

Commonwealth of Massachusetts

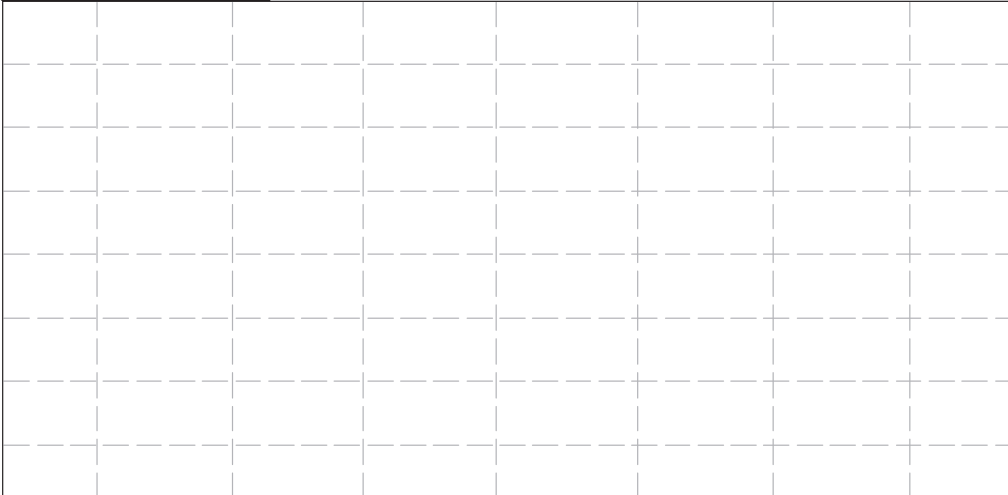
Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 11/03/2021	Time of Crash 13:08 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
WEST Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker _____ Exit Number _____								
SOUTH Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000900		
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>95S120</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Veh Year <u>2011</u> Veh Make <u>CHRYSLER</u> Veh Config. <u>1</u> <u>20</u>			Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____		
Operator <u>FORDYCE</u> <u>MADELINE</u> Last First Middle			Owner <u>FORDYCE</u> <u>CHRISTINE</u> <u>B</u> Last First Middle			Address <u>308 CYPRESS STREET</u>			City <u>NEWTON</u> State <u>MA</u> Zip <u>02459</u>		
Insurance Company <u>USAA CASUALTY</u>			Vehicle Action Prior to Crash <u>4</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>		
Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>N</u>			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>19</u> <u>24</u> <u>24</u>			Underride/Override <u>25</u> Towed <u>Y</u>		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Citation # (If Issued) _____		
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator			See Above			-----			---		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants										<input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u>	
License # _____ St <u>MA</u> DOB/Age _____										Reg # <u>1A6DJ</u> Reg Type <u>SPN</u> Reg State <u>MA</u>	
Sex <u>M</u> Lic. Class <u>B</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____										Veh Year <u>2022</u> Veh Make <u>THOMAS</u> Veh Config. <u>4</u> <u>20</u>	
Operator <u>ISME</u> <u>JEAN</u> <u>YONY</u> Last First Middle										Owner <u>EASTERN BUS COMI</u> Last First Middle	
Address <u>229 RIVERSIDE AVE (apt. 2)</u>										Address <u>PO BOX 514</u>	
City <u>MEDFORD</u> State <u>MA</u> Zip <u>02155</u>										City <u>SOMERVILLE</u> State <u>MA</u> Zip <u>02143</u>	
Insurance Company <u>UNION FIRE INS. CO. OF PA</u>										Vehicle Action Prior to Crash <u>2</u> <u>21</u>	
Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>N</u>										Damaged Area Code: (Circle Up to Three)	
Citation # (If Issued) _____										Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										Most Harmful Event <u>1</u> <u>23</u>	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>	
Underride/Override <u>25</u> Towed <u>N</u>										Citation # (If Issued) _____	
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator/Non-Motorist			See Above			-----			---		

JEREMY L WILSON		25227	NEWTON POLICE DEPT#11		11/03/2021
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:

off ramp of Boylston Street (WB) at Parker Street and turned left on to Parker St. He was then trying to take a left turn on to the Boylston Street (EB) on ramp but could not due to traffic congestion. At this point, he was rear ended by Vehicle # 1. I observed no dents or paint damage to the rear of the school bus.

I then spoke to the operator of Vehicle # 1 identified as Madeline Fordyce (MA D/L # SA3410026) who was operating a 2011 Chrysler 200 gray bearing MA reg. # 95S120 at the time. Ms. Fordyce stated she was behind the school bus coming off the westbound off ramp and was also making a left turn on to Parker Street. As she made the turn she noticed that the bus had stopped and attempted to brake, but she could not stop in time. The Chrysler sustained damage to the entire front bumper and the hood was pushed up. The vehicle was

(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

JEREMY L WILSON

25227

NEWTON POLICE DEPART

11/03/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

