	Pol	ice Use Only		Comm	onweal	lth o	f Ma	issa	ch	use	tts				RMV	/ Doc		t Number	
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			A	-	Fee	t NS	E W	of -	Mil	 e Markei	• —	or		Exit Number	_
Route# Direc	ction N		ng Roadway/Street	 	Fee	t N S	E W	of	IVIII	e marker			Е	XII Number	
		Also at Inte	rsection with	-		t NS			Rou	te#	Interse	cting F	Roadwa	iy/Street	-
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Venicie	39_#Occupants		_ 1 (3	ase Number			210000	00437							Ц
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Please Name (Last Fin	fill out for opera	ator and all occ		Address		Age/D	ОВ	Sex	Seat S Pos. S	27 Safety A System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
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BARRIENTO	S AMBROCIO, I	BRYAN	IEWTON, MA 02	2466				M	11	0	5	99	0	0	10	1	N/A
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FAUBERT, SE	EBASTIAN, PRA		D LAKE AVENUE IEWTON, MA 02					M	11	0	5	99	0	0	10	1	N/A
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Date of Crash 06/16/2021	Time of Crash 12:35	City/I NEWTON	own	Motor				sh	Veh	nber iicles	Num Inju	red L	oeed Li atitude			Local Police MBTA Police	
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HUTCHINSO	N, NOAH, JOH	NI I	55 BOYLSTON S' EWTON, MA 02					M	11	0	5	99 (0	10	1	N/A	
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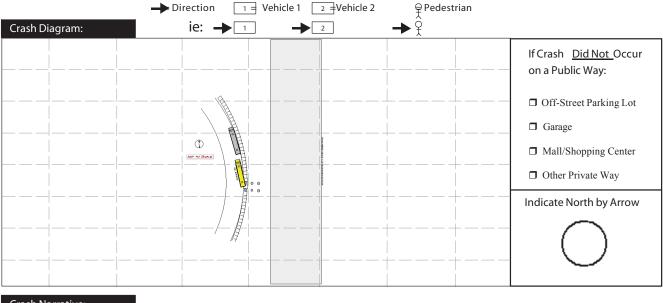
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Name of Intersecting Randburg/Sirved Case Number 2100000437			Also at Inte	rsection with		-						Rou	ite#	In	tersec	ting R	loadwa	y/Street	-
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License 8 — S, MA DOB/Ago — Reg # BU4536 Reg Type BUN Reg State MA See, M Lic. Class B 18 18 Lie. Restrictions 1 POL P Endocument MARTIN Owner EASTERN BUS COM1 Address 21 WHITMAN RD State MA Zip 02472 Clip WATERTOWN State MA Zip 02472 Clip WATERTOWN AUTON BURE INSURANCE Vehicle Travel Direction: Visited in Class B 18 EW Responding to Emergency? N Vehicle Travel Direction: Visited MA Vehicle Travel Direction: NS EW Violation 2: Ch. Sec Violation 4: Ch. Sec Underride Override Vehicle Travel Direction: NS EW Vehicle Travel Direction: No. Sec Violation 2: Ch. Sec Violation 4: Ch. Sec Underride Override Vehicle Travel Direction: NS EW Vehicle	Router Dire	ction	Name of inters	L											Lar	dmar	k		
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Insurance Company NATIONAL UNION FIRE INSURANCE Vehicle Travel Direction: Value Vehicle	Address 21 W	HITMAN RD	- 115%			Address	PO BO	X 514											_
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Please fill out for operator and all occupants involved Please fill out for operator and all occupants involved Please fill out for operator and all occupants involved Please fill out for operator and all occupants involved Address Age/DOB Sex Post Post Please fill out for operator and all occupants involved Please fill out for operator and all occupants involved Please fill out for operator and all occupants involved Please fill out for operator and all occupants involved Address Age/DOB Sex Post Please fill out for operator and all occupants involved Please fill out for operator and all occupants involved Please fill out for operator and all occupants involved Please fill out for operator and all occupants involved Please fill out for operator and all occupants involved Age/DOB Sex Post	Violatio	n 1: ChSec	c Violatio	n 2: ChSec	I	Oriver (Contributi	ng Co	de	19 2	4	24							
Name (Last First Middle) Name (Last First Mi	Violatio	n 3: ChSec	c Violatio	n 4: ChSec	τ	Inderri	de/Overri	de	2	5	Γowed	N	8		7		6		
Operator			ator and all occ		ess		Age/De	ОВ	Sex	26 Seat Pos.	27 Safety A	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	Transp. Code	Medical Facil	lity
NEWTON, MA 02466 NEWTON, MA 02462 NEWTON, MA				See Ab	ove														
NUNEZ MORA, KATHYA NEWTON, MA 02466 Please Select One of the Following: Description of the Following: Non-Motorist A Type Non-Motorist A Model Non-Motorist A Motorist A	LITVAK, MA	YA, NICOLE	I						F	11	0	5	99	0	0	10	1	N/A	
REITZ, NATASHA, SAGE 19 SWALLOW DRIVE NEWTON, MA 02462 Please Select One of the Following: Vehicle #Occupants Non-Motorist A Type	NUNEZ MOI	RA, KATHYA							F	11	0	5	99	0	0	10	1	N/A	
Please Select One of the Following:	REITZ, NATA	ASHA, SAGE	19	SWALLOW DRIVE					F	11	0	5	99	0	0	10	1	N/A	
Condition Cond		One		1_		14	[6			<u></u>			1_	
Sex Lic. Class 18 18 18 Lic. Restrictions 19 CDL		Vehicle	e# Occupa	nts Non-Motor	rist A Type		Action		Lo	cation		Co	onditio	1		Ч	Hit/Ru	ın Mor	oed
SexLic. ClassLic. RestrictionsCDLVeh YearVeh MakeVeh Config	License#				F	Reg#_						_Reg	Type_			R	eg Stat		_
Operator	Sex Lic.			ns CDL_		Veh Yea	ar		V	eh Ma	ke					Veh	Config		
City State Zip City State Zip Linsurance Company Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 22 22 22 22	Operator	Last	First		le (Owner _		Last				First				Mic	ddle		-
Insurance Company	Address					Address	5												-
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 22 22 22 22 20 20 20 20 20	City		S	ateZip		City									State		_Zip		-
Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence Citation # (If Issued)	Insurance Con	mpany				Vehicle	Action P							aged		Code		le Up to Thi	ree)
Citation # (If Issued)	Vehicle Travel	l Direction: N	S E W	esponding to Emerger	ncy? I	Event S	Sequence	2:			22	22	2		3		\ ⁴	10 Undaras	riena
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility	Citation # (If	Issued)			N	Most Ha	armful Ev	ent	2		4	24	1	_	9		5		11agc
Violation 3: ChSec Violation 4: ChSec Underride/Override	Violatio	on 1: ChS	ec Violati	on 2: ChSec_	I	Oriver (Contributi	ng Co ⊏			4	24	8		/ 7	<u> </u>	ر		
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility						Jnderri	de/Overri	de	2	1		20		20	21	22		1	
Operator/Non-Motorist See Above			operator and a	*			Age/I	ОВ	Sex		Safety / System	∠8 Airbag / Status	29 Airbag Switch	50 Eject Code	Trap Code		Transp.		ility
	Operator	/Non-Motorist		See Abo	ove														

	ice Use Only			nonweal						_						t Number	
Date of Crash 06/16/2021	Time of Crash 12:35	City/	Town	Motor				$\mathbf{h} \mid_{V}^{N}$	umber ehicles		ıred	Latitu				tate Police ocal Police IBTA Police	X
	24HR					Repor			1	1			itude_		0	ther:	_
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Veinere 1	- <u>-35</u> #Occupants			Case N	lumber			2100	000437								_
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Sex_M_ Lic.		Lic. Restricti	ons 1 C	CDL P Indorsment RTIN		ar 2020			lake	HMS				Veh	Config	. 4	
Operator AU	Last HITMAN RD	JOHN First	WIA	Middle		EASTER PO BOX	Last	COMI		Firs	t			Mic	ddle		-
Address 21 W City WATER			. MA	02472		S PO BOX								MA		02143	-
	npany NATIONA		State MA Zip			Action P		C1-		21					_Zip_ : (Circ	le Up to Thr	ee)
┪	1 Direction:		sponding to Em				22		7 22	22	2	gea	3	code	(.е ор ю т.п.	,
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	n 1: Ch Sec	Violati	on 2: Ch - 5	Sec		Contributi		e 19	24	24	1	-	9		5	11 Totaled	
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	fill out for opera				Onderri	luc/ O verri		2 Seat			29 Airbag	30 Eject	31 Trap	32 Injury	33 Transp.		
Name (Last Fin			Se	Address e Above		Age/DC		Sex Pos.	System -	Status	Switch	Code	Code	Status	Code	Medical Facil	ity
	JATHANIEL, NO	30C L	0 CREHORE DE	RIVE			1	M 11	0	5	99	0	0	10	1	N/A	
	· · · · · · · · · · · · · · · · · · ·	1	NEWTON, MA (887 COMMONV)2462 VEALTH AVENU	UE				+							-	
RUFO, JOHN			NEWTON, MA		(1 d d)			M 11	0	5	99	0	0	10	1	N/A	
SHAH, KASH	IVI	I	IEWTON, MA	EALTH AVENUE ()2466	(apt 1-1)]	F 11	0	5	99	0	0	10	1	N/A	
Please Select 0 of the Followi	I Vehicle	e# Occupa	nts Non-M	Motorist A Type	14	Action	15	Location	n	16 C	onditio	n	17		Hit/Ru	ın Mor	oed
License#		St_		ge	Reg#_					Reg	g Type			R	eg Stat		_
Sex Lic.	Class 18 1	Lic. Restricti		CDL	Veh Ye	ar		Veh N	lake					Veh	Config	20	
Operator	Last	First		Middle	Owner		Last			Firs	t			Mic	ddle		_
Address					Address	S											-
City		:	StateZip		City								State				_
Insurance Con	npany				Vehicle	Action P				21		naged		Code	`	le Up to Thr	ree)
Vehicle Travel	Direction: N	S E W	esponding to En	nergency?	Event S	Sequence	22	22	22	22	2		3		4	10 Undercar	riage
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1	on 1: ChSe					Contributii		e			8	L	/ 7	<u> </u>) 6		
	on 3: ChSe				Underri	ide/Overri	de	20 Seat	Tower			30	31	32	33		
Name (Last F	irst Middle)	operator and a		Address		Age/D		Sex Pos	System	Airbag n Status	29 Airbag Switch	Eject Code	31 Trap Code	32 Injury Status	Transp.	Medical Fac	ility
Operator	/Non-Motorist		Se	e Above			-		-	-							

1	Police Date of Crash	ce Use Only Time of Crash	City/	Town	Commonweal Motor						mber	Nıır	nber S	Speed				tate Police
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r		24HR	SECTION	•		OCAT	_		>	1		1 N						ION:
H		ATIMIE	RSECTION	•			1011					11	OI A	11 1	1111	2103.	ECI	1011.
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1						-	F	eet N	N S I	E W o	of	Ko	ute#	Int	tersec	ting K	.oadwa	y/Street
-	Route# Direct	ion	Name of Inter	rsecting	Roadway/Street										Lar	ndmar	k	
	XVehicle1	39 #Occupants	Hit/Ru	ın	Moped Case N	lumber				210000	00437							
-	License#		St	MA I	OOB/Age	Reg# E	3U44536					Res	у Туре_	BUN		R	eg Stat	te MA
Т	Sex M Lic. O	Class B 18 1			1 19 _{CDL} P		ar_2020		V	eh Ma	ke TI						Config	20
-	Operator AUE		JOHN First		Endorsment MARTIN		EASTEI											
	Address 21 WI		First		Middle		PO BO	Last				Firs				Mī	ıdıe	
	City WATERT	OWN		State_M	IA Zip 02472	City_so	OMERVI	LLE							State	MA	_Zip	02143
	Insurance Comp	pany_NATIONA	AL UNION FIR	RE INSU	JRANCE	Vehicle	Action P	rior to	Crasl	ı	7 2	I	Dam	aged	Area	Code	: (Circ	le Up to Three)
]	Vehicle Travel	Direction:	S E W R	espondi	ng to Emergency? N	Event S	Sequence	23 2		22	22	22	2		3	$\overline{}$	•	
1	Citation # (If Is	ssued) N/A				Most H	armful Ev	vent [23	23		2.1	1	-	9	$\left(\cdot \right)$	5	10 Undercarriag 11 Totaled
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L					Sec	Underri	ide/Overri	de	1		Towed		-	20	/	T 22		T
L	Please f	ill out for oper Middle)	rator and all oc	cupant	s involved Address		Age/D	ОВ	Sex	Seat Pos.	27 Safety System	Airbag Status	29 Airbag Switch	30 Eject Code	31 Frap Code	32 Injury Status	Transp. Code	Medical Facility
	Operator			25 A CH	See Above EVILLE													
	SNYDER GRE	EN, WILLIAM,	, ANDERS	NEWTO	ON, MA 02462				M	11	0	5	99	0	0	10	1	N/A
!	SONG, EMMA	, ZIYING			RNE STREET DN, MA 02466				F	11	0	5	99	0	0	10	1	N/A
,	VERDIE, CESA	AR, DAMIR			THORNE AVENUE ON, MA 02466				М	11	0	5	99	0	0	10	1	N/A
	Please Select O of the Followir	Vehicle	е#Оссир		Non-Motorist A Type	2 14	Action	1:		cation		16 C	onditio	ı	17		Hit/Ru	un Mopec
Γ	License#		St		DOB/Age	Reg#_						_Reg	gType_			R	eg Stat	
1	Sex Lic. C	Class 18 1	Lic. Restrict	ions	CDL Endorsment	Veh Ye	ar		V	eh Ma	ke					Veh	Config	20
1	Operator	Last	First		Middle	Owner		Last				Firs	t			Mie	idle	
1	Address					Address	S											
ľ	City			State	Zip	City												
ı	Insurance Comp				····		Action P				22	22	Dam 2	aged	Area 3	Code	: (Circ 4	le Up to Three)
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1	Citation # (If Is	·		.4:_ 2	Ol-		armful Ev	L	Г		4	24	1	-	9		5	11 Totaled
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L					ChSec upants involved	Underti	ide/Overri	iue [owed	28 Airbas	29 Airbag	30	31 Trap	32	33 Transp	
\vdash	Name (Last Fir		<u> </u>		Address See Above		Age/I		Sex	Pos.	System	Status	Switch	Code	Code	Injury Status	Transp. Code	Medical Facility
\vdash	Operator/1	JSITOJOTIVI			See Above													
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	lice Use Only			nonwea											t Number	_
Date of Crash 06/16/2021	Time of Crash 12:35	City/ NEWTON	Γown	Motor			ash		mber nicles	Numb Injure	d Lati	ed Lim tude _			tate Police ocal Police IBTA Police	X
	24HR					Report		1		1		gitude.		0	ther:	_
	AT INTER	RSECTION	:	<	LOCAT	ION	>			NO	T AT	INT	ERS	ECT	ION:	
Route# Direc	ction	Name	of Roadway/Stre	et	R	Route# Direc	tion .	Address	s #		Na	me of l	Roadw	ay/Stre	eet	
			At		-	Feet	N S	E W	of -		<u> </u>	_	or			_
Route# Dire	ction N	Name of Intersec	ting Roadway/Str	reet			N C	r lw	C	Mile	Marker			Е	xit Number	-
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XVehicle 1	1 39 #Occupants	Hit/Ru	n Mor	oed Case I	Number			210000	00437							1
License#		St	MA DOB/Age		Reg#_	3U44536				_Reg T	ype BU	N	R	eg Stat	e_MA	
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Operator AU		JOHN	MA	ndorsment RTIN		EASTERN										
	HITMAN RD	First		Middle		PO BOX 5	_ast			First			Mi	ddle		_
City WATER			State_MA_Zip	02472		OMERVILLI						State	MA	Zip	02143	_
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Violatior	n 3: ChSec	c Violati	on 4: Ch	Sec	Underri	ide/Override		25 ,	Towed	8 N		7		6		
	fill out for opera	ator and all oc	cupants involve				Т	26 Seat	27 Safety	28 Airbag Air	29 30 bag Eject	31 Trap	32 Injury	33 Transp.		
Name (Last Fi			Se	Address e Above		Age/DOB	Sex	Pos.	System	Status Sw	itch Code	Code	\$tatus	Code	Medical Facil	ity
WEISS, MAR			210 GROVE STR				F	11	0	5 9	9 0	0	10	1	N/A	
	· · · · · · · · · · · · · · · · · · ·		NEWTON, MA (12 CREHORE DR												-	
ZOLONDICK	K, ARI, SAMUEL		NEWTON, MA)2462			M	11	0	5 9	9 0	0	10	1	N/A	
							15					15				
Please Select of the Follow	Vehicle	e# Occup	ants Non-M	Motorist A Typ	e 14	Action	15 L	ocation	1	Con	dition	17		Hit/Ru	ın Mop	oed
License#		St	DOB/Ag	ge	Reg#					Reg T	vpe		R	eg Stat	e	
Sex Lic.	18 1		19	CDL		ar				_				-	20	
Operator	· · · · · · · · · · · · · · · · · · ·			ndorsment	Owner								-			
Address		First		Middle		S				First			Mi	ddle		
City			State Zip		City							State	;	Zip		_
Insurance Con			•			Action Prior			21		Damage	d Area	Code	: (Circ	le Up to Thr	ee)
	l Direction: N		Responding to En			Sequence	22		22	22 2		3		4		
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l	on 3: Ch Se					ide/Override		25 T	owed	8		7	у_	6		
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Name (Last F	/Non-Motorist		Ça	Address e Above		Age/DOB	Sex		System	Status Sv	vitch Cod	le Code	Status		Medical Faci	ility
Орегатоп	- TOH-MIOTORIST			210070			+				+	+				
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	<u> </u>															



Crash Narrative:

(Continued on next page)

On Wednesday, June 16, 2021 while assigned to Traffic unit N525, I responded to the front entrance of the Brown Middle School located at 125 Meadowbrook Road in Newton for a single vehicle crash involving a City of Newton contracted school bus. It was also reported by Newton Dispatch that one of the occupants on the bus had suffered an arm injury as a result of the crash. Meadowbrook Road is a public way maintained by the City of Newton. The road surface at the time of the crash was clear and sunny.

When I arrived, I was updated by Officer Iarossi that the crash involved a City of Newton contracted school bus transporting students from the Williams School (141 Grove Street, Newton). The students were participating in "Step Up" day and were leaving Brown to go back to Williams. Officer Iarossi stated a

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	ription of Damag	ed Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)				35
Carrier Name						Carrier Issui	ng Authority Coo	
Address			City			St	Zip	
US DOT #:	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

MICHAEL R GAUDET			NEWTON POLICE DEPARTM		06/16/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	→ Direction 1	■ Vehicle 1	2 =Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: → 1	→	2	₽ ĝ			
			<u> </u> 	<u> </u> 	I	Crash <u>Did Not</u> (n a Public Way:	Occur
						Off-Street Parking	g Lot
		 				Garage	
		į	į	į		Mall/Shopping Ce	enter
		-		+		Other Private Way	,
				+	Inc	licate North by A	rrow
			 -			\bigcirc	
Crash Narrative:							
student on the bus was in	jured as a resu	lt of the cra	sh. Tegan Qui	irk was t	ransported by	Fallon Medica	s to
Newton Wellesley Hospital	with a right a	rm injury. 7	The remaining s	students	that were on	the bus report	ted no
injuries to staff at the	time and were m	oved to anoth	ner bus to be t	transport	ed back to the	e Williams Sch	hool.
I asked the Brown s	taff that was a	ssembled in f	front of the so	chool to	contact the W	illiams School	l and
ask them to hold the chil	dren involved i	n the crash a	at the school of	once they	arrived. I	made this requ	uest so
we could make sure there	weren't any new	injuries rep	ported; and I w	wanted to	inquire if a	ny of the ch	ildren
witnessed the incident.	The staff state	d they would	contact Willia	ams and r	elay the reque	est.	
I spoke with the op	erator of the s	chool bus (MF	A BUN: BU44536)	, Mr. Jo	nn Aubert (S4	3613114).	
Mr. Aubert stated he wa	s operating bus	#361 while t	cransporting st	tudents f	rom Brown Mid	ile School to	the
(Continued	on next page)						
W itnesses: Name (Last, First, Middle)		Address			Phone	\ #	Statement
Name (Last, First, Middle)		Address			FIIOIIE	: #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)			
Carrier Name					Carrier Is	suing Authority Cod	e 35
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC#:_		Interstate	36
37	oss Vehicle Weight	38					
Trailer Reg #:	_				39	7	
	Reg Type	Reg State	Reg Year	Trs	iler Length		
Hazmat Information:	Reg Type	Reg State	Reg Year	Tra	iler Length		
Hazmat Information: Placard 40 Material 1 digit	41		Reg Year		iler Length		42

Department

Signature

Date

Precinct/Barracks

Crash Diagram:	Direction 1=	Vehicle 1 2	₽Pedestrian → ♀	
		- — — — — — -	 	If Crash <u>Did Not</u> Occur on a Public Way:
				☐ Off-Street Parking Lot
	_		<u> </u>	☐ Garage
				☐ Mall/Shopping Center
	- — — — — — —		+	☐ Other Private Way
	- — — — — — —			Indicate North by Arrow
	- - - -		 	
Crash Narrative:				
Williams School. Mr. A	ubert stated as he w	was preparing to leav	re Brown, he made an	announcement to students
on the bus to sit down.	Mr. Aubert stated	he got the okay to 1	eave from one of the	e staff members on the bus
Mr. Aubert stated the	re was another bus p	parked in front of hi	m prior to leaving.	Mr. Aubert stated he
began to reverse the bu	s to create distance	from the bus in from	ont of him, and then	operated the bus forward
to exit from his position	on on the right side	of the road and mer	ge into the travel 1	lane to his left around the
bus parked in front of	him.			
Mr. Aubert stated	as he merged onto t	the roadway, he heard	screaming from the	students on the bus and

Mr. Aubert stated as he merged onto the roadway, he heard screaming from the students on the bus and the rear passenger side of the bus made contact with a brick support column in front of the school positioned along the sidewalks edge next to the roadway. Mr. Aubert stated he exited the bus and observed a student's

(Continued or	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	!	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	on of Damag	ged Property	
	•		-					
Truck and Bus Information:	Registration #		(From Vehic	cle Section)				25
Truck and Bus Information: Carrier Name			(From Vehi	cle Section)		Carrier Issu	ning Authority Coo	35 le
Carrier Name			_ City			St	Zip	
Carrier Name Address US DOT #:	State Number		_ City			St	Zip	le
Carrier Name Address US DOT #:			_ City			St	Zip	le
Carrier Name Address US DOT #:	State Numbers Vehicle Weight	38	_ City Issuing State	ICC#:_		St	Zip	le
Carrier Name Address US DOT#:	State Numbers Vehicle Weight	38	_ City Issuing State	ICC#:_		St	Zip	le
Carrier Name	State Numbers Vehicle WeightReg Type	38 Reg State	_ City Issuing State	ICC#: Tra	ailer Lengtl	St	Zip _ Interstate	le

MICHAEL R GAUDET			NEWTON POLICE DEPARTM		06/16/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	Direction 1 =	Vehicle 1 2	₹Vehicle 2	Pedesti	ian	
Crash Diagram:	ie: → 1	2	→	· ĝ	_	
					If Crash <u>Dic</u> on a Public \	
					☐ Off-Street	Parking Lot
					Garage	
	i				□ Mall/Shop	oning Center
	 				Other Priv	
					Indicate Nort	th by Arrow
		 		 		
Crash Narrative:						
arm pinned on the rear pas	senger side of	the bus betw	een the side o	f the bu	s and the brick column	n. Mr. Aubert
stated he got back in the	bus and reverse	d it until t	he students ar	m was fr	ee. Mr. Aubert state	d at this
time, staff helped the inj	ured student. T	he staff the	re helped faci	litate t	ransportation for the	remaining
students back to the Willi	ams School. Mr	. Aubert rep	orted no injur	ies, but	was concerned for the	e welfare of
the student.						
After speaking with	Mr. Aubert, I ol	bserved dama	ge to the scho	ol bus a	nd the brick support	column as a
result of the crash. I ob	served fresh da	mage (scrape	s) to the rear	passeng	er side of the school	bus
between the last passenger	: side window and	d the back o	f the bus. I	also obs	erved fresh damage to	the brick
support column. The column	n is a support	to an overhe	ad covering th	at runs	from the sidewalk to	
	on next page)	to an overhe	ad covering th	at runs	from the sidewalk to	
(Continued of Witnesses:			ad covering th	at runs		the front
(Continued o		Address	ad covering th	at runs	Phone #	
(Continued of Witnesses:			ad covering th	at runs		the front
(Continued of Witnesses:			ad covering th	at runs		the front
(Continued of Witnesses:			ad covering th	at runs		the front
(Continued of Witnesses: Name (Last, First, Middle)			ad covering th	at runs 34-Type		Statement
Witnesses: Name (Last, First, Middle) Property Damage:	on next page)				Phone #	Statement
Witnesses: Name (Last, First, Middle) Property Damage:	on next page)				Phone #	Statement
(Continued of Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle)	Address	Address	Phone #	34-Туре	Phone #	Statement
Witnesses: Name (Last, First, Middle) Property Damage:	Address Registration #	Address	Phone #	34-Туре	Phone # Description of Damaged Prope	Statement Statement 35
Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name	Address Registration #	Address	Phone #	34-Type	Phone # Description of Damaged Prope Carrier Issuing Autho	Statement Statement 35
Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address	Address Registration#	Address	Phone # (From Vehi	34-Type	Phone # Description of Damaged Prope Carrier Issuing Autho St Z	Statement Statement orty rity Code 35
(Continued of Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #:	Address Registration#	Address	Phone # (From Vehi	34-Type	Phone # Description of Damaged Prope Carrier Issuing Autho St Interst	Statement Statement orty rity Code 35
(Continued of Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code Trailer Reg #:	Address Registration # State Number oss Vehicle Weight	Address 38	Phone # (From Vehi City Issuing State	34-Type cle Section) ICC #:	Phone # Description of Damaged Prope Carrier Issuing Autho St Z Intersta	Statement Statement orty rity Code 35
(Continued of Witnesses: Name (Last, First, Middle) Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code 37 Gro	Address Registration # State Number oss Vehicle Weight Reg Type	Address Address Reg State	Phone # (From Vehi City Issuing State Reg Year	34-Type cle Section) ICC #: Tr	Phone # Description of Damaged Prope Carrier Issuing Autho St Z Intersta	Statement Statement orty rity Code 35 rip ate 36

-	Direction 1	Vehicle 1 2	Vehicle 2	₽Pedest	rian		
Crash Diagram:	ie: → 1	2	□ →	₽ Ŷ			
						If Crash <u>Did No</u> on a Public Way	I .
	_		- — — 🕌 -			☐ Off-Street Park	ing Lot
						☐ Garage	
						☐ Mall/Shopping	Center
						☐ Other Private V	Vay
Crash Narrative: entrance of the school. The taken of the damage and sul access road that runs from the Brown Middle School and I responded to the Wistudents that were involved of the Williams School, Ms (School Nurse) about the school field the parents of the Middle School Runse)	Meadowbrook Rod the Oak Hill illiams School d in the crash Ayesha Farag, tudents on the	IT Bureau. and to the from Middle School to follow up had been related to the Ms. Michal bus. They	The travel la ont of the sc 1. with staff t eased prior t Shapiro (Soci	ne where hool, and here rega o my arri al Worker	the crash to exits onto	crash. All on the Matie Costello to them, and	tures were a one way t between f the rincipal o
(Continued or	n next page)						
W itnesses: Name (Last, First, Middle)		Address			Pł	none #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	Damaged Property	
Truck and Bus Information:	Registration #		(From Vel	hicle Section)			35
Carrier Name					Carri	er Issuing Authority (
Address			City		St_	Zip	
<u></u>	State Number		_ Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gros	s Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	39	
Hazmat Information: Placard 40 Material 1 digit #	41 Material Na	ame		_ Material 4	digit #	Release code	42

	→ Direction 1	Vehicle 1	2 =Vehicle 2	₽ Pedestrian	1	
Crash Diagram:	ie: →□	→ □	2	₽Ŷ		
					If Crash <u>Did</u> on a Public W	/ay:
					Off-Street F	Parking Lot
					☐ Mall/Shopp	oing Center
					☐ Other Priva	te Way
		-	+		Indicate North	n by Arrow
Crash Narrative:						
for all of the students						
					crash, Ms. Kimberly	
Ms. Tess McLean, and Ms School they accounted f					_	
One of the teachers r						
leave, but could not re					chers stated as the	
move, they heard scream	ing from the rear	of the bus,	looked back,	and saw a s	tudent's arm stuck o	utside the
window. After realizing	g the student was	injured, the	ey assisted w	ith helping	to free the student	from his
pinned position. They	helped the injure	d student unt	til EMS arriv	ed on scene.	They assisted the	remaining
(Continue	d on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		•				·
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Proper	ty
Truck and Bus Information:	Registration #		(From V	Vehicle Section)		
Carrier Name	registration "				Carrier Issuing Authori	ity Code 35
Address			City		St Zij	p
US DOT#:	State Number		Issuing State	ICC #:	Interstat	te 36
Cargo Body Type Code 37	Gross Vehicle Weight	38			39	
	Reg Type	Reg State	Reg Year	Traile	r Length	
Hazmat Information:						

MICHAEL R GAUDET NEWTON POLICE DEPARTM 06/16/2021 Police Officer Name (Please Print) ID/Badge # Precinct/Barracks Date Signature Department

Material 4 digit #_

Release code

Placard

Material 1 digit #

Material Name_

⊣	Direction 1 :	Vehicle 1 2	Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: → 1	2	→	· ĝ		
					If Crash <u>Did</u> on a Public W	
					☐ Off-Street P	arking Lot
					☐ Garage	
					☐ Mall/Shopp	ing Center
	. — — — —				☐ Other Privat	
	·		+-		Indicate North	by Arrow
Crash Narrative:						
students by directing them	away from the	crash and on	to another bus	for tra	nsportation back to Wi	lliams. The
three teachers reported no	injuries as a	result of the	e crash.			
I responded to the No	ewton Wellesley	Hospital Ped	diatric Emerge	ncy Room	to check on the statu	s of the
injured student, Tegan Qui	rk. I spoke wi	th Tegan and	his mother, K	athryn Q	uirk in his room. Whi	le
attempting to talk to Tegar	n and his mothe	r, Tegan beca	ame very upset	and did	not want to talk abou	t the
specifics of the crash. O	ut of courtesy	for Tegan, I	exited the ro	om and s	poke with his mother	outside the
room. I explained to Ms.	Quirk the event	s of the cras	sh, and how he	r son's	arm became injured. I	asked Ms.
Quirk if she could assist	me with facilia	ting a conve	rsation with To	egan abo	ut the events of the c	rash. I
explained to her I underst	ood how traumat	ic the events	s of the crash	were fo	r her son, but as part	of my
(Continued or	n next page)					
Witnesses:		1				1.
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Туре	Description of Damaged Propert	у
Truck and Pus Information						
Truck and Bus Information: Carrier Name	Registration #			cle Section)	Carrier Issuing Authori	ty Code 35
Address			City		St Zip)
US DOT #:	State Number		Issuing State	ICC #:_	Interstat	e 36
Cargo Body Type Code Gros	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length 39	
Hazmat Information:						
Placard 40 Material 1 digit #	Material Na	ime		Material 4	ligit # Release co	ode 42

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MICHAEL R GAUDET

		Vehicle 1 2	_‡Vehicle 2	Pedestri	an	
Crash Diagram:	ie: → 1	2	→	Ŷ.		
		<u> </u> 	<u> </u> 		If Crash <u>Di</u> on a Public	<u>d Not</u> Occur Way:
	_				Off-Street	Parking Lot
					☐ Garage	
	_			i	— — Mall/Shop	oping Center
					☐ Other Priv	ate Way
					Indicate Nor	th by Arrow
			+-	+		
)
Crash Narrative:		-		-	-	
investigation I would need	to find out wh	at led to Te	egan's arm bei	ng outsio	de the bus window at	the time of
the crash.						
While speaking to his	mother, Tegan	explained th	hat he was wav	ing to a	friend with his arm	out of the
bus window when the bus sta	rted to move.	Tegan stated	d his arm hit	the colum	nn, and became stuck	between the
bus and the column. Tegan	stated he was	screaming for	r the bus to me	ove and t	that it took forever	for the bus
to move so he could free hi	s arm. Tegan	stated the bu	us driver gave	no warr	ning to the students	that the bus
was going to start moving.						
The staff at Newton W	Wellesley Hospi	tal stated Te	egan has a rig	nt arm in	njury. The severity o	f the injury
is unknown at this time due	to further ex	amination tha	at needs to tal	ke place	I advised Ms. Quir	k about the
(Continued or	next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Prope	erty
Truck and Bus Information:	Registration #		(From Vehic	ele Section)		35
Carrier Name					Carrier Issuing Author	rity Code
Address			City		St Z	ip
	State Number	38	_ Issuing State	ICC #:	Interst	ate 36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	
Hazmat Information:						
Placard 40 Material 1 digit #	Material Na	me		Material 4 d	igit# Release	code 42
MICHAEL R GAUDET				POLICE DEPARTA		06/16/2021

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Precinct/Barracks

Date

	→ Direction	1 = Vehicle 1	2 =Vehicle 2	₽ Pedestria	an	
Crash Diagram:	ie: →	1	2	₽Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					— ☐ Off-Street Parkin	ng Lot
					☐ Garage	
				į	☐ Mall/Shopping (Center
		_			Other Private W	ay
					Indicate North by	Arrow
Crash Narrative:						
conversations I had wit						
					Public Schools to try and	
Brown Middle School or					: footage of the crash fro	om the
					etor) about the crash. M	
					bus. In the footage, the	
driver can be heard an	nouncing to the	students prio	r to the bus i	moving, "Gu	ys, guys, get off the se	eat and
sit correctly". One of	the teachers can	n be seen doi	ng a count of	the stude	ents. The teacher is hear	rd saying
to the student, "Everyo	ne needs to be in	n a seat and	sitting at 3 a	and 2 and 1	and thank you." Studen	t are
(Continue	d on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
2						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:				ehicle Section)		35
Carrier Name					Carrier Issuing Authority Co	ode
Address						36
US DOT#:		38	Issuing State	ICC #:	Interstate	
Cargo Body Type Code	Gross Vehicle Weight				39	
Trailer Reg #: Hazmat Information:	Reg Type	Reg State	Reg Year_	Trai	ller Length	
Placard 40 Material 1 d	igit # 41 Material	Name		Material 4 di	igit# Release code	42
MICHAEL R GAUDET			NEV	VTON POLICE DEPARTM	06/16/	2021

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Date

-	→ Direction	1 = Vehicle 1	2 =Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →□	1 -	2	> ♀			
			<u> </u>	<u> </u> 		rash <u>Did Not</u> Occ a Public Way:	ur
		<u> </u>				Off-Street Parking Lo	t
						Garage	
		j	į	İ		Mall/Shopping Cente	r
		- 				Other Private Way	
		- 			Indi	cate North by Arro	w
						\bigcirc	
Crash Narrative:							
observed still standing	up. The teache	er is then he	ard saying, "s	it down s	it down." After	r the teacher p	asses
the students in the back	of the bus, she	e says, "We a	re good." to	the front	of the bus.	Students are th	en
observed standing after s	he passes.						
As the bus begins t	o back up, stud	dents can be	observed stand	ing in th	e rear of the l	ous and not sit	ting
down on their seats. As	the bus moves i	forward, a s	tudent (Tegan	Quirk) ca	n be seen stand	ding on his	
seat and extending his ri	ght arm out of	the last win	dow on the pas	senger si	de of the bus.	Screaming can	then
be heard as his arm makes	contact with a	a support col	umn on the pas	senger si	de of the bus.	The bus is	
stopped, the driver exits	the bus to ass	ses what happe	end, gets back	on the b	us, and reverse	es the bus a sh	ort
distance. The injured st	udents right an	rm is release	d and he bring	s his arm	back into the	bus through th	.e
(Continued	on next page)						
W itnesses: Name (Last, First, Middle)		Address			Phone #	£ C+-	atement
Name (Last, First, Middle)		Address			Filone 7	310	atement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information:	Registration #		(From Vel	nicle Section)			
Carrier Name					Carrier Issu	uing Authority Code	35
Address			City		St	Zip	
US DOT #:						34	5
Cargo Body Type Code 37 G	ross Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length 39		
Hazmat Information: Placard 40 Material 1 digi	41 Material 1	Name		Material 4	ligit#	Release code	42
		· · ·					
MICHAEL R GAUDET			NEWT	ON POLICE DEPARTM		06/16/2021	

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Precinct/Barracks

	→ Direction	_1 ■ Vehicle	1 _	2 =Vehicle 2	₽Pedest	rian		
Crash Diagram:	ie: →□	1	→ [2	→Ŷ			
							If Crash <u>Did Not</u> on a Public Way:	_Occur
		_		<u>_</u>			☐ Off-Street Parkir	ng Lot
		_		<u> </u>	<u> </u>		☐ Garage	
				 			☐ Mall/Shopping (Center
							☐ Other Private Wa	ay
	- — — — — — —			 	 		Indicate North by	Arrow
				 			\bigcirc	
Crash Narrative:								
window. The amount of	time between the	students	arm	being pinn	ed against t	the column	to when it is re	eleased
is approximately 40 second	onds.							
After speaking wi	th all parties i	nvolved a	nd r	eviewing the	e footage fr	om inside	the bus, it appe	ears that
Bus #361 was pulling ou	t of it's parked	position	in	front of the	e Brown Midd	lle School	to enter the roa	adway and
return students to the I								
the bus extended his rig								
arm was extended out of	-							
column affixed to the s								
students right arm made		brick sup	port	column and	became pinn	led between	the column and	tne
	d on next page)							
W itnesses: Name (Last, First, Middle)		Address					Phone #	Statement
Property Damage:				- I - II - II				
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description o	of Damaged Property	
Truck and Bus Information:	Registration # _			(Fron	n Vehicle Section)			
Carrier Name						Ca	rrier Issuing Authority Co	ode 35
Address				City		S	t Zip	
US DOT #:	State Number			Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38						
Trailer Reg #:	Reg Type	Reg S	tate _	Reg Ye	ear Tr	ailer Length	39	
Placard 40 Material 1 di	git # 41 Material	Name			Material 4	digit#	Release code	42
							L	

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MICHAEL R GAUDET

1	→ Direction	1 =	Vehicle 1	2 =Vehic	e 2	Pedestr	ian		
Crash Diagram:	ie: →[1	4	2	→	Ŷ			
				<u> </u>				If Crash <u>Did Not</u> on a Public Way:	Occur
				_				☐ Off-Street Parkir	ng I ot
								☐ Garage	ig Lot
	— — — — — - 			_ +				☐ Mall/Shopping (Cantar
		_		_				Other Private Wa	
	 			_					
	į							Indicate North by	Arrow
					-+-				
				_				\perp	
Crash Narrative:									
passegner side of the bus									
to bring his arm back in	to the school l	ous	and was	transport	ed to Ne	wton Wel	lesley	Hospital for a righ	nt arm
injury.									
Witnesses:									
Name (Last, First, Middle)			Address					Phone #	Statement
Property Damage:									
Owner (Last, First, Middle)	Address			Phone	#	34-Type	Descripti	on of Damaged Property	
Truck and Bus Information:	Registration #				(From Vehi	icle Section)			
Carrier Name					_ `	· ·		Carrier Issuing Authority Co	35 de
Address				City				St Zip	
US DOT #:	State Number			Issuing	g State	ICC #:_		Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight		38						
Trailer Reg #:			Reg Stat	e l	Reg Year	Tr	ailer Lengt	39	
Hazmat Information:				 .		71			
Placard 40 Material 1 dig	it # 41 Materia	l Nan	ne			Material 4	digit#	Release code	42
MICHAEL R GAUDET					NEWTO	N POLICE DEPARTI	١	06/16/	2021

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