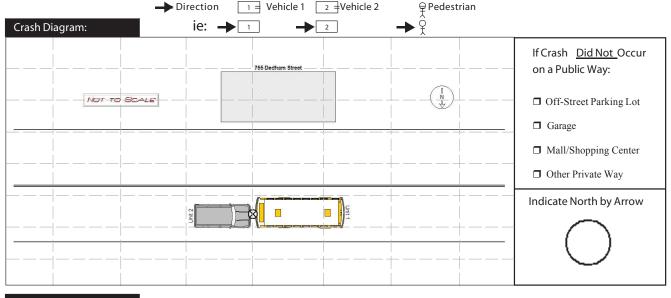
	Poli	ice Use Only		Comm	onweal	th o	f Ma	ssa	chu	ise	tts			RM	V Do	cumen	ıt Number	
	Date of Crash 04/07/2022	Time of Cras 14:08	NEWTON	Town]	Motor ` Poli		icle C Repor		sh		nber icles	Num Inju	red La	eed Lim titude _ ongitude		S L N O	tate Police ocal Police IBTA Police other:	AN D
			ERSECTION:			OCAT		>		_				Γ INT		ECT	ION:	\neg \vdash
							WE	ST	755	;		DED	HAM S	Т				1
$egin{pmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direct	tion	Name	of Roadway/Street		R	Route# Dir			ldress				Name of	Roadw	/ay/Stre	eet	_
1	At					Feet NSEW of or											$- ^2$	
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number										_		
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street Feet NSEW of										- _		
² 2																2		
3	Route# Direction Name of Intersecting Roadway/Street					Landmark												
3	XVehicle1	2_#Occupan	nts Hit/Ru	n Mope	d Case N	umber			22	20002	81							
	License#		St 1	MA DOB/Age		Reg # SB42994 Reg Type SBN Reg State MA												
	Sex M Lic. Class B 18 18 Lic. Restrictions 1 CDL					Veh Ye	ar_2017		Vel	h Mak	ce_IC				_Veh	Config	g. 4 20	
4	Operator JER	ОМЕ	CHARLES		orsment	Owner	LOCAL N	ИОТІ	ON			First			V	1.11.		- 1
1	Address 6 MO		First	M			s 66B ROC			D		rirst			Mı	uaie		_
	City_BROCKT	TON		state_MAZip_02	2301	City BRAINTREE State MA Zip 02184									02184	_		
	Insurance Company_PILGRIM INSURANCE					Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three)										ee)		
5 2	Vehicle Travel	Direction:	N S E X	sponding to Emerg	gency? N	Event S	Sequence	1 22	22	2 2	22	22	2	3	$\overline{}$	4		
	Citation # (If Is	ssued)				Most H	Iarmful Eve	ent	1 23		•	_	1 4		d	െ	10 Undercarr	iage
i e	Violation	1: ChS	Sec Violation	on 2: ChSec	2	Driver	Contributin	g Coc	de	1 24	4	24			<u>\</u>		TT Touriou	
⁶ 1	Violation 3: ChSec Violation 4: ChSec						Underride/Override 25 Towed N 8 7 6											
	Please fill out for operator and all occupants involved Name (Last First Middle) Address				ddress		Age/DOI	В	Sex	26 Seat S Pos. \$	27 Safety A	28 Lirbag P Status S	29 Lirbag Eje witch Co	30 31 ect Trap ode Code	32 Injury \$tatus	33 Transp. Code	Medical Facili	_{ity} 1
	Operator	,			Above								4 0	0	10	1		
	BLAKE, IOLA	KAREN		0 JOYCE RD IYDE PARK, MA(02136				M :	12	99	4	4 0	0	10	1		
7 1	Please Select C of the Followin	I A Veni	cle2 1_#Occupa	nts Non-Mo	otorist A Type	14	4 Action	15	Loca	ation	1	6 Co	ndition	17		Hit/Ru	un Mop	ed
	License# St MA DOB/Age					Reg # 4HW570 Reg Type PAN Reg State MA							te MA	_				
	Sex_F Lic. Class D Lic. Restrictions 1 CDL					TOVOTA						20	-					
8 1	Operator FENGLER ARIEL Endorsment						Owner FENGLER KEITH GREGORY							,				
1	Last First Middle Address 35 PHILLIPS WAY					Last First Middle Address 35 PHILLIPS WAY									_			
	City WESTWOOD State MA Zip 02090					City WESTWOOD State MA Zip 02090									_			
	Insurance Company AMICA					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)										ee)		
	Vehicle Travel Direction: NSEN Responding to Emergency?N					Event Sequence 1 22 22 22 22 23 4												
	Citation # (If Issued)				Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled									iage				
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 97 24 24												
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 6												
			or operator and a	ll occupants invo						26 Seat S	27 Safety	28 Airbag	29 irbag Ej	30 31 Trap	32 Injury	Transp.	W	1:.
	Name (Last Fi	rst Middle) Non-Motoris	t		Address Above		Age/DC		Sex	Pos.		Status 4	4 0	ode Code 0	Status 10	Code 1	Medical Facil	nty
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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) Ad	dress	Phone #	34-Type	Description of Dama	cription of Damaged Property				
Truck and Bus Information: Reg	sistration # SB42994	(From Vehi	cle Section)						
Carrier Name LOCAL MOTION		(110111) 0111		Carrier Issu	uing Authority Cod	e 35			
Address 66B ROCSAM PARK RD		City_BRAINTREE		St_MA	Zip_02184	<u> </u>			
US DOT #: State Nu	ımber	Issuing State MAS	SAC ICC#:_		Interstate 2	36			
Cargo Body Type Code 1 Gross Vehicl	e Weight 3			39					
Trailer Reg #: Reg	g Type Reg State	Reg Year	Tı						
Hazmat Information:									
Placard 40 Material 1 digit # 4	Material Name		Release code	42					

'	Direction	1 = Vehicle 1	2 =Vehicle 2	₹Pedestri	an	
Crash Diagram:	ie: →_	1 -	2	→ ♀		
					If Crash <u>Did N</u> on a Public Wa	I .
					☐ Off-Street Par	rking Lot
					Garage	
	 	 _			☐ Mall/Shoppin	ng Center
	İ				☐ Other Private	Way
				+	Indicate North	oy Arrow
		 -				
					\ ,	/
Crash Narrative:		'	,	,	•	
behind the school bus and	d attempted to s	step on the b	rakes as the	traffic was	s slowing down. Ariel s	tated she
has a boot on her foot fi	rom a previous i	injury and the	e boot got s	tuck under	the pedals and she panio	cked and
could not stop her vehic	le from hitting	the school b	us. Ariel st	ated she was	s not injured and her ve	ehicle
suffered heavy front end	damage. Her ve	hicle was ab	le to leave	the scene ar	nd no tow was needed.	
W itnesses:						
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:						
Carrier Name			(From `	Vehicle Section)	Carrier Issuing Authority	Code 35
			6:4			
Address						36
US DOT #:		38	Issuing State	ICC #:	Interstate	
Cargo Body Type Code G	ross Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Yea	r Tra	iler Length	
Hazmat Information: 40	41					42
Placard Material 1 dig	it # Material 1	Name		Material 4 d	ligit # Release cod	le
ANDREA M FERGUSON			N	EWTON POLICE DEPARTM	04/	/07/2022

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)