year_2016         |            |        |          |            |                             |                |                                |                     | Confi        | 20  | _        |
|                                   | RRY             |                    | Endorsm                        | nent<br>Ow | vner JSC T          | RANSE      | ORTA   |          |            |                             |                |                                |                     | •            | ь. [  |          |
| Address 45 M                      | OODY ST (apt. 2 | First <b>213)</b>  | Middle                         |            | ldress 224 (        |            |        |          |            | First                       |                |                                | М                   | iddle        |   | _        |
| City WALTH                        |                 |                    | tate_MA Zip_02453              |            | walth               |            |        |          |            |                             |                | Stat                           | е МА                | Zin          | 02452                                       | -        |
| ,                                 |                 |                    | E INSURANCE                    |            | hicle Action        |            | Crash  |          | 1 21       |                             |                |                                |                     | _            | cle Up to Thr                               | ee)      |
| $\neg$                            |                 |                    | sponding to Emergency          |            | ent Sequen          | _          |        |          | 22         | 22                          | 2              |                                | <b>D</b>            | 4            |   |          |
|                                   | ssued)          |                    | pronuming to Emergene.         |            | ost Harmful         |            | 1 2    | 3        |            |                             |                | $\Lambda$                      | $\Box$              |              | 10 Undercarr                                | riage    |
| `                                 |                 |                    | on 2: ChSec                    |            | iver Contrib        | l          | Г      | 99 2     | 4          | 24                          | 1              | '   片                          | 9                   | 5            | 11 Totaled                                  |          |
|                                   |                 |                    | on 4: Ch Sec                   |            | derride/Ov          |            |        |          | <br>Fowed  | ı N                         | 8              |                                | ,                   | 6            |   |          |
|                                   |                 |                    | upants involved                |            | lacinae, o vi       | illuc [    |        |          |            | 28<br>Airbag A<br>Status \$ | 29 Fi          | 30 31<br>ject Trap<br>ode Code | 1 32<br>Injury      | 33<br>Transp |   |          |
| Name (Last Fir                    | st Middle)      |                    | Addres<br>See Abov             |            |                     | e/DOB      | Sex    | Pos. S   |            |                             | witch C        |                                | \$tatus             | Code 1       | Medical Facil                               | ity      |
| CASTELLANO                        | nei si          | 7                  | HEREWARD ROAD (a               |            |                     |            | F      |          |            |                             | 4 0            |                                | 10                  | 1            |   |          |
|                                   | ·               |                    | IEWTON, MA<br>HEREWARD ROAD (a | apt 13)    |                     |            | 1      |          |            | 4                           | 4 0            | 0                              | 10                  | 1            |   |          |
| SCHEZER, JO                       | HN              | I                  | IEWTON, MA                     |            |                     |            | M      | 12       | 99         | 4                           | 4 0            | 0                              | 10                  | 1            |   |          |
|                                   |                 |                    |                                |            |                     |            |        |          |            |                             |                |                                |                     |              |   |          |
| Please Select C<br>of the Followi | IX Vehicle      | 2 <u>1</u> #Occupa | nts Non-Motoris                | st A Type  | 14 Acti             |            | Loc    | cation   | 1          | Co                          | ndition        | 17                             |                     | Hit/R        | un Mop                                      | oed      |
| License#                          |                 | St <sup>1</sup>    | MA DOB/Age                     | Re         | g # 4BM54           | 5          |        |          |            | Reg                         | Type_P         | AN                             | F                   | Reg Sta      | te_MA                                       |          |
| Sex_M Lic.                        | 18 1            |                    | 19                             |            | h Year <b>201</b> 6 |            | V      | eh Mal   | ke NI      |                             |                |                                |                     | Confi        | 20  | _        |
| Operator NA                       |                 | JUN                | Endorsm                        | nent<br>Ov | vner (Sam           | e as ope   | rator) |          |            |                             |                |                                | _                   |              |   |          |
| Address 30 G                      | Last            | First              | Middle                         |            | ldress              | Las        | t      |          |            | First                       |                |                                | М                   | iddle        |   |          |
| City ALLSTO                       |                 |                    | tate MA Zip 02134              |            | ty                  |            |        |          |            |                             |                | Stat                           | e                   | Zip          |   |          |
| '                                 | pany COMMER     |                    | *                              |            | hicle Action        |            |        |          | <u>2</u> 1 |                             |                |                                |                     | -            | cle Up to Thr                               | ee)      |
| Vehicle Travel                    | _               |                    | esponding to Emergenc          |            | ent Sequen          |            |        | 22       | 22         | 22                          | 2              | 3                              | 3                   | 4            |   |          |
| Citation # (If I                  |                 |                    |                                | -          | ost Harmful         |            | 1 2    | 3        |            |                             |                | $\Lambda$                      | $\lfloor A \rfloor$ |              | 10 Undercarr                                | riage    |
| ,                                 |                 | ec Violat          | ion 2: ChSec                   |            | iver Contrib        | l          | Г      | 99 2     | 4          | 24                          | 1              | •   ) - !                      | 9                   | 5            | 11 Totaled                                  |          |
|                                   |                 |                    | on 4: ChSec                    |            | iderride/Ov         | ١          |        |          | owed.      | N                           | <b>3</b> /     | · (                            | <b>b</b>            | 6            |   |          |
|                                   |                 |                    | ll occupants involve           |            |                     |            |        |          |            |                             | 29<br>irbag Ej | 30 31<br>lect Trap             | 32<br>Injury        | 33<br>Transp |   | $\dashv$ |
| Name (Last Fi                     |                 | <u> </u>           | Addre<br>See Abov              | ess        | A                   | ge/DOB     | Sex    | Pos.     | System     | Status                      | Switch (       | Code Cod                       | e Statu             | s Code       |   | ility    |
| Operator/                         | TAOH-MOODISE    |                    | Sec A001                       | v C        |                     |            |        |          | 99         | 4                           | 4 0            | 0                              | 10                  | 1            |   |          |
|                                   |                 |                    |                                |            |                     |            |        |          |            |                             | _              |                                |                     |              |   |          |
|                                   |                 |                    |                                |            |                     |            |        |          |            |                             |                |                                |                     |              |   |          |
|                                   |                 |                    |                                |            |                     |            |        |          |            |                             |                |                                |                     |              |   |          |



## Crash Narrative:

On Wednesday April 7th, 2021 I responded to 309 Crafts Street for a report of a motor vehicle accident involving a City of Newton contracted school bus (mini-van). At the time of the accident the weather was cloudy and the road surface was dry. Crafts Street is operated and maintained by the City of Newton. Upon arrival I spoke with the operator of the school bus identified as Sybil Berry (S93963801). She stated she had just turned left from Walnut Street onto Crafts Street and was traveling eastbound when a parked vehicle on Crafts Street pulled into the travel lane at the same time as she was traveling straight, and made contact with her vehicle. Sybil's vehicle sustained minor passenger side panel damage. Photographs of the damage were taken and submitted to the IT Bureau. Sybil stated the operator of the motor vehicle couldn't wait for police to respond but he left his information. The operator of the other vehicle involved (Continued on next page)

| Witnesses:                               |                  |           |               |             |         |                  |                   |           |
|--|------------------|-----------|---------------|-------------|---------|------------------|-------------------|-----------|
| Name (Last, First, Middle)               |                  | Address   |               |             |         | Phone #          | :                 | Statement |
|  |                  |           |               |             |         |                  |                   |           |
|  |                  |           |               |             |         |                  |                   |           |
| Property Damage:                         |                  |           |               |             |         |                  |                   |           |
| Owner (Last, First, Middle)              | Address          |           | Phone #       | 34-Type     | Desc    | ription of Damag | ged Property      |           |
|  |                  |           |               |             |         |                  |                   |           |
|  |                  |           |               |             |         |                  |                   |           |
| Truck and Bus Information:  Carrier Name | Registration #   |           |               | le Section) |         | Carrier Issu     | ing Authority Cod | e 35      |
| Address                                  |                  |           | City          |             |         | St               | Zip               |           |
| US DOT #:S                               | State Number     |           | Issuing State | ICC #:_     |         |                  | Interstate        | 36        |
| Cargo Body Type Code 37 Gross            | s Vehicle Weight | 38        |               |             |         | 39               |                   |           |
| Trailer Reg #:                           | Reg Type         | Reg State | Reg Year      | Tr          | ailer L |                  |                   |           |
| Hazmat Information:                      |                  |           |               |             |         |                  |                   |           |
| Placard 40 Material 1 digit #            | 41 Material Na   | me        |               | Material 4  | digit#  |                  | Release code      | 42        |
|  |                  |           |               |             |         |                  |                   |           |

|  | Direction 1         | 1 = Vehicle 1 | 2 =Vehicle 2  | ₽Pedestri           | an                          |                                  |
|--|---------------------|---------------|---------------|---------------------|-----------------------------|----------------------------------|
| Crash Diagram:                         | ie: →□              | <b>→</b> [    | 2             | ₽Ŷ                  |                             |                                  |
|  | <br>                | <br> <br>     | <br>          |                     | If Crash on a Pub           | <u>Did Not</u> Occur<br>lic Way: |
|  |                     | <u> </u>      |               |                     | —— □ Off-Str                | reet Parking Lot                 |
|  |                     | <br>          | <br>          |                     | Garage                      | <b>,</b>                         |
|  | į                   |               |               |                     | ☐ Mall/S                    | hopping Center                   |
|  |                     | -             |               |                     | Other I                     | Private Way                      |
|  |                     | -             |               |                     | Indicate N                  | lorth by Arrow                   |
|  |                     |               |               |                     | (                           |                                  |
| Crash Narrative:                       |                     |               |               |                     |                             |                                  |
| was identified as Jun Na               | cmoo. I was able    | to speak wi   | th Jun but t  | here was a          | strong language ba          | urrier. Jun                      |
| stated he was parked on (              |                     |               |               |                     |                             |                                  |
| Jun stated the mini van a              |                     |               |               |                     |                             |                                  |
| drivers side panel. Both               |                     |               | <del>-</del>  |                     |                             | -                                |
| passengers in the vehicle              |                     |               |               |                     |                             |                                  |
| (07/31/09) and Delsi Cas               |                     |               |               |                     |                             |                                  |
| their mother Adria Caste               |                     | . The childr  | en both atten | d Bowen Ele         | mentary School and          | were                             |
| being transported to Wal               | tham.               |               |               |                     |                             |                                  |
|  |                     |               |               |                     |                             |                                  |
|  |                     |               |               |                     |                             |                                  |
| W itnesses: Name (Last, First, Middle) |                     | Address       |               |                     | Phone #                     | Statement                        |
|  |                     |               |               |                     |                             |                                  |
|  |                     |               |               |                     |                             |                                  |
|  |                     |               |               |                     |                             |                                  |
| Property Damage:                       | Address             |               | Phone #       | 24 Tuna             | Description of Democracy Dr |                                  |
| Owner (Last, First, Middle)            | Address             |               | Phone #       | 34-Type             | Description of Damaged Pr   | operty                           |
|  |                     |               |               |                     |                             |                                  |
|  |                     |               |               |                     |                             |                                  |
| Truck and Bus Information:             |                     |               |               | ehicle Section)     |                             | 35                               |
| Carrier Name                           |                     |               |               |                     | Carrier Issuing Au          |                                  |
|  |                     |               |               |                     | St                          | Zip                              |
| US DOT #:                              | State Number        | 38            | Issuing State | ICC #:              | Int                         | erstate                          |
| Cargo Body Type Code                   | ross Vehicle Weight |               |               |                     | 39                          |                                  |
| Trailer Reg #:  Hazmat Information:    | Reg Type            | Reg State     | Reg Year_     | Tra                 | ler Length                  |                                  |
| Placard 40 Material 1 dig              | it # 41 Material N  | Name          |               | Material 4 d        | git#Rele                    | ase code 42                      |
|  |                     |               |               | WTON POLICE DEPARTA |                             | 04/07/2021                       |

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)