

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/07/2022		Time of Crash 14:08 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				WEST 755 DEDHAM ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Landmark _____								2	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000281						3	
License # --- St MA DOB/Age --- Sex M Lic. Class B 18 18 Lic. Restrictions 1 19 CDL _____ Operator JEROME CHARLES Address 6 MONSON ST City BROCKTON State MA Zip 02301 Insurance Company PILGRIM INSURANCE				Reg # SB42994 Reg Type SBN Reg State MA Veh Year 2017 Veh Make IC Veh Config. 4 20 Owner LOCAL MOTION Address 66B ROCSAM PK RD City BRAINTREE State MA Zip 02184 Vehicle Action Prior to Crash 2 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								12	
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				 10 Undercarriage 11 Totaled								13	
Please fill out for operator and all occupants involved												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													
BLAKE, IOLA KAREN 10 JOYCE RD HYDE PARK, MA 02136													
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												7	
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator FENGLER ARIEL Address 35 PHILLIPS WAY City WESTWOOD State MA Zip 02090 Insurance Company AMICA				Reg # 4HW570 Reg Type PAN Reg State MA Veh Year 2009 Veh Make TOYOTA Veh Config. 1 20 Owner FENGLER KEITH GREGORY Address 35 PHILLIPS WAY City WESTWOOD State MA Zip 02090 Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 97 24 24 Underride/Override 25 Towed N								8	
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				 10 Undercarriage 11 Totaled									
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Operator/Non-Motorist See Above													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

755 Dedham Street

NOT TO SCALE

Unit 2

Unit 1

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 Thursday April 7th, 2022 at approximately 1408 hours I responded to the area of 755 Dedham Street or a motor vehicle accident involving a school bus. At the time of the accident the weather was cloudy and the road surface was dry. Dedham Street is a public way owned and maintained by the city of Newton.

Upon arrival I was informed that the school bus was not a city contracted bus and was from the town of Needham. There were no students on the bus at the time of the accident, just the bus driver identified as Charles Jerome and the bus monitor identified as Iola Karen Blake. Charles stated he was stopped in a line of traffic when the bus was struck from behind. No injuries were reported and there was minor damage to the rear end of the bus.

The operator of the other vehicle involved was identified as Ariel Fengler. Ariel stated she was traveling

(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 # SB42994 (From Vehicle Section)

Carrier Name LOCAL MOTION Carrier Issuing Authority Code 35

Address 66B ROCSAM PARK RD City BRAINTREE St MA Zip 02184

US DOT #: _____ State Number _____ Issuing State MASSA ICC #: _____ Interstate 2 36

Cargo Body Type Code 1 37 Gross Vehicle Weight 3 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

ANDREA M FERGUSON

NEWTON POLICE DEPART

04/07/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

