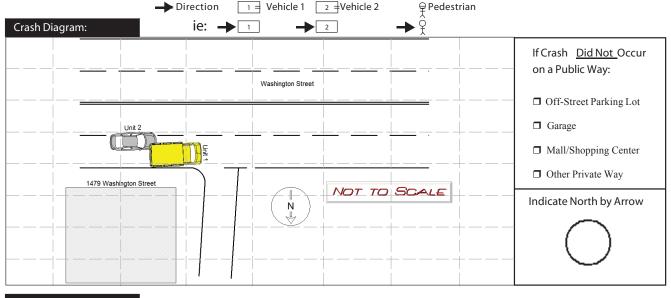
	Poli	ice Use Only		Commonwe	alth (	of Mass	ach	use	tts		RM	V Docu	ment Number		
	Date of Crash 09/01/2021	Time of Crash 13:39 24HR	NEWTON	MIULU		icle Cra Report	ash	Num Vehi 2	- 1	ured L	peed Lim atitude _ ongitude		State Police Local Police MBTA Police Other:	XI E	
			RSECTION:	<	LOCA		>						CTION:		
				_		WEST	14	179	WA	SHING	TON ST			1	
1 1	Route# Direc	tion	Name of	Roadway/Street		Route# Direct	ion A	ddress	#		Name of l	Roadway	//Street		
	At					Feet NSEW of or									
	Route# Direc	etion N	Name of Intersection	ng Roadway/Street			N ale	ا ا		ile Mark	er		Exit Number		
			Also at Inte	rsection with			N S E		Ro	ute#	Interse	cting Roa	adway/Street	-  -	
<sup>2</sup> <b>3</b>	Route# Direc	Route# Direction Name of Intersecting Roadway/Street					Feet N S E N of LEARNING PREP SCHOOL								
3											La	ndmark			
	Vehicle1	1_#Occupants		- 1 Cas	e Number			2100000	0658					4	
	License#	18 1	St M	A DOB/Age		SB37810				g Type_		Reg	State MA	_	
	Sex_M Lic.	Class B	Lic. Restriction	D		ear 2012		eh Mak	e_CHEV			_Veh Co			
4 1	Operator NEI		FANES	Middle		CITY OF BO			Fir	st		Middl	e	_   1	
		MAIN STREET		MA	_	1 (apt. 500)	CTTY H.	ALL S	QUAKE			MA	02204	-	
	City EVERET			ate MA Zip 02149		BOSTON			21				Zip 02201 Circle Up to The	 raa)	
5	1			E INSURANCE COMPANY	_	le Action Prior			2 21 22	2	aged Area	Code. (	4	166)	
		Direction: N	S E X Res	ponding to Emergency? N		Sequence 1	2					$\overline{\mathcal{A}}$	10 Undercar	riage	
	Citation # (If I	-		2. Ch Saa		Harmful Event	1	24	24	1 4	<b>-</b>   9		11 Totaled		
<sup>6</sup> 2	1	Violation 1: ChSecViolation 2: ChSec Violation 3: Ch Sec Violation 4: Ch Sec					Driver Contributing Code 1 27 8 7 Windows Towed N 8 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
	Please fill out for operator and all occupants involved				Onder	26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.									
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex	Pos. Sy	ystem Status	Switch C	ouc couc	Status C	Ode Medical Faci		
	Spermer			555710075					. 4	99	, 0	0 2	ALMIGAMELL		
7															
1	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupan	ts Non-Motorist A T	уре	Action	15 Lo	cation	16	Condition	17	Пн	lit/Run Mo	ped	
	License# St MA DOB/Age				_ Reg#	Reg # CS12BM Reg Type PAS Reg State MA						State MA	_		
	Sex M Lic. Class D 18 18 Lic. Restrictions 19 CDL Endorsment				_ Veh Y	Veh Year 2018   Veh Make NISSAN     Veh Config.   1									
8 <b>2</b>	Operator SIMON ALLEN M					Owner (Same as operator)  Last First Middle								_	
	Address 112 ARBORETUM WAY					Address								-	
	City CANTON State MA Zip 02021					CityStateZip								-	
	Insurance Company GEICO					Vehicle Action Prior to Crash  1  Damaged Area Code: (Circle Up to Three)  21  Damaged Area Code: (Circle Up to Three)  3 4								ree)	
	Vehicle Travel Direction: N S E N Responding to Emergency? N Responding to Emergency? N					Event Sequence 1 10 Undercarriage							тіаде		
	Citation # (If Issued) N/A  Violation # Ch. See Wieleting 2: Ch. See					Most Harmful Event 1 9 5 11 Totaled									
	Violation 1: Ch Sec Violation 2: Ch Sec Violation 4: Ch Sec					Driver Contributing Code 5 Towed Y 8 7 6  Underride/Override Towed Y									
				on 4: ChSec l occupants involved	Under	ride/Override				29 Airbag E	30 31 Frap	32	33	$\dashv$	
	Name (Last Fi	rst Middle)	- Sperator and at	Address		Age/DOB	Sex	Pos. S	System Statu	Switch	Code Code	Status 0	Code Medical Fac	ility	
	Operator/	Non-Motorist		See Above				1	4	99 (	0	10 1	l N/A	$\blacksquare$	
					·										



## Crash Narrative:

On Wednesday, September 1, 2021, while assigned to marked unit N525, I responded to the area of 1488

Washington Street, Newton for a report of a motor vehicle crash involving a school bus. The weather at the time of the crash was cloudy was light rain. The road surface was wet. Washington Street is a public way maintained by the City of Newton.

The operator of MV1, Fanes Nerestant (S47503048) stated he was operating a City of Boston owned

2012 Chevrolet School Bus (MA SBN: SB37810) west on Washington Street towards the Learning Prep. Mr.

Nerestant stated he slowed his vehicle down and put on his right direction to take a right turn into the

parking lot at 1488 Washington Street to pick up students at the Learning Prep School. Mr. Nerestant stated

he then felt impact from the back of the bus and heard a "boom". Mr. Nerestant was transported to Newton

(Continued on next page)									
Witnesses:									
Name (Last, First, Middle)		Address				Phone #	#	Statement	
Property Damage:								ı	
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desci	ription of Dama	ged Property		
Truck and Bus Information:	Pagistration #		(F V.1:	la Castion)					
Carrier Name			(From Vehic	e Section)		Carrier Issu	uing Authority Cod	35 le	
Carrier Name							-	le	
			City			St	Zip	le	
AddressUS DOT #:	State Number		City			St	Zip	le	
AddressUS DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	le	
AddressUS DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	le	
AddressUS DOT #:	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC#:Tr	railer L	St	Zip Interstate	le	

MICHAEL R GAUDET NEWTON POLICE DEPARTA 09/01/2021

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

-	→ Direction 1	Vehicle 1	2 ≢Vehicle 2	Pedestria	n	
Crash Diagram:	ie: 🕕 🛚	<b>→</b>	2	<b>P</b> ♀		
		   <u> </u>	<u> </u> 		If Crash <u>D</u> on a Public	id Not_Occur Way:
					Off-Stree	et Parking Lot
					Garage	
					☐ Mall/Sho	opping Center
					☐ Other Pri	vate Way
	 				Indicate No	rth by Arrow
				<del> </del> -		
Crash Narrative:						
Wellesley Hospital for n	eck and back pa	in. I observ	red minor dama	ge to the r	rear driver side bu	mper/fender
area. There were no othe	r occupants on t	the bus at th	ne time of the	crash.		
The operator of MV2	, Mr. Allen Simo	on (S44212695	5) stated he w	as operatir	ng his 2018 Nissan .	Altima
(MA: CS12BM) west on Wash	ington Street ne	ear 1488 Wash	nington Street	. Mr. Simo	on stated the school	l bus in
front of him in his trave	l lane abruptly	stopped to m	make a turn an	d he was ur	nable to avoid cras	hing into the
vehicle. MV2's front pas	senger side from	nt end sustai	ned heavy dam	age as a 1	result of the colli	son. Mr.
Simon reported no injurie	s. MV2 was remo	oved from th	ne roadway by	Tody's towi	ing. Mr. Simon sta	ted his
vehicle had a camera in i	t at the time of	f the crash a	and Mr. Simon	stated he w	would forward the f	ootage of the
crash to me.						
W itnesses:		1				<u> </u>
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		•				
Owner (Last, First, Middle)	Address		Phone #	34-Type D	escription of Damaged Prop	erty
Truck and Bus Information:	Registration #		(From Vel	nicle Section)		
Carrier Name					Carrier Issuing Auth	ority Code
Address			City		St	Zip
US DOT #:	_State Number		Issuing State	ICC #:	Inters	state 36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38				
Trailer Reg #:		Reg State	Reg Vear	Trail	ar Length	
Hazmat Information:	Reg Type	reg state	Keg i eaf_	11811	G Dengui	
Placard 40 Material 1 digit	# 41 Material N	[ame		Material 4 dig	tit# Release	e code 42

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)