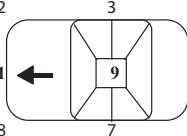
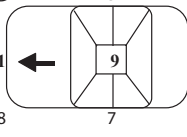


Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 05/09/2022		Time of Crash 07:32 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> 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				NORTH 25 BERKSHIRE RD Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								10			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11			
Route# Direction Name of Intersecting Roadway/Street												4			
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000382									
License # --- St MA DOB/Age --- Sex M Lic. Class B 18 18 Lic. Restrictions 1 19 CDL _____ Operator FRYAR NORMAN Address 1000 COMMONWEALTH AVENUE City NEWTON State MA Zip 02459 Insurance Company CITY OF NEWTON				Reg # M96170 Reg Type MVN Reg State MA Veh Year 2017 Veh Make ELGN Veh Config. 97 20 Owner CITY OF NEWTON DPW Address 110 CRAFTS ST City NEWTON State MA Zip 02458 Vehicle Action Prior to Crash 5 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 8 24 Underride/Override 25 Towed N								12			
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) N/A Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				 10 Undercarriage 11 Totaled											
Please fill out for operator and all occupants involved													13		
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		-----		---	---	99	4	99	0	0	10	1	N/A
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 26 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped															
License # --- St MA DOB/Age --- Sex F Lic. Class B 18 18 Lic. Restrictions K 19 CDL P Operator MENDES ANA ELOISA Address 9 SAINT MARKS ROAD (apt. 3) City DORCHESTER State MA Zip 02124 Insurance Company NATIONAL UNION FIRE Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) N/A Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # BU44536 Reg Type BUN Reg State MA Veh Year 2020 Veh Make THMS Veh Config. 4 20 Owner EASTERN BUS COMI Address PO BOX 514 City SOMERVILLE State MA Zip 02143 Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 9 24 24 Underride/Override 25 Towed N								14			
 10 Undercarriage 11 Totaled															
Please fill out for operator and all occupants involved													15		
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/Non-Motorist		See Above		-----		---	---	1	4	99	0	0	10	1	N/A
AHMAD, BARYAL		19 ASHMONT AVE NEWTON, MA		-----		M	11	99	4	99	0	0	10	1	N/A
AN, HENRY		22 WAVERLY AVENUE NEWTON, MA		-----		M	11	99	4	99	0	0	10	1	N/A
BELLUCCI, LUCA		266 ADAMS STREET NEWTON, MA		-----		M	11	99	4	99	0	0	10	1	N/A

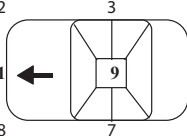
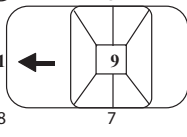
Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/09/2022	Time of Crash 07:32 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:				
1 Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street						9	
			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number						10	
2 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street						11	
3 Route# Direction Name of Intersecting Roadway/Street			Landmark							
3 <input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Case Number 22000382							
4 License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)						12	
5 Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____ 1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totalled							
6 Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Operator See Above -----						13	
7 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 26 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
8 License # --- St MA DOB/Age --- Sex F Lic. Class B 18 18 Lic. Restrictions K 19 CDL P Operator MENDES ANA ELOISA Address 9 SAINT MARKS ROAD (apt. 3) City DORCHESTER State MA Zip 02124 Insurance Company NATIONAL UNION FIRE Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) N/A Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # BU44536 Reg Type BUN Reg State MA Veh Year 2020 Veh Make THMS Veh Config. 4 20 Owner EASTERN BUS COMI Address PO BOX 514 City SOMERVILLE State MA Zip 02143 Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 9 24 24 Underride/Override 25 Towed N 1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totalled							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Operator/Non-Motorist See Above -----							
DESHPANDE, AADYA			189 CHAPEL STREET NEWTON, MA							
DUPERE, ADELLE			35 OAK CLIFF ROAD NEWTON, MA							
FITZGIBBONS, CLAIRE			300 HOMER STREET NEWTON, MA							

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 05/09/2022		Time of Crash 07:32 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 _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____								10				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____								11				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Landmark _____												
<input type="checkbox"/> Vehicle ____ #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000382										
License # _____ St _____ DOB/Age _____ Sex ____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Endorsment _____				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20								12				
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three)												
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? ____				Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Most Harmful Event <input type="checkbox"/> 23 1  10 Undercarriage Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24 5 11 Totaled												
Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override <input type="checkbox"/> 25 Towed _____												
Please fill out for operator and all occupants involved												13				
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		-----	---	---								
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 26 #Occupants <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																
License # --- St MA DOB/Age --- Sex F Lic. Class <input type="checkbox"/> B <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> K <input type="checkbox"/> 19 CDL P Endorsment _____				Reg # BU44536 Reg Type BUN Reg State MA Veh Year 2020 Veh Make THMS Veh Config. <input type="checkbox"/> 4 20												
Operator MENDES ANA ELOISA Last First Middle Address 9 SAINT MARKS ROAD (apt. 3)				Owner EASTERN BUS COMI Last First Middle Address PO BOX 514												
City DORCHESTER State MA Zip 02124				City SOMERVILLE State MA Zip 02143												
Insurance Company NATIONAL UNION FIRE				Vehicle Action Prior to Crash <input type="checkbox"/> 1 21 Damaged Area Code: (Circle Up to Three)												
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence <input type="checkbox"/> 1 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 Most Harmful Event <input type="checkbox"/> 1 23 1  10 Undercarriage Driver Contributing Code <input type="checkbox"/> 9 24 <input type="checkbox"/> 24 5 11 Totaled												
Citation # (If Issued) N/A Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override <input type="checkbox"/> 25 Towed N												
Please fill out for operator and all occupants involved																
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/Non-Motorist _____				See Above		-----	---	---								
FROST, NOAH				19 ELLISON ROAD NEWTON, MA		--- ---	M	11	99	4	99	0	0	10	1	N/A
HANNAN, REMY				201 ADAMS STREET (apt R) NEWTON, MA		--- ---	M	11	99	4	99	0	0	10	1	N/A
HRECZUCK, LUCAS				934 COMMONWEALTH AVENUE NEWTON, MA		--- ---	M	11	99	0	99	0	0	10	1	N/A

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																				
Date of Crash 05/09/2022		Time of Crash 07:32 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 _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____								10															
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____								11															
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Landmark _____																							
<input type="checkbox"/> Vehicle ____ #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000382																					
License # _____ St _____ DOB/Age _____ Sex ____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Endorsment _____				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20								12															
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three)																							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? ____				Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 2 3 4 Most Harmful Event <input type="checkbox"/> 23 1 9 10 Undercarriage Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24 5 11 Totaled Underride/Override <input type="checkbox"/> 25 Towed _____																							
Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____																											
Please fill out for operator and all occupants involved												13															
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		-----		---		---																	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 26 #Occupants <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																											
License # --- St MA DOB/Age --- Sex F Lic. Class <input type="checkbox"/> B <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> K <input type="checkbox"/> 19 CDL P Endorsment _____				Reg # BU44536 Reg Type BUN Reg State MA Veh Year 2020 Veh Make THMS Veh Config. <input type="checkbox"/> 4 20																							
Operator MENDES ANA ELOISA Last First Middle Address 9 SAINT MARKS ROAD (apt. 3)				Owner EASTERN BUS COMI Last First Middle Address PO BOX 514																							
City DORCHESTER State MA Zip 02124				City SOMERVILLE State MA Zip 02143																							
Insurance Company NATIONAL UNION FIRE				Vehicle Action Prior to Crash <input type="checkbox"/> 1 21 Damaged Area Code: (Circle Up to Three)																							
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence <input type="checkbox"/> 1 22 22 22 22 2 3 4 Most Harmful Event <input type="checkbox"/> 1 23 1 9 10 Undercarriage Driver Contributing Code <input type="checkbox"/> 9 24 24 5 11 Totaled Underride/Override <input type="checkbox"/> 25 Towed N																							
Citation # (If Issued) N/A Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____																											
Please fill out for operator and all occupants involved																											
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/Non-Motorist _____				See Above		-----		---		---																	
HUME, DEREK				16 QUIRK COURT NEWTON, MA		-----		M		11		99		4		99		0		0		10		1		N/A	
KNIGHT, ELIAS				20 MELBOURNE AVENUE NEWTON, MA		-----		M		11		99		4		99		0		0		10		1		N/A	
LIU, SOPHIA				22 WILTSHIRE RD NEWTON, MA 02458		-----		F		11		99		4		99		0		0		10		1		N/A	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 05/09/2022		Time of Crash 07:32 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 _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____								10				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____								11				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Landmark _____												
<input type="checkbox"/> Vehicle ____ #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000382						3				
License # _____ St _____ DOB/Age _____ Sex ____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Endorsment _____				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20								12				
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three)								13				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? ____				Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 2 3 4 Most Harmful Event <input type="checkbox"/> 23 1 9 10 Undercarriage Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24 5 11 Totalled Underride/Override <input type="checkbox"/> 25 Towed _____												
Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____																
Please fill out for operator and all occupants involved													7			
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		-----	---	---								
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 26 #Occupants				<input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14		Action <input type="checkbox"/> 15		Location <input type="checkbox"/> 16		Condition <input type="checkbox"/> 17		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		8
License # --- St MA DOB/Age --- Sex F Lic. Class <input type="checkbox"/> B <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> K <input type="checkbox"/> 19 CDL P Endorsment _____				Reg # BU44536 Reg Type BUN Reg State MA Veh Year 2020 Veh Make THMS Veh Config. <input type="checkbox"/> 4 20								13				
Operator MENDES ANA ELOISA Last First Middle Address 9 SAINT MARKS ROAD (apt. 3)				Owner EASTERN BUS COMI Last First Middle Address PO BOX 514												
City DORCHESTER State MA Zip 02124				City SOMERVILLE State MA Zip 02143												
Insurance Company NATIONAL UNION FIRE				Vehicle Action Prior to Crash <input type="checkbox"/> 1 21 Damaged Area Code: (Circle Up to Three)												
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence <input type="checkbox"/> 1 22 22 22 22 2 3 4 Most Harmful Event <input type="checkbox"/> 1 23 1 9 10 Undercarriage Driver Contributing Code <input type="checkbox"/> 9 24 24 5 11 Totalled Underride/Override <input type="checkbox"/> 25 Towed N												
Citation # (If Issued) N/A Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____																
Please fill out for operator and all occupants involved													8			
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/Non-Motorist _____				See Above		-----	---	---								
MACE, EVELYN				70 PROSPECT PARK NEWTON, MA		-----	F	11	99	4	99	0	0	10	1	N/A
MARTINEZ MENVRENO, OLIVER				236 ADAMS STREET NEWTON, MA		-----	M	11	99	4	99	0	0	10	1	N/A
MORGAN, EVA				82 MILLER ROAD NEWTON, MA		-----	F	11	99	4	99	0	0	10	1	N/A

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AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9															
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____								10															
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____								11															
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Landmark _____																							
<input type="checkbox"/> Vehicle ____ #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000382																					
License # _____ St _____ DOB/Age _____ Sex ____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Endorsment _____				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20								12															
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three)																							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? ____				Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 2 3 4 Most Harmful Event <input type="checkbox"/> 23 1 9 10 Undercarriage Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24 5 11 Totaled Underride/Override <input type="checkbox"/> 25 Towed _____																							
Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____																											
Please fill out for operator and all occupants involved												13															
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		-----		---		---																	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle2 26 #Occupants				<input type="checkbox"/> Non-Motorist A Type		<input type="checkbox"/> 14 Action		<input type="checkbox"/> 15 Location		<input type="checkbox"/> 16 Condition		<input type="checkbox"/> 17		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped											
License # --- St MA DOB/Age ---				Reg # BU44536		Reg Type BUN		Reg State MA																			
Sex F Lic. Class <input type="checkbox"/> B <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> K <input type="checkbox"/> 19 CDL P				Veh Year 2020		Veh Make THMS		Veh Config. <input type="checkbox"/> 4 <input type="checkbox"/> 20																			
Operator MENDES ANA ELOISA				Owner EASTERN BUS COMI																							
Address 9 SAINT MARKS ROAD (apt. 3)				Address PO BOX 514																							
City DORCHESTER State MA Zip 02124				City SOMERVILLE State MA Zip 02143																							
Insurance Company NATIONAL UNION FIRE				Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)																					
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 1 23 2 3 4		Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23 1 9 10 Undercarriage		Driver Contributing Code <input type="checkbox"/> 9 <input type="checkbox"/> 24 <input type="checkbox"/> 24 5 11 Totaled																			
Citation # (If Issued) N/A				Underride/Override <input type="checkbox"/> 25 Towed N																							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____																											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____																											
Please fill out for operator and all occupants involved																											
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/Non-Motorist _____				See Above		-----		---		---																	
MURPHY, JULIA				47 ELLISON ROAD NEWTON, MA		-----		F		11		99		4		99		0		0		10		1		N/A	
OU, AMBER				502 CALIFORNIA STREET NEWTON, MA		-----		F		11		99		4		99		0		0		10		1		N/A	
RIVERA SUAREZ, WILLIAM				245 ADAMS STREET NEWTON, MA		-----		M		11		99		4		99		0		0		10		1		N/A	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/09/2022		Time of Crash 07:32 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	
1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street							10
						Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number							
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of _____ Route# Intersecting Roadway/Street							11
2	Route# Direction Name of Intersecting Roadway/Street					Landmark							
3	<input type="checkbox"/> Vehicle #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000382						
	License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsment _____					Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20							12
4	Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____					Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)							
5	Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____					Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____							13
6	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												
	Please fill out for operator and all occupants involved												
	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												
7	Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 26 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												
	License # --- St MA DOB/Age --- Sex F Lic. Class B 18 18 Lic. Restrictions K 19 CDL P Endorsment _____					Reg # BU44536 Reg Type BUN Reg State MA Veh Year 2020 Veh Make THMS Veh Config. 4 20							
8	Operator MENDES ANA ELOISA Last First Middle Address 9 SAINT MARKS ROAD (apt. 3) City DORCHESTER State MA Zip 02124 Insurance Company NATIONAL UNION FIRE					Owner EASTERN BUS COMI Last First Middle Address PO BOX 514 City SOMERVILLE State MA Zip 02143 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)							
	Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) N/A Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 9 24 24 Underride/Override 25 Towed N							13
													
	Please fill out for operator and all occupants involved												
	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/Non-Motorist See Above												
	SENGSAVANG, JAKE 35 BRIDGE ST (apt B) NEWTON, MA 02459												
	SOEBAGJO, DANICA 129 BRIDGE STREET NEWTON, MA												
	SWINT, KENDALL 850 COMMONWEALTH AVENIE NEWTON, MA												



Police Use Only			Commonwealth of Massachusetts				RMV Document Number																		
Date of Crash 05/09/2022		Time of Crash 07:32 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						Route# Direction Address # Name of Roadway/Street						10													
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of _____ Mile Marker _____ Exit Number _____																			
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of _____ Route# Intersecting Roadway/Street _____						11													
Route# Direction Name of Intersecting Roadway/Street						Landmark _____																			
<input type="checkbox"/> Vehicle #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000382																			
License # _____ St _____ DOB/Age _____				Reg # _____ Reg Type _____ Reg State _____																					
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____ Veh Make _____ Veh Config. 20																					
Operator _____ Last _____ First _____ Middle _____				Owner _____ Last _____ First _____ Middle _____								12													
Address _____				Address _____																					
City _____ State _____ Zip _____				City _____ State _____ Zip _____																					
Insurance Company _____				Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)																					
Vehicle Travel Direction: N S E W Responding to Emergency? _____				Event Sequence 22 22 22 22 2				3 4																	
Citation # (If Issued) _____				Most Harmful Event 23				1 9 10 Undercarriage 11 Totalled																	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24				8 7 6																	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed _____																					
Please fill out for operator and all occupants involved												13													
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		-----		---		---																	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 26 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																									
License # --- St MA DOB/Age ---				Reg # BU44536 Reg Type BUN Reg State MA																					
Sex F Lic. Class B 18 18 Lic. Restrictions K 19 CDL P				Veh Year 2020 Veh Make THMS Veh Config. 4 20																					
Operator MENDES ANA ELOISA				Owner EASTERN BUS COMI																					
Address 9 SAINT MARKS ROAD (apt. 3)				Address PO BOX 514																					
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Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4																	
Citation # (If Issued) N/A				Most Harmful Event 1 23				1 9 10 Undercarriage 11 Totalled																	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 9 24 24				8 7 6																	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N																					
Please fill out for operator and all occupants involved																									
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/Non-Motorist		See Above		-----		---		---																	
THOMPSON, JAKOB		23 MURPHY COURT (apt 2) NEWTON, MA		-----		M		11		99		4		99		0		0		10		1		N/A	
TZOUROS, OLIVIA		216 HOMER STREET NEWTON, MA		-----		F		11		99		4		99		0		0		10		1		N/A	
WELLESLEY, ZARIA		142 HOMER STREET NEWTON, MA		-----		F		11		99		4		99		0		0		10		1		N/A	



Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/09/2022		Time of Crash 07:32 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				Route# Direction Address # Name of Roadway/Street								10	
				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number									
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									
<input type="checkbox"/> Vehicle #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000382							
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____ 10 Undercarriage 5 11 Totaled								12	
Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												13	
Please fill out for operator and all occupants involved													
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													
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 26 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # --- St MA DOB/Age --- Sex F Lic. Class B 18 18 Lic. Restrictions K 19 CDL P Operator MENDES ANA ELOISA Address 9 SAINT MARKS ROAD (apt. 3) City DORCHESTER State MA Zip 02124 Insurance Company NATIONAL UNION FIRE Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) N/A Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # BU44536 Reg Type BUN Reg State MA Veh Year 2020 Veh Make THMS Veh Config. 4 20 Owner EASTERN BUS COMI Address PO BOX 514 City SOMERVILLE State MA Zip 02143 Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 9 24 24 Underride/Override 25 Towed N 10 Undercarriage 5 11 Totaled									
Please fill out for operator and all occupants involved													
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/Non-Motorist See Above													
ZIZLSPERGER, HANNAH 164 LINWOOD AVENUE NEWTON, MA				F 11 99 4 99 0 0 10 1 N/A									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

25 Berkshire Road

Berkshire Road

Unit 2

Unit 1

NOT TO SCALE

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 Monday, May 9, 2022, while assigned to Traffic unit N525, I responded to the area of 25 Berkshire Road, Newton, for a report of an MVA involving a City of Newton owned street sweeper and a City of Newton contracted school bus. The weather at the time of the crash was clear and sunny. The road surface was dry. Berkshire Road is a public way maintained by the City of Newton.

The operator of MV1, Mr. Norman Fryar (S20854611), stated he was operating a City of Newton owned 2017 Elgn Pelican street sweeper (MA: MVN M96170) on Berkshire Road. Mr. Fryar stated as he was sweeping the street he was in the Eastbound lane traveling North. Mr. Fryar stated there was a vehicle parked ahead of him and to avoid it he began to change lanes to his left to go around it. Mr. Fryar stated as he was chaning lanes his phone was ringing and as he reached for the phone the driver side of his sweeper

(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

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate

Cargo Body Type Code  Gross Vehicle Weight

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length

**Hazmat Information:**

Placard  Material 1 digit #  Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code

**MICHAEL R GAUDET**      NEWTON POLICE DEPARTM      05/09/2022

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:

crashed into the front passenger side of a passing school bus. Mr. Fryar reported no injuries. I observed damage to the driver side of the sweeper.

I spoke with the operator of MV2, Ms. Ana Mendes (S72311538). Ms. Mendes stated she was operating a City of Newton contracted school bus (MA: BU44536) on Berkshire Road with 25 students on board with a final destination of Bigelow Middle School. Ms. Mendes stated she was traveling North on Berkshire Road when she observed a street sweeper in front of her. Ms. Mendes stated she entered the Westbound lane of Berkshire Road to go around the street sweeper. Ms. Mendes stated as she was passing the street sweeper, it made an abrupt left turn and it's driver side crashed into the front passenger side door/mirror of the school bus. Ms. Mendes reported no injuries. I observed moderate damage to 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 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

MICHAEL R GAUDET

NEWTON POLICE DEPT.

05/09/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date



