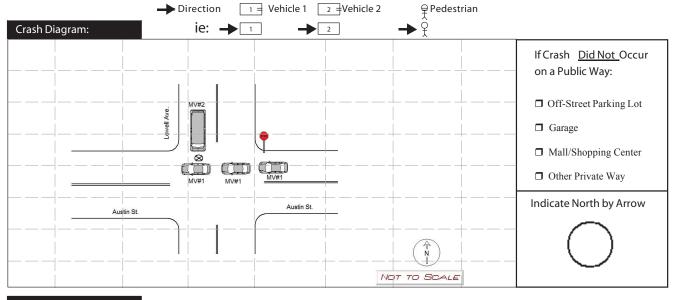
	Poli	ce Use Only		Commo	onwealth	of Massa	achu	iset	tts			RMV	Docui	ment Numbe	er	1
	Date of Crash 09/09/2021	Time of Crash 16:14	NEWTON	Гоwп	Motor Vel	hicle Cra Report	sh	Num Vehic		ımber jured	Latitu	Limit de itude_		State Police Local Police MBTA Pol Other:	e Die Kie	
		AT INTER	RSECTION	:		· •	>							CTION:		
		ALICTIA	NI CT													1 9
1 1	Route# Direct	tion		of Roadway/Street At		Route# Direction							oadway			2 10
			Feet [N S E	W of		 Iile Ma	• rker	— c	or	Exit Numbe	er				
	Route# Direc	etion N		ting Roadway/Street tersection with		Feet [1	N S E	W of		oute#	— In	tersect	ing Roa	ndway/Street		11
² 3		 ——		Feet NSEW of										3		
3	Route# Direct	tion	Name of Inter	secting Roadway/Str	reet							Lan	dmark			
2	XVehicle1	1_#Occupants	Hit/Ru	n Moped	Case Numbe	r	21	.00000	0682							
	License#	18 1	St Lic. Restrict	ons 1 CDI	Veh	1LLS36 Year 2007	Veh	ı Make						State MA	20	
4	Operator EMI	BROSKI	NICHOLA First	S Endo	orsment Own	er (Same as oper	rator)		Fi	wot			Middle			1 ¹²
2	Address 50 DI	NSMORE AVE	(apt. 107)	Mie		ess							wiiddie			
	City_FRAMIN	IGHAM		State_MA Zip_01										Zip		
	Insurance Com	pany GIECO			Vehi	cle Action Prior to	Crash	1	21	Da	maged	Area (Code: (Circle Up to	Three)	
5 1	Vehicle Travel	Direction: N	S E X	esponding to Emerge	ency? N Even	t Sequence 1 2	22 22	2	2 22	0		<u> </u>		4		
	Citation # (If Is	ssued)			Most	: Harmful Event	1 23			1	اے	9		10 Under	_	
	Violation	1: ChSec	Violati	on 2: ChSec_	Drive	er Contributing Co	ode 9	99 24	2.			1) Tribule	u	
⁶ 2	Violation	3: ChSec	c Violati	on 4: ChSec_	Unde	erride/Override	25	Т	owed N	8 		7		6		
	Please 1 Name (Last Fir. Operator		ator and all oc	cupants involved Ad See A	dress	Age/DOB	Sex F	os. Sy	27 28 afety Airba Statu 99 4	3 29 g Airbag s Switch 99	30 Eject Code 0	Code 8		33, ansp. ode Medical F	acility	1 13
⁷ 2	Please Select C of the Followin		2 <u>5</u> #Occup	ants Non-Mot	orist A Type	14 Action 1	5 Loca	ntion	16	Conditi	on _	17	Н	it/Run	loped	ļ
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	Sex_M Lic. 0	Class D 18 18	Lic. Restrict			Year 2019	Veh	ı Make	e_FORD				Veh Co		0	
8 1	Operator MA	HER	JOSEPH First		orsment Own	er JSC	t	TR	ANSPO	RTATI	ON		Middle			
_	Address 22 QU	JIMBY ST			Addi	ress 224 CALVAR	RYST									
	City WATER	TOWN		State MA Zip 024	472 City	WALTHAM						State_	MA	Zip <u>02453</u>		
	Insurance Com	pany NATIONA	AL INTERSTA	ГЕ	Vehi	cle Action Prior to	Crash	1	21	Da	maged	Area (Code: (Circle Up to	Three)	
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	Citation # (If Issued)				Most	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled										
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	Plo Name (Last Fi		operator and	all occupants invol	lved	Age/DOB			27 28 afety Airba system Stat	g Airbag us Switch	30 Eject Code	31 Trap I Code		33 ansp. Code Medical	Facility	ĺ
		Non-Motorist		See A					9 4	3.71101	0		10 1			
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Date of Crash 09/09/2021	Time of Crash 16:14	City/T NEWTON	own M		hicle Cra	\	Number /ehicles	Number Injured	1		L	ocal Police J IBTA Police J		
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Vehicle	#Occupants	Hit/Ru	Moped	6 11 1										
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1			n 2: ChSec		er Contributing C	ode 25	24	24 8		7				
			n 4: ChSec	Unde	Underride/Override Towed									
Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Pos	26 27 t Safety A System S	28 29 Jirbag Airbag Status Switch	Eject Tra Code Co	31 32 ip Injury de Status	33 Transp. Code	Medical Facility		
Operator			See Abo	ove										
Please Select (of the Followi	IX Vehicle	e2 <u>5</u> #Occupa	nts Non-Motori	ist A Type	14 Action	15 Location	on 1	6 Condit	ion	17	Hit/Ru	ın Mope		
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Operator MA		JOSEPH	Endorsn	nent	er JSC			PORTAT	ION	, 011	Jung			
Address 22 Q	Last	First	Middle		ress 224 CALVAI	st		First		Mi	iddle			
Address Z2 Q01WB131 City WATERTOWN State MA Zip 02472											State MA Zip 02453			
				-	Damaged Area Code: (Circle Unite									
Insurance Company NATIONAL INTERSTATE Vehicle Travel Direction: N E W Responding to Emergency? N Citation # (If Issued)					Event Sequence 1 22 22 22 22 22 2 3 4 Most Hampful Funct 23 10 Undercarriage									
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Name (Last F	irst Middle)	1	Addre	ess	Age/DOB	Sex Po	s. System	Status Swite	h Code C	np Injury ode Status		Medical Facilit		
	/Non-Motorist	36	See Abo	ve			-				-			
MURRAY, MA	ADISON		ALTHAM, MA 02453	3		F 5				10	1			



Crash Narrative:

On 9/9/21, at 1614 hrs, Newton Police and Fire personnel responded to Lowell Ave. at Austin S. for a motor vehicle accident involving a City of Newton student transportation van. Upon arrival, all involved parties including students reported no injuries. Each student's guardian was contacted and responded to the scene to sign a patient refusal and take custody of their child.

The operator of MV#1 stated he made a complete stop at the stop sign on Austin St. prior to crossing westbound over Lowell Ave. As MV#1 proceeded across the intersection he was struck on the passenger side by MV#2 (JCS transport van) which was traveling south on Lowell Ave. The operator of MV#2 stated he was traveling south on Lowell Ave. approaching the intersection of Austin St. when he observed MV#1 crossing westbound on Lowell Ave. The operator of MV#2 stated due to the rain and slick conditions he could not stop

(Continued or	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone #	‡	Statement
Property Damage:		•					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)			35
Truck and Bus Information:			`	,	Carrier Issu	uing Authority Coo	35 de
			`				
Carrier Name			City		St	Zip	
Carrier Name			City		St	Zip	de
Carrier Name	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_	St	Zip	de
Carrier Name Address US DOT #: Cargo Body Type Code 37 Gros	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_	St	Zip	de
Carrier Name	State Numbers Vehicle WeightReg Type	Reg State	City Issuing State Reg Year	ICC#: Tra	St	Zip Interstate	de

 DANIEL SOHN
 NEWTON POLICE DEPARTN
 09/09/2021

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

→	▶ Direction 1	yehicle 1 2	Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: → 🛚	→ 2	•	· Q		
					If Crash <u>Dic</u> on a Public \	
					☐ Off-Street	Parking Lot
					☐ Garage	
			į	į	☐ Mall/Shop	ping Center
				+	Other Priva	
		 		+	Indicate Nort	
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Crash Narrative:						
his vehicle in time prior t	to colliding i	nto MV#1.				
No damage was observed to N	N#2 (JCS tran	sportation va	n) however MV#	1 sustai	ned damage to its pass	senger
side front and rear door. H	Both vehicles	were able to	be driven from	m the sc	ene.	
Pictures of the damage were	e captured on	the N492 came	ra and will be	attache	d to this report. Bo	th operators
were given directions on ho	ow to obtain a	copy of this	report.			
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		•				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Prope	rty
T 10 6 11						
Truck and Bus Information:	Registration #		(From Vehic		Control Institut A. A.	35
Carrier Name					Carrier Issuing Author	
Address						ip
US DOT #:	State Number	38	Issuing State	ICC #:_	Intersta	ate
Cargo Body Type Code 37 Gross	s Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length 39	
Hazmat Information:						
Placard 40 Material 1 digit #	41 Material N	Name		Material 4 o	ligit # Release	code 42
DANIEL SOHN			NEWTO:	N POLICE DEPARTM		09/09/2021

ID/Badge #

Signature

Department

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)