

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 09/01/2021		Time of Crash 13:39 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 1		Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >				NOT AT INTERSECTION:				1 9			
Route# Direction Name of Roadway/Street At				WEST 1479 WASHINGTON ST Route# Direction Address # Name of Roadway/Street				1 10							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Mile Marker _____ Exit Number _____				2 11							
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Route# Intersecting Roadway/Street LEARNING PREP SCHOOL				2 2							
Landmark															
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000658									
License # --- St MA DOB/Age ---				Reg # SB37810 Reg Type SBN Reg State MA											
Sex M Lic. Class B 18 18 Lic. Restrictions M 19 CDL P Endorsment				Veh Year 2012 Veh Make CHEV Veh Config. 5 20											
Operator NERESTANT FANES Last First Middle				Owner CITY OF BOSTON Last First Middle								1 12			
Address 336 MAIN STREET				Address 1 (apt. 500) CITY HALL SQUARE											
City EVERETT State MA Zip 02149				City BOSTON State MA Zip 02201											
Insurance Company NATIONAL INTERSTATE INSURANCE COMPANY				Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)											
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4											
Citation # (If Issued) N/A				Most Harmful Event 1 23											
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N											
Please fill out for operator and all occupants involved												13 1			
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				1 4 99 0 0 8 2 NEWTON WELLESLEY											
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 MA DOB/Age ---				Reg # CS12BM Reg Type PAS Reg State MA											
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2018 Veh Make NISSAN Veh Config. 1 20											
Operator SIMON ALLEN M Last First Middle				Owner (Same as operator) Last First Middle											
Address 112 ARBORETUM WAY				Address											
City CANTON State MA Zip 02021				City State Zip											
Insurance Company GEICO				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)											
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4											
Citation # (If Issued) N/A				Most Harmful Event 1 23											
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 5 24 24											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y											
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				1 4 99 0 0 10 1 N/A											

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington Street

Unit 2

Unit 1

1479 Washington Street

NOT TO SCALE

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, 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:

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

MICHAEL R GAUDET

NEWTON POLICE DEPART

09/01/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

