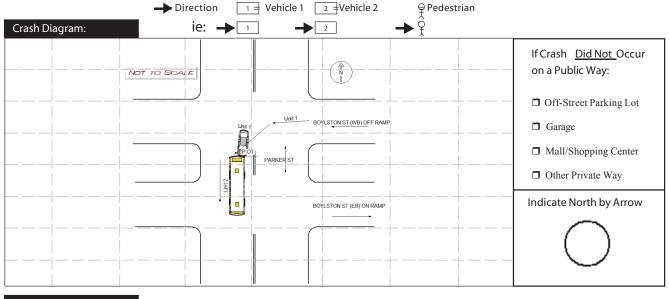
	Poli	ce Use Only		Common	wealth	of Ma	ssach	use	tts		I	RMV Do	cumei	nt Number	
	Date of Crash 11/03/2021	Time of Crash	City/To NEWTON	wn Mo	tor Ve	hicle C	rash		- 1	Number Injured	Speed Latitud	Limit <u>30</u>	SI	State Police Local Police MBTA Police	N Xi
	11/03/2021	13:08 24HR	NEWTON		Police	Repor	t	2		0	Longit			MBTA Police Other:	
		AT INTER	SECTION:	<	LOC	ATION	>			NOT	AT I	NTERS	SECT	TON:	$ \frac{1}{1}$
	WEST	Γ BOYLS	TON ST												-  -
1 1	Route# Direct	tion		Roadway/Street		Route# Dir	rection /	Address	#		Name	of Roady	way/Str	reet	2
	SOU		Feet NSEW of or								_ <del>  </del>				
	Route# Direc		Mile Marker Exit Number  Feet N S E W of								-				
			Also at Inter	section with						Route#	Inte	ersecting l	Roadwa	ay/Street	-  -
<b>2 2</b>	Route# Direct		Feet N S E W of									2			
3	_			cting Roadway/Street								Landma	ırk		$\dashv$
	XVehicle1	#Occupants	Hit/Run	Moped	Case Numb	er		210000	0900						_
	License#		St M		Reg	# <u>95S120</u>			F	Reg Type	PAN	I	Reg Sta	nte MA	_
	Sex_F Lic. 0	Class D 18 18	Lic. Restriction	S 1 19 CDL Endorsmer	Veh	Year_2011	V	eh Mak	ce_CHR	YSLER		Veh	n Confi	g. 20	
4	Operator FOR	RDYCE	MADELINE	Endorsmer	Owr	ner FORDYC	Last	CF	HRISTI	NE First		В	fiddle		- 1
3	Address 308 C	YPRESS STREE	T		Add	ress 308 CYPI	RESS ST						-		-   <del>-</del>
	City NEWTO	N	Sta	nte_MA Zip_02459	City	City NEWTON State MA Zip 02459									_
	Insurance Com	pany USAA CAS	SUALTY		Veh	icle Action Pri	or to Cras	h	4 21	Da	maged A	Area Cod	le: (Ciro	cle Up to Thr	ee)
5 <b>1</b>	Vehicle Travel	Direction: N	X E W Resp	onding to Emergency?	N Eve	nt Sequence	Sequence 1 22 22 22 22 24 4								
	Citation # (If Is	ssued)			Mos	t Harmful Eve	nt 1	23	-		_   `	9	5	10 Undercarr	riage
	Violation	1: ChSec_	Violation	2: ChSec	_ Driv	er Contributin	g Code	19 24	4	24				11 Totaled	
<sup>6</sup> 1	Violation	3: ChSec_	Violation	4: ChSec	Und	erride/Overrid	e E	25 T	Towed 1			7	6		
		fill out for opera	tor and all occu			A == /DOI		26 Seat 8	27 Safety Airl	28 29 bag Airbag itus Switch	30 Eject I	31 32 Trap Injury Code Status	2 33 Transp	). Madical Essil	ity 1
	Name (Last Fire	st Middle)		Address See Above	;	Age/DOI			Star Star Star Star Star Star Star Star	99		Code Status  0 10	Code 1	Medical Facil	ily -
7															
2	Please Select C of the Followi	IX Vehicle	2 <u>1</u> # Occupant	s Non-Motorist	A Type	14 Action	15 Lo	cation	16	Conditi	on	17	Hit/R	un Mop	ed
		9.	St M.	A DOD/4 =====	D.	,, 1A6DI		L		<b>.</b>	SPN		D (1)	. MA	-
	License#	R 18 18	8	19		Reg # 1A6DJ Reg Type SPN							Reg State MA		
8	Sex_M Lic. Class B Lic. Restrictions 1 CDL Endorsment YONY				nt .	Veh Year 2022 Veh Make THOMAS Veh Config. 4  Owner EASTERN BUS COMI									
2	Operator ISM	Last IVERSIDE AVE	First	Middle		Address PO BOX 514  PO BOX 514								-	
	City MEDFOI		City SOMERVILLE State MA Zip 02143								-				
	'					21	Da				cle Up to Thr	ee)			
		pany UNION FI		icle Action Pri			2		gvu /	3	4	oo op w mil			
	Vehicle Travel		Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								riage				
	Citation # (If Is														
		n 1: ChSe		Driver Contributing Code 1											
ا	Violation 3: ChSecViolation 4: ChSec Underride/Override Towed_IN														
	Name (Last Fi		operator and all	occupants involved  Address		Age/DC	B Sex	Seat S Pos.	27 Safety Airl System St	28 29 bag Airbag tatus Switch	30 Eject T Code	rap Injury Code Statu	/ Transp	).	lity
	Operator/	Non-Motorist		See Above					1 4	99	0	0 10	1		
l.															



## Crash Narrative:

On 11/03/21 at 13:08 hours, Retired Detail Officer Edrehi reported that there was a motor vehicle accident on Parker Street at Boylston Street involving a city transport school bus. Parker Street is a public way maintained and owned by the City of Newton. The weather at the time was sunny with some clouds and the road conditions were dry.

On arrival, both vehicles were moved away from the crash location and off to the side of the Boylston Street

(EB) on ramp in order to relieve traffic congestion. I spoke to the operator of the school bus (

Vehicle # 2) identified as Jean Isme (MA D/L# S05201694). Mr. Isme works for the Eastern Bus

Company which is contracted to transport children for the City of Newton public schools. At the time, he was operating a yellow 2022 Thomas School Bus bearing MA reg.# 1A6DJ. He states that he was traveling on 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 Damage	ed Property	
Truck and Bus Information:  Carrier Name EASTERN BUS COMPAN	Registration # 1A6DJ	(From Veh	icle Section)	Carrier Issuir	ng Authority Code	
Address 14 CHESTNUT ST		City_SOMERVILLE		St_MA	Zip_02143	
US DOT #: <u>895273</u> S	tate Number	Issuing State MASSAC ICC#: Interstate 2				
Cargo Body Type Code 1 37 Gross Trailer Reg #:	Vehicle Weight 2 38  Reg Type Reg State	Reg Year	Tr	ailer Lenoth		
Hazmat Information:		1105 1011		er Bengui		
Placard 40 Material 1 digit #	Material Name		_ Material 4 o	digit #	Release code 42	

→	▶ Direction 1	Vehicle 1 2	₹Vehicle 2	₽Pedestria	n	
Crash Diagram:	ie: → 1	2	_	₽Ŷ		
					If Crash <u>Did</u> on a Public W	
					Off-Street F	Parking Lot
					☐ Garage	
					☐ Mall/Shopp	ing Center
					☐ Other Priva	te Way
					Indicate North	n by Arrow
				<del>-</del>		
Crash Narrative:						
off ramp of Boylston Street	(WB) at Parke	er Street and	turned left	on to Parke	er St. He was then t	rying
to take a left turn on to t	the Boylston St	treet (EB) on	ramp but cou	ıld not due	e to traffic congesti	on.
At this point, he was rear	ended by Vehic	cle # 1. I ob	served no den	ts or paint	t damage to the rear	of the
school bus.						
I then spoke to the operator	or of Vehicle #	1 identifie	d as Madeline	Fordyce (N	MA D/L # SA3410026) w	ho was
operating a 2011 Chrysler 2	200 gray bearin	ng MA reg. #	95S120 at the	time. Ms.	. Fordyce stated she	was behind
the school bus coming off t	the westbound of	off ramp and	was also maki	ng a left t	turn on to Parker Str	eet. As
she made the turn she notic	ed that the bu	ıs had stoppe	d and attempt	ed to brake	e, but she could not	stop in
time. The Chrysler sustain	ned damage to t	the entire fr	ont bumper an	d the hood	was pushed up. The	vehicle was
(Continued or	next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		•				•
Owner (Last, First, Middle)	Address		Phone #	34-Type D	Description of Damaged Propert	ty
Truck and Bus Information:	Registration #		(From Ve	hicle Section)		
Carrier Name	Registration #		(110111 VC	,	Carrier Issuing Authori	ty Code 35
Address			City		St Zij	D
US DOT #:	State Number		Issuing State	ICC #:	Interstat	e 36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trail	er Length 39	
Hazmat Information:						
Placard 40 Material 1 digit #	41 Material Na	ame		Material 4 dig	git # Release co	ode 42
			,			14 los less :
Police Officer Name (Please Print)	Signature	25227		TON POLICE DEPARTM  epartment	Precinct/Barracks	11/03/2021 Date

_	Direction 1 :	Vehicle 1 2	_≠Vehicle 2	₹ Pedestriai	ı	
Crash Diagram:	ie: → 1	2	] →	Ŷ		
					on a Pub Off-St Garage Mall/S	reet Parking Lot
					,	$\smile$
Crash Narrative:						
towed by Tody's towing.						
No injuries reported and	digital photos w	ere taken of	the scene.			
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Marile (Last, 1 list, Middle)		Address			1 Hone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type D	escription of Damaged Pi	conorty
Owner (Last, 111st, Middle)	Address		THORE #	34-Type D	escription of Damaged Fi	operty
Touch and Double Commention			l .			
Truck and Bus Information:	Registration #		(From Veh	cle Section)		35
Carrier Name					Carrier Issuing A	uthority Code
Address			City		St	Zip
US DOT #:	State Number		Issuing State	ICC#:	In	terstate 36
37		38	_			
	oss Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material Na	ime		Material 4 dig	it# Rele	ease code 42
TEDENOVI MENOON		2525				44 (00 (000)
Police Officer Name (Please Print)	Signature	25227		on POLICE DEPARTM	Precinct/Barracks	11/03/2021 Date
i once officer rante (i lease i fill)	Signature		L Dauge if DC	an annone	1 recinct/ Darracks	Date