

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/16/2021		Time of Crash 12:35 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 5 Latitude Longitude		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# Direction Name of Roadway/Street At				NORTH 125 MEADOWBROOK RD								1	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number								10	
Route# Direction Name of Intersecting Roadway/Street				Route# Intersecting Roadway/Street Feet N S E W of Landmark								11	
Vehicle 1 39 #Occupants		Hit/Run		Moped		Case Number 2100000437						1	
License # St MA DOB/Age				Reg # BU44536 Reg Type BUN Reg State MA				Sex M Lic. Class B 18 18 Lic. Restrictions 1 19 CDL P				12	
Operator AUBERT JOHN MARTIN				Veh Year 2020 Veh Make THMS Veh Config. 4 20				Owner EASTERN BUS COMI				1	
Address 21 WHITMAN RD				Address PO BOX 514				City WATERTOWN State MA Zip 02472				13	
City WATERTOWN State MA Zip 02472				City SOMERVILLE State MA Zip 02143				Vehicle Action Prior to Crash 7 21				23	
Insurance Company NATIONAL UNION FIRE INSURANCE				Event Sequence 23 22 22 22 22				Damaged Area Code: (Circle Up to Three)				1	
Vehicle Travel Direction: X S E W Responding to Emergency? N				Most Harmful Event 23 23				Driver Contributing Code 19 24 24				2	
Citation # (If Issued) N/A				Underride/Override 25 Towed N				Diagram				3	
Violation 1: Ch Sec Violation 2: Ch Sec				Violation 3: Ch Sec Violation 4: Ch Sec				10 Undercarriage 5 11 Totaled				4	
Please fill out for operator and all occupants involved				Name (Last First Middle) Address Age/DOB Sex				Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				5	
Operator See Above				99 4 99 0 0 10 1 N/A								6	
QUIRK, TEGAN 37 CORNELL STREET NEWTON, MA 02462				M 11 0 5 99 0 2 8 2 NEWTON WELLESLEY								7	
ANDERSON, KIMBERLY 425 VILLAGE STREET MILLIS, MA 02054				F 11 0 5 99 0 0 10 1 N/A								8	
MCLEAN, TESS 40 QUIMBY STREET WATERTOWN, MA 02472				F 11 0 5 99 0 0 10 1 N/A								9	
Please Select One of the Following: Vehicle #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped												10	
License # St DOB/Age				Reg # Reg Type Reg State				Sex Lic. Class 18 18 Lic. Restrictions 19 CDL				11	
Operator				Veh Year Veh Make Veh Config. 20				Owner				12	
Address				Address				City State Zip				13	
City State Zip				Vehicle Action Prior to Crash 21				Damaged Area Code: (Circle Up to Three)				14	
Insurance Company				Event Sequence 22 22 22 22				Diagram				15	
Vehicle Travel Direction: N S E W Responding to Emergency?				Most Harmful Event 23				Driver Contributing Code 24 24				16	
Citation # (If Issued)				Underride/Override 25 Towed				10 Undercarriage 5 11 Totaled				17	
Violation 1: Ch Sec Violation 2: Ch Sec				Violation 3: Ch Sec Violation 4: Ch Sec								18	
Please fill out for operator and all occupants involved				Name (Last First Middle) Address Age/DOB Sex				Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				19	
Operator/Non-Motorist See Above												20	
												21	
												22	
												23	

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AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				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 _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____								11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Landmark _____									
<input checked="" type="checkbox"/> Vehicle 1 39 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000437							
License # _____ St MA DOB/Age _____				Reg # BU44536 Reg Type BUN Reg State MA									
Sex M Lic. Class B 18 18 Lic. Restrictions 1 19 CDL P				Veh Year 2020 Veh Make THMS Veh Config. 4 20									
Operator AUBERT JOHN MARTIN				Owner EASTERN BUS COMI								12	
Address 21 WHITMAN RD				Address PO BOX 514									
City WATERTOWN State MA Zip 02472				City SOMERVILLE State MA Zip 02143									
Insurance Company NATIONAL UNION FIRE INSURANCE				Vehicle Action Prior to Crash 7 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 23 22 22 22 22				2 3 4					
Citation # (If Issued) N/A				Most Harmful Event 23 23				1 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 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		-----		---					
O'LEARY, KATHERINE				21 HOMEWOOD ROAD WEST ROXBURY, MA 02132		-----		F		11 0 5 99 0 0 10 1		N/A	
BALUSU, SREEHAAS				2310 COMMONWEALTH AVENUE (apt 1-5) NEWTON, MA 02466		-----		M		11 0 5 99 0 0 10 1		N/A	
CHAN, ANDREW, ERIC				10 PIERREPONT ROAD NEWTON, MA 02462		-----		M		11 0 5 99 0 0 10 1		N/A	
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #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 _____ DOB/Age _____				Reg # _____ Reg Type _____ Reg State _____									
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____ Veh Make _____ Veh Config. 20									
Operator _____				Owner _____									
Address _____				Address _____									
City _____ State _____ Zip _____				City _____ State _____ Zip _____									
Insurance Company _____				Vehicle Action Prior to Crash 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence 22 22 22 22				2 3 4					
Citation # (If Issued) _____				Most Harmful Event 23				1 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed _____				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		-----		---					

Commonwealth of Massachusetts

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Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 39 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000437		
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City WATERTOWN State MA Zip 02472			City SOMERVILLE State MA Zip 02143			Insurance Company NATIONAL UNION FIRE INSURANCE			Vehicle Action Prior to Crash 7 21 Damaged Area Code: (Circle Up to Three)		
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Please fill out for operator and all occupants involved											
Name (Last First Middle) Address Age/DOB Sex			Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								
Operator See Above			---			---			---		
WRIGHT, SAMUEL, DAVID 21 ITHACA CIRCLE NEWTON, MA 02462			---			M 11 0 5 99 0 0 10 1 N/A					
ABEND, TYLER, TOBY 329 CENTRAL STREET NEWTON, MA 02466			---			M 11 0 5 99 0 0 10 1 N/A					
ANYANWU, CHINWEIKEM, JAAZIEL 1942 WASHINGTON STREET (apt 26) NEWTON, MA 02466			---			M 11 0 5 99 0 0 10 1 N/A					
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 DOB/Age ---			Reg # --- Reg Type --- Reg State ---			Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL ---			Veh Year --- Veh Make --- Veh Config. 20		
Operator ---			Owner ---			Address ---			Address ---		
City --- State --- Zip ---			City --- State --- Zip ---			Insurance 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			Citation # (If Issued) ---			Most Harmful Event 23 23		
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24			Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed ---		
Please fill out for operator and all occupants involved											
Name (Last First Middle) Address Age/DOB Sex			Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								
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Operator			See Above									
GORMLEY, MARGARET, JEANNE			61 CENTRAL STREET NEWTON, MA 02466			F 11 0 5 99 0 0 10 1			N/A			
HENRY, JUNE, KATHERINE			46 OAKLAND AVENUE NEWTON, MA 02466			F 11 0 5 99 0 0 10 1			N/A			
HUTCHINSON, NOAH, JOHN			565 BOYLSTON STREET NEWTON, MA 02459			M 11 0 5 99 0 0 10 1			N/A			
Please Select One of the Following:			<input type="checkbox"/> Vehicle #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 DOB/Age			Reg # Reg Type Reg State			Sex Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year Veh Make Veh Config. 20			
Operator			Owner			Address			Address			
City State Zip			City State Zip			Insurance 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			Citation # (If Issued)			Most Harmful Event 23			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24			Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed			
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Operator/Non-Motorist			See Above									

→ 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:

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 dry. The weather 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

(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 DEPART

06/16/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

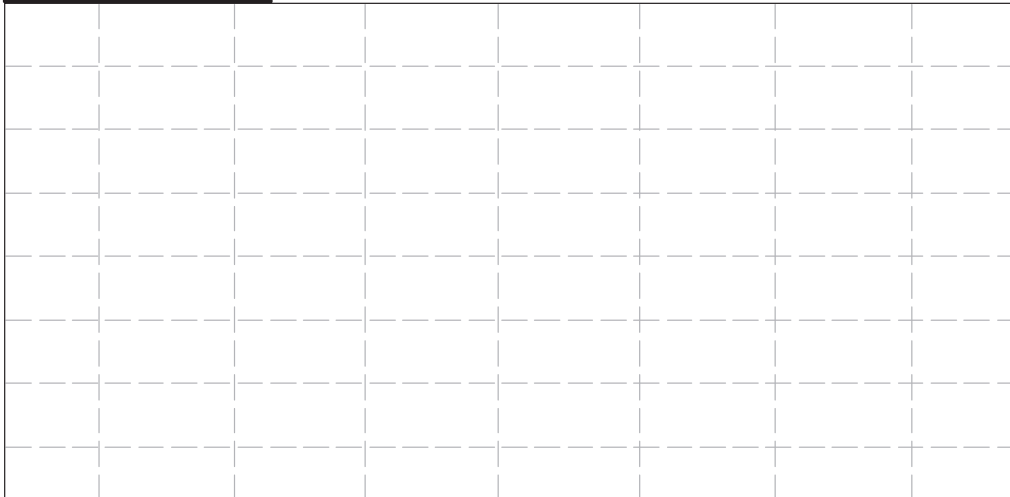
Precinct/Barracks

Date

→ 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:

student on the bus was injured as a result of the crash. Tegan Quirk was transported by Fallon Medics to Newton Wellesley Hospital with a right arm injury. The remaining students that were on the bus reported no injuries to staff at the time and were moved to another bus to be transported back to the Williams School.

I asked the Brown staff that was assembled in front of the school to contact the Williams School and ask them to hold the children involved in the crash at the school once they arrived. I made this request so we could make sure there weren't any new injuries reported; and I wanted to inquire if any of the children witnessed the incident. The staff stated they would contact Williams and relay the request.

I spoke with the operator of the school bus (MA BUN: BU44536), Mr. John Aubert (S48613114).

Mr. Aubert stated he was operating bus #361 while transporting students from Brown Middle School to the

(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

06/16/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

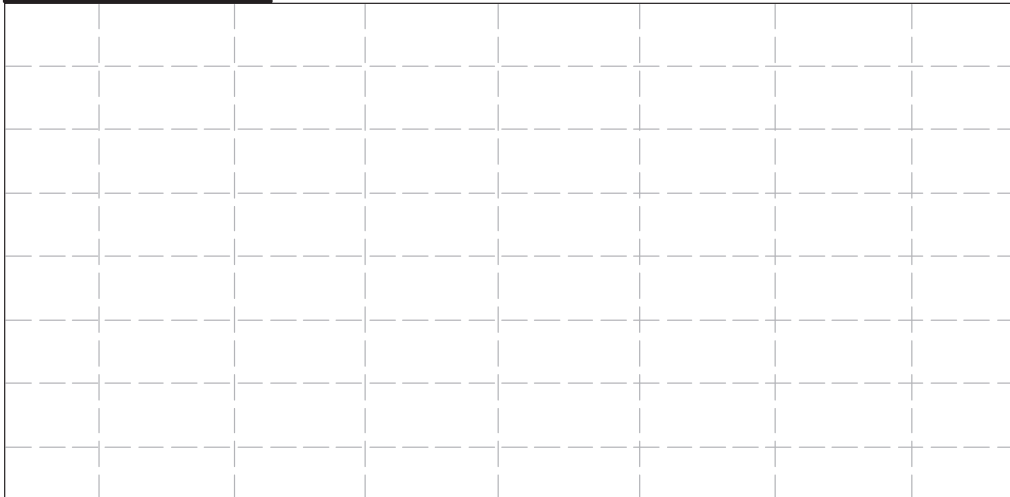
Precinct/Barracks

Date

→ 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:

arm pinned on the rear passenger side of the bus between the side of the bus and the brick column. Mr. Aubert stated he got back in the bus and reversed it until the students arm was free. Mr. Aubert stated at this time, staff helped the injured student. The staff there helped facilitate transportation for the remaining students back to the Williams School. Mr. Aubert reported no injuries, but was concerned for the welfare of the student.

After speaking with Mr. Aubert, I observed damage to the school bus and the brick support column as a result of the crash. I observed fresh damage (scrapes) to the rear passenger side of the school bus between the last passenger side window and the back of the bus. I also observed fresh damage to the brick support column. The column is a support to an overhead covering that runs from the sidewalk to the front

(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

06/16/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ 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:

entrance of the school. There was fresh paint transfer from the bus and a crack in the column. Pictures were taken of the damage and submitted to the IT Bureau. The travel lane where the crash took place is a one way access road that runs from Meadowbrook Road to the front of the school, and exits onto a parking lot between the Brown Middle School and the Oak Hill Middle School.

I responded to the Williams School to follow up with staff there regarding this crash. All of the students that were involved in the crash had been released prior to my arrival. I spoke with the Principal of the Williams School, Ms. Ayesha Farag, Ms. Michal Shapiro (Social Worker), and Ms. Katie Costello (School Nurse) about the students on the bus. They stated no injuries were reported to them, and they notified the parents of the involved parties about the crash. They also provided me with contact information

(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

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Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

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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

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 →

	If Crash <u>Did Not</u> Occur on a Public Way:	
	<input type="checkbox"/> Off-Street Parking Lot	
	<input type="checkbox"/> Garage	
	<input type="checkbox"/> Mall/Shopping Center	
	<input type="checkbox"/> Other Private Way	
	Indicate North by Arrow	
		

Crash Narrative:

students by directing them away from the crash and onto another bus for transportation back to Williams. The three teachers reported no injuries as a result of the crash.

I responded to the Newton Wellesley Hospital Pediatric Emergency Room to check on the status of the injured student, Tegan Quirk. I spoke with Tegan and his mother, Kathryn Quirk in his room. While attempting to talk to Tegan and his mother, Tegan became very upset and did not want to talk about the specifics of the crash. Out of courtesy for Tegan, I exited the room and spoke with his mother outside the room. I explained to Ms. Quirk the events of the crash, and how her son's arm became injured. I asked Ms. Quirk if she could assist me with facilitating a conversation with Tegan about the events of the crash. I explained to her I understood how traumatic the events of the crash were for her son, but as part of my

(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

Crash Narrative:

investigation I would need to find out what led to Tegan's arm being outside the bus window at the time of the crash.

While speaking to his mother, Tegan explained that he was waving to a friend with his arm out of the bus window when the bus started to move. Tegan stated his arm hit the column, and became stuck between the bus and the column. Tegan stated he was screaming for the bus to move and that it took forever for the bus to move so he could free his arm. Tegan stated the bus driver gave no warning to the students that the bus was going to start moving.

The staff at Newton Wellesley Hospital stated Tegan has a right arm injury. The severity of the injury is unknown at this time due to further examination that needs to take place. I advised Ms. Quirk about the

(Continued on next page)

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

MICHAEL R GAUDET			NEWTON POLICE DEPARTM		06/16/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					

Crash Narrative:

conversations I had with the other parties involved.

I spoke with Mr. David Stickney (Head of Facilities) from the Newton Public Schools to try and obtain footage of the crash. Mr. Stickney stated unfortunately there is not footage of the crash from the Brown Middle School or Oak Hill Middle School surveillance cameras.

I advised Ms. Regina Moody (Newton Public Schools Transportation Director) about the crash. Ms. Moody was able to show me footage of the incident from the camera inside the bus. In the footage, the bus driver can be heard announcing to the students prior to the bus moving, "Guys, guys, get off the seat and sit correctly". One of the teachers can be seen doing a count of the students. The teacher is heard saying to the student, "Everyone needs to be in a seat and sitting at 3 and 2 and 1 and thank you." Student are

(Continued on next page)

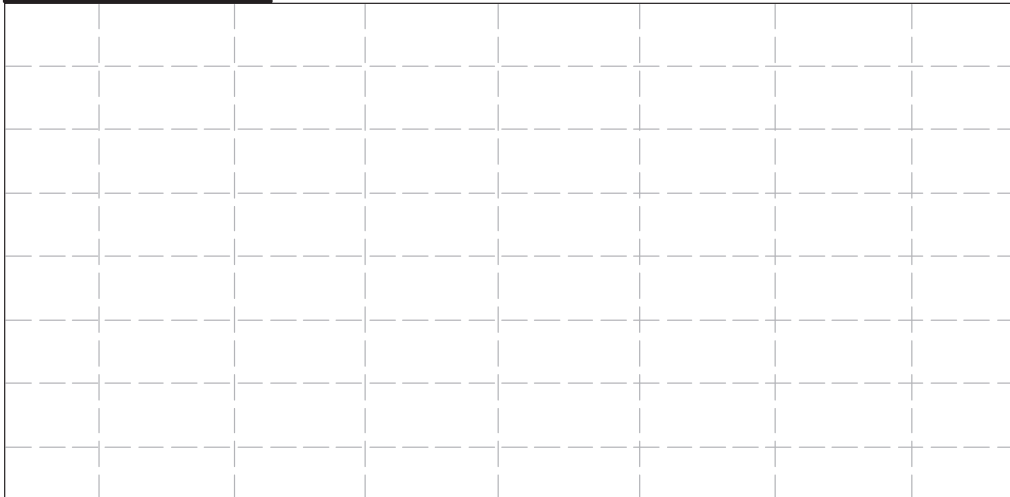
Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

MICHAEL R GAUDET			NEWTON POLICE DEPT		06/16/2021
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:

window. The amount of time between the students arm being pinned against the column to when it is released is approximately 40 seconds.

After speaking with all parties involved and reviewing the footage from inside the bus, it appears that Bus #361 was pulling out of it's parked position in front of the Brown Middle School to enter the roadway and return students to the Williams School. A student that was sitting in the last row on the passenger side of the bus extended his right arm out of a window next to his seat to say goodbye to a friend. While his right arm was extended out of the rear passenger side window of the bus , the bus collided with a brick support column affixed to the sidewalk in front of the school. When the bus made contact with the column, the students right arm made contact with a brick support column and became pinned between the column and the

(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 DEPART

06/16/2021

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
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- ☐ Garage
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- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

passenger side of the bus. After the student's arm was freed from its pinned position, the student was able to bring his arm back into the school bus and was transported to Newton Wellesley Hospital for a right arm injury.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

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

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