	Poli	ce Use Only		Com	monweal	th o	of Massa	ach	use	etts			R	MV D	ocume	nt Number		
	Date of Crash 05/09/2022	Time of Crash	1	Town	Motor	Veh	icle Cra	sh		mber hicles	Nun		peed L		; ;	State Police Local Police MBTA Police	□ X ì	
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		AT INTER	RSECTION	:	< L	OCAT	ΓΙΟN	>			N	OT A	T IN	TER	SECT	ΓΙΟΝ:	┵	1 9
							NORTH	25	5		BER	KSHIR	E RD				┢	1
1 1	Route# Direct	tion	Name	of Roadway/Stre	eet		Route# Direction	n A	ddres	s#			Name (of Road	lway/St	reet		2 ¹⁰
				At			Feet N	N S E	E W	of -			• _	or _			₋┟	
	Route# Direc	tion N	Name of Intersec	eting Roadway/S	treet	<u> </u>		ılalı	Jw	C	Mi	le Mark	er			Exit Number	_	
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	X Vehicle 1	#Occupants	Hit/Ru	m Mo	ped Case N	umber		2	22000	382							╝	
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4 1	Operator FRY	AR Last	NORMAN		Middle		CITY OF NEV		D	PW	First				Middle		- [1 ¹²
	Address 1000	COMMONWEA					SS 110 CRAFTS	ST									-	
	City_NEWTO	N		State_MAZip	02459	City_N	IEWTON								^	02458	-	
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	Name (Last Fire	fill out for opera	ator and all oc	cupants invoiv	Address		Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	Airbag E Switch C	30 Eject Tra Code Co	31 3 p Injui de Stati	2 33 Trans Code	Medical Facili	ty	1
	Operator			Se	ee Above					99	4	99	0	10	1	N/A		
7 1	Please Select C	ne X Vehicle	2 <u>26</u> #Occup	ants Non-	Motorist A Type	1	4 Action 1		cation	1	16	ondition		17	Hit/F	Run Mop	ed.	
	of the Followi	ng: Verillele			Motorist A Type			Lo	cation						1110/1	Mop	eu	
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⁸ 1	Operator MEI	Last	ANA	ELC	Middle Middle		EASTERN BU	JS CO	Ml		First				Middle		-	
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	City DORCHI			State MA Zip	02124		OMERVILLE			21	п	Dame				cle Up to Thre	-	
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	·			NEWTON, MA 22 WAVERLY A	VENUE												\dashv	
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Pol	ice Use Only		Commo	onwealth o	of Massa	achu	set	ts		1	RMV	Doci	umen	t Number	
Date of Crash 05/09/2022	Time of Crash	City/ NEWTON	Town N	Motor Veh	icle Cra	sh [Numb Vehicl			Speed Latitud			St	ate Police ocal Police BTA Police	□ X i
03/09/2022	07.52 24HR	NEWTON		Police			2	0		Longit			O	ther:	
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1 Route# Direc	tion	Name	of Roadway/Street		Route# Direction	on Add	lress #			Name	e of R	oadwa	ıy/Stre	et	
			At		Feet N	SEV	W of			<u> </u>	c	or			_ -
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Route# Direc	tion	Name of Inter	secting Roadway/Str	reet	Feet [N S E V	w of				Y	11			
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Vehicle	#Occupants	Hit/Ru	n Moped	Case Number		220	000382								_
License#	18 1	St	DOB/Age	Reg#				Re	g Type			Re	g Stat	e	_
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Operator	Last	First	Mic		rLast	t		Fir	st			Mide	dle		-
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Vehicle Travel	Direction: N	S E W Re	esponding to Emerge	ency? Event	Sequence 2	22 22	22	22	2		3	$\overline{\mathcal{A}}$	4	1011	
Citation # (If I	ssued)			Most	Harmful Event	23		2.1	1	_	9		- 1	10 Undercarr 11 Totaled	nage
Violation	1: ChSec	Violati	on 2: ChSec_	Driver	Contributing Co		24	24	8		<u></u>	\sum	6		
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Please Name (Last Fir		ator and all oc	cupants involved	dress	Age/DOB	Sex Se	26 2 eat Safe os. Syst	7 28 ty Airbag em Status	29 Airbag Switch	30 Eject I Code	31 Frap I Code S	32 Injury 1 Status	33 Fransp. Code	Medical Facili	ity
Operator			See A	bove											
					14 1	5		16		Щ	17				
Please Select C of the Followi		22 <u>26</u> # Occupa	ints Non-Mot	orist A Type	Action	Locat	tion	10	onditio	on	17		Hit/Ru	n Mop	ed
License#		St ¹	MA DOB/Age	Reg#	BU44536			Re	д Туре	BUN		Re	g Stat	e MA	
Sex_F Lic.	Class B 18 1	8 Lic. Restricti	ons K 19 CDL	P Veh Y	ear 2020	Veh	Make	THMS					Config	20	
Operator ME		ANA	Endo ELOIS		r EASTERN BU										
	Last INT MARKS RC	DAD (apt. 3)	Mid	Addre Addre	PO BOX 514			Fire	st			Mide	dle		
City DORCH	ESTER		State MA Zip 021		SOMERVILLE					:	State	MA	Zip	02143	
Insurance Com	_{npany} NATIONA	AL UNION FIR	E	Vehic	le Action Prior to	Crash	1	21	Dan	naged .	Area (Code:	(Circl	e Up to Thre	ee)
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		ec Viola	tion 2: Ch Sec		Contributing Co		24	24	1	- /	9		5	11 Totaled	
			tion 4: Ch Sec		ride/Override	25		ed_N	8		7	У	6		
Pl	ease fill out for		all occupants invol	lved		Se	26 2 eat Safe		29 Airbag	30 Eject I	31 Trap I	32 Injury	33 Fransp.		\dashv
Name (Last Fi	Non-Motorist		See A	bove	Age/DOB	Sex P	os. Sys	tem Statu	Switch	Code	Code	Status	Code	Medical Faci	lity
DESHPANDE			89 CHAPEL STREET			F 11	L 99	4	99	0	0	10	1	N/A	
	-		NEWTON, MA 5 OAK CLIFF ROAI	D					77	0	U	10	1		-
DUPERE, ADI	ELLE	1	NEWTON, MA			F 11	L 99	4	99	0	0	10	1	N/A	
FITZGIBBON	S, CLAIRE		00 HOMER STREET NEWTON, MA	ľ		F 11	L 99	4	99	0	0	10	1	N/A	

Pol	ice Use Only		Comm	onwealth	of Massa	achu	sett	S		F	RMVI	Docume	nt Number	
Date of Crash 05/09/2022	Time of Crash	City/1	Town]	Motor Vel	hicle Cra	sh	Numbe			Speed 1 Latitud		25	State Police Local Police MBTA Police	N N
00/07/2022	24HR	NEWTON			Report		2	0		Longitu		-	Other:	
	AT INTER	RSECTION		< LOCA	TION :	>		N	OT A	AT IN	ITEI	RSEC	ΓΙΟN:	_
1 Route# Direct	ction	Name	of Roadway/Street At		Route# Direction							adway/St	reet	
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Vehicle	#Occupants	Hit/Ru	n Mopeo	d Case Numbe	r	220	000382							Щ
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			StateZip					21					cle Up to Thre	_
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Venicie Travel			sponding to Emerg		i sequence	23	22				Ĭ,	7) ·	10 Undercarr	riage
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Name (Last Fin	rst Middle)	ator and all occ		Above	Age/DOB	Sex P	26 27 eat Safet os. Syste	7 28 cy Airbag m Status	Airbag Switch	30 Eject Tr Code C	31 rap Inj ode Sta	32 3: jury Trans Code	p.	ity
Please Select (2 <u>26</u> #Occupa	ants Non-Mo	torist A Type	14 Action 1	5 Loca	tion	16	Condition	on T	17	☐ Hit/F	Run Mop	oed
of the Followi			МА		DI 144526					DUN				_
License #	18 1		19		BU44536				g Type	BUN			ate MA	-
Sex_F_ Lic.	•	Lic. Restricti		orsment	Year 2020		Make_	I HMS			V	eh Conf	ig. 4	
Operator ME	Last	ANA		iddle	EASTERN BU	JS COM		Fir	st			Middle		-
	INT MARKS RO				PO BOX 514									-
City DORCH			State MA Zip 02		SOMERVILLE			21	D.			AA Zip		-
	npany NATIONA				cle Action Prior to		1 22	21	Dan O	naged A	Area C	ode: (C11 4	rcle Up to Thre	ee)
Vehicle Travel Citation # (If I	7.	S E W	Responding to Emer		t Sequence 1 2	22 22 23	22	22			Ĭ		10 Undercarr	riage
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			ion 2: ChSe		er Contributing Co	ode 9		ed_N	8	V	7) ₆		
			ion 4: ChSe		ande/Ovenide		26 27 eat Safet		29 Airbag	30	31 rap Inj	32 33	3	\dashv
Name (Last F	irst Middle)	rarer und t		Address	Age/DOB		eat Safet Pos. Syst	y Airbag em Statu	Airbag Switch	Eject Ti Code C		jury Trans tatus Code	p.	lity
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FROST, NOA	H	N	IEWTON, MA			M 1	1 99	4	99	0 0) 1	0 1	N/A	_
HANNAN, RI	EMY	N	01 ADAMS STREE NEWTON, MA			M 1:	1 99	4	99	0 (0 1	10 1	N/A	
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Poli	ce Use Only		Comm	onwealth	of Massa	achu	ıset	ts			RMV	/ Doc	umen	t Number	
Date of Crash 05/09/2022	Time of Crash 07:32	City/	Γown	Motor Vel	hicle Cra	sh [Num	- 1	umber njured		l Limi		St	tate Police ocal Police IBTA Police	<u>N</u>
03/03/2022	24HR	NEWTON			Report		2)		itude_		O	ther:	
	AT INTER	RSECTION	:	< LOCA	TION :	>			NOT	AT 1	INTE	ERSI	ECT.	ION:	┵
															├
Route# Direc	tion	Name	of Roadway/Street		Route# Direction	n Ad	dress #	#		Nan	ne of R	loadwa	ay/Stre	eet	_
			At		Feet N	N S E	W of			. •	(or			₋ ├
Route# Direc	tion N		ting Roadway/Stree	et	Feet N	I S F	W of		Mile M	arker			E	xit Number	_
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Venicle	#Occupants	Hit/Ru	n Mope	d Case Numbe	r	22	200038	2							4
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			sponding to Emer		t sequence	22 22 23					Ť	\overline{A}		10 Undercarr	iage
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			on 2: ChSe		er Contributing Co	ode	1				7	<u> </u>) 6		
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Operator			366.	Above						+					
										+					
Please Select C of the Followi		2 <u>26</u> #Occupa	ants Non-Mo	otorist A Type	14 Action 1	5 Loca	ntion	16	Condit	ion	17		Hit/Ru	ın Mop	ed
	ng.	St ¹	MA - a-v		# BU44536					RIIN	T	_	_	MA	4
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I	Last INT MARKS RO	Pirst DAD (apt. 3)		Middle	PO BOX 514	t			First			Mid	ldle		-
City DORCH			State MA Zip 0		SOMERVILLE						State	MA	Zin	02143	-
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Pl	ease fill out for		all occupants invo	olved		5	26 Seat Sa	27 2 fety Airb	8 29 ag Airba	30 Eject	31 Trap		33 Transp.		
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HUME, DERE		I	6 QUIRK COURT			M 1	1 9	9 4	99	0	0	10	1	N/A	\dashv
			IEWTON, MA 0 MELBOURNE A	VENUE											\dashv
KNIGHT, ELL	A5		NEWTON, MA 2 WILTSHIRE RD			M 1	1 9	9 4	99	0	0	10	1	N/A	
LIU, SOPHIA		I	EWTON, MA 024			F 1	.1 9	9 4	99	0	0	10	1	N/A	

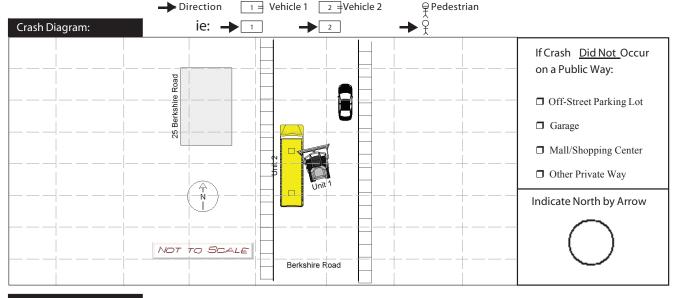
Pol	ice Use Only		Com	monweal	th o	f Massa	ich	use	etts				RMV	Doc	umen	t Number	
Date of Crash 05/09/2022	Time of Crash 07:32	City/ NEWTON	Town	Motor '	Vehi	icle Cra	sh		mber nicles			Speed Latitu			St	tate Police ocal Police IBTA Police	N N
03/03/2022	24HR	NEWTON				Report		2		0		Longi			O	ther:	
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1 Route# Direc	tion	Name	of Roadway/Stre	eet	R	Route# Directio	n A	ddres	s #			Nam	e of R	oadwa	ay/Stre	eet	
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Operator	Last	First			Owner .	Last				Firs	1			Mid	dle		-
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	npany				Vehicle	Action Prior to			21			naged		Code:	`	le Up to Thr	ree)
Vehicle Travel	Direction: N	S E W R	esponding to Em	nergency?	Event S	Sequence 2			22	22	2		3	\overline{A}	4	1011 1	
Citation # (If I	ssued)				Most H	armful Event	2.			24	1	_	9		- 1	10 Undercarr 11 Totaled	riage
Violation	1: ChSec	Violati	on 2: Ch	Sec	Driver (Contributing Co			4	24	8		<u> </u>	\sum) 6		
	3: ChSec				Underri	ide/Override	2:		Towed		-		,				
Please Name (Last Fir	fill out for opera	ator and all oc	cupants involve	ed Address		Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Frap I Code	32 Injury Status	33 Fransp. Code	Medical Facil	ity
Operator			Se	ee Above													
Please Select (One				14	1 1:	5		1	16			17				
of the Followi		2 <u>26</u> #Occup	ants Non-	Motorist A Type		Action	Loc	cation		С	onditio	n		Ш	Hit/Ru	ın Mop	oed
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Operator ME	NDES	ANA	ELC	Endorsment OISA Middle	Owner	EASTERN BU	IS CO	Ml		Firs				Mid	dle		_
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City DORCH	ESTER		State_MAZip	02124	City_SC	OMERVILLE							State_	MA	_Zip_	02143	_
Insurance Com	npany NATIONA	L UNION FIR	RE		Vehicle	Action Prior to	Crash		1 21	[Dan	naged	_	Code:	(Circl	le Up to Thr	ree)
Vehicle Travel	Direction:	S E W	Responding to Er	mergency?N	Event S	Sequence 1 2	2 2	22	22	22	0_		<u> </u>	$\overline{}$	4		
Citation # (If I	ssued) N/A				Most H	armful Event	1 2.	3			1	_ [9		- 1	10 Undercarr 11 Totaled	riage
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Violatio	on 3: ChSe	ecViola	tion 4: Ch	_Sec	Underri	ide/Override	2:	5 T	owed	N	8		7		6		
Pl Name (Last Fi	ease fill out for	operator and	all occupants in	nvolved Address		Age/DOB	Sex	26 Seat Pos.	27 Safety . System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap I	32 njury Status	33 Transp. Code	Medical Faci	ility
	Non-Motorist		Se	ee Above		Age/DOB		ros.	system	Status	SWITCH	code	Code	Status	code	ivicuical Fact	шц
MACE, EVELY	YN		70 PROSPECT PA	ARK			F	11	99	4	99	0	0	10	1	N/A	
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MORGAN, EV	/A		NEWTON, MA				F	11	99	4	99	0	0	10	1	N/A	

	Polic	ce Use Only		Com	monwea	alth o	f Massa	achi	use	etts]	RMV	Doc '	umen	t Number	
Date of 05/09/2		Time of Crash	City/ NEWTON	Town	Motor	Vehi	icle Cra	sh		mber nicles	Nun		Speed Latitud			St	ate Police ocal Police IBTA Police	N X
03/03/2	.022	07:32 24HR	NEWTON				Report		2		0		Longit			O M	IBTA Police ther:	
		AT INTER	RSECTION	•	<]	LOCAT	TION :	>			N	OT A	T I	NTE	CRSI	ECT	ION:	
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Route#	Directi	ion	Name	of Roadway/Str	reet	F	Route# Directio	on A	ddress	s #			Name	e of R	oadwa	ay/Stre	eet	
				At		-	Feet N	N S E	W	of -			_ • _	(or			_
Route#	Direct	tion N		ting Roadway/S	Street	-	Feet N	пер	w .	·f	Mı	le Marl	ker			E:	xit Number	_
			Also at In	tersection with		-					Roi	ıte#	Int	ersect	ing R	oadwa	y/Street	- -
Route#	Directi	ion	Name of Inter	secting Roadwa	ny/Street		Feet N	SE	W c	of								_
		#0												Lan	dmark	(\dashv
Ve.	hicle .	#Occupants	Hit/Ru	n Mo	Oped Case	Number		2	20003	382								Ц
License	#	18 18	St_	DOB/Ag	ge	Reg#_					_Reg	Type_			Re	eg Stat	e	_
Sex	_ Lic. C	Class	Lic. Restrict	ions	CDL Endorsment	Veh Ye	ear	Ve	h Ma	ke					Veh (Config		
Operato	or	Last	First			Owner	Last	t			Firs				Mid	ldle		-
Address	3					Address	s											-
City				StateZij	p	City												_
Insuran	ce Comp	oany				Vehicle	Action Prior to			21			naged		Code:	,	le Up to Thr	ree)
Vehicle	Travel	Direction: N	S E W R	esponding to Er	mergency?	Event S	Sequence 2	2		22	22	2		3	$\overline{\mathcal{A}}$	4		
Citation	# (If Is	sued)				Most H	Iarmful Event	23				1	_	9			10 Undercarr 11 Totaled	riage
Vi	olation	1: ChSec	Violati	on 2: Ch	_Sec	Driver	Contributing Co			4	24	8		4		ر		
Vi	olation .	3: ChSec	Violati	on 4: Ch	_Sec	Underri	ide/Override	25		Towed		-				6		
1		ill out for opera	ator and all oc	cupants involv	/ed Address		Age/DOB		26 Seat Pos.	27 Safety 2 System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Frap I Code S	32 Injury Status	33 Fransp. Code	Medical Facil	ity
	erator	,		S	See Above													
														1=1				
Please S of the I	Select O Sollowin		2 <u>26</u> #Occup	ants Non-	-Motorist A Tyj	pe 14	Action 1	Loc	ation	1	C	onditio	n	17		Hit/Ru	ın Mop	oed
License	#		St	MA DOB/A	.ge	Reg # I	BU44536				Reg	Туре	BUN		Re	eg Stat	е МА	
Sex_F		Class B 18 18		19	CDL P	~ _	ear 2020	Ve	h Ma	ke_TH	_ ~	J. 1				Config	20	_
Operato			ANA	EL	Endorsment OISA		EASTERN BU									J		
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- 1	ORCHE			State MA Zi	D 02124		OMERVILLE							State	MA	Zip	02143	_
		oany NATIONA					Action Prior to	Crash		1 21	Π	Dan					le Up to Thr	ree)
				Responding to E	mergency?N		Sequence 1 2	22 2		22	22	0_	κ.	0	λ	4		
		sued) N/A		1 . 52	<i>5</i> -5/			1 23	3					\downarrow			10 Undercarr	riage
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	iolation			tion 4: Ch	Sec		ide/Override	25	7	owed	N	8		7	У	6		
		ease fill out for				Jiideili			_		28 Airbag	29 Airbag	30 Eiect	31 Frap I	32 njury	33 Transp.		-
	(Last Fir	st Middle) Non-Motorist	-		Address ee Above		Age/DOB	Sex	Pos.	System	Status	Switch	Code	Code	Status	Code	Medical Faci	ility
			4	7 ELLISON RO					11	00		00		0	10	_	N1/A	\dashv
MURPI	11, JUL	1A		NEWTON, MA 502 CALIFORNI	IA STREET			F	11	99	4	99	0	0	10	1	N/A	-
OU, AN	1BER		1	NEWTON, MA				F	11	99	4	99	0	0	10	1	N/A	
RIVERA	A SUAR	REZ, WILLIAM		245 ADAMS ST NEWTON, MA	REET			M	11	99	4	99	0	0	10	1	N/A	

Poli	ice Use Only		Commo	onwealth o	of Massa	achu	use	etts			J	RMV	Doci	umen	t Number	
Date of Crash 05/09/2022	Time of Crash 07:32	City/	Town	Motor Veh	icle Cra	sh		mber			Speed Latitud			St	ate Police ocal Police IBTA Police	N N
05/05/2022	24HR	NEWTON		Police 1			2		0		Longit			O	ther:	
	AT INTER	RSECTION		< LOCA	TION :	>			N	OT A	AT II	NTE	CRSI	ECT	ION:	
Route# Direc	tion	Name	of Roadway/Street		Route# Direction	on Ac	ddress	s #			Name	of R	oadwa	ıy/Stre	eet	_ -
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License#	18 18	St	19												20	-
Sex Lic. Operator		Lic. Restricti	ons CDL Endor	rsment	r											_
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City			StateZip	City_												_
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			sponding to Emerge	ency? Event	Sequence 2	23		22	22			\ \ \ \			10 Undercarr	riage
	ssued)				Harmful Event			4	24	1	-	9			11 Totaled	nage
			on 2: ChSec_		r Contributing Co	ode 25		-	24	8		7	<u> </u>) 6		
			on 4: ChSec_	Under	ride/Override			Fowed		- 20	20	21	22	33	I	_
Name (Last Fir			cupants involved Add See A	bove	Age/DOB	Sex	26 Seat S Pos. S	Safety A System	Airbag Status	29 Airbag Switch	30 Eject I Code C	31 Frap I Code S	32 Injury Status	Fransp. Code	Medical Facil	ity
Please Select C		22 <u>26</u> #Occupa	ants Non-Moto	orist A Type	14 Action 1	5 Loc	ation	1	16 C	onditio	n	17		Hit/Ru	ın Mop	oed
License#		St ¹	MA DOB/Age	Reg#	BU44536				Res	Туре	BUN		Re	eg Stat	e MA	
Sex_F Lic.	Class B 18 18		19		r _{ear} 2020	Ve	h Mal	ke_TH		, - , p				Config	20	_
Operator ME		ANA	Endor ELOISA	rsment Owne	r EASTERN BU									J		
	Last INT MARKS RO	PAD (apt. 3)	Mid	ldle	PO BOX 514	t			Firs	t			Mid	dle		_
City DORCH			State MA Zip 021		SOMERVILLE							State_	MA	_Zip_	02143	
Insurance Com	pany NATIONA				le Action Prior to	Crash		1 21	П	Dam		_			le Up to Thr	ree)
Vehicle Travel	Direction:	S E W	Responding to Emerg	ency? <u>N</u> Event	Sequence 1 2	22 22		22	22	0_	Λ	0	$\overline{}$	4		
Citation # (If I	ssued) N/A			Most	Harmful Event	1 23	3			1 4	_ `	9			10 Undercarr 11 Totaled	riage
Violatio	n 1: ChSe	ec Viola	ion 2: ChSec	Driver	r Contributing Co		9	4	24			Í				
Violatio	n 3: ChSe	ec Viola	ion 4: ChSec	Under	ride/Override	25	T	owed.	N	8		7		6		
Pl Name (Last Fi		operator and a	all occupants invol	ved	A as/DOD		26 Seat Pos.	27 Safety	28 Airbag	29 Airbag	30 Eject I	31 Trap I		33 Fransp.	Madical E-	ility
	Non-Motorist		See Al		Age/DOB	sex	ros.	System	Status	Switch	Code	code	Status	Code	Medical Faci	uity
SENGSAVAN	G, JAKE	ı	5 BRIDGE ST (apt B NEWTON, MA 02459	9		M :	11	99	4	99	0	0	10	1	N/A	
SOEBAGJO, I	DANICA	ı	29 BRIDGE STREET NEWTON, MA			M	11	99	4	99	0	0	10	1	N/A	
SWINT, KENI	DALL		50 COMMONWEAL IEWTON, MA	TH AVENIE		F :	11	99	4	99	0	0	10	1	N/A	

Poli	ice Use Only		Comr	nonwealtl	h of Massa	achi	use	etts			RN	IV Do	cumer	nt Number	
Date of Crash 05/09/2022	Time of Crash 07:32	City/ NEWTON	Town	Motor V	ehicle Cra	sh		mber	Nun		peed Lin		S	tate Police ocal Police IBTA Police	<u> </u>
03/03/2022	24HR	NEWTON			e Report		2		0		ongitud			ther:	
	AT INTER	RSECTION	:	< LO	CATION	>			N	OT A	T IN	ERS	SECT	ION:	
Route# Direc	tion	Name	of Roadway/Stree	et	Route# Direction	on A	ddress	s #			Name of	Road	way/Str	eet	
			At		Feet	N S E	W c	of -			•	or _			. -
Route# Direc	etion N		ting Roadway/Str	reet	Feet [NSF	w o	of.	Mı	le Mark	er		E	xit Number	-
		Also at In	tersection with				_		Roi	ıte#	Inters	ecting	Roadwa	ıy/Street	- -
Route# Direc	tion	Name of Inter	secting Roadway	/Street	Feet	N S E	W o	of					1		_
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Vehicle	#Occupants	Hit/Ru	n Mop	Case Nun	nber	2	20003	382							4
License#	18 18	St_	DOB/Age	R	eg#				_Reg	Type_		I	Reg Sta	te	-
Sex Lic.	Class	Lic. Restrict	ions C	DLV	eh Year	Ve	h Mal	ke				Vel	n Config		
Operator	Last	First			wner	st			Firs			N	Middle		-
					ddress										-
City			StateZip	C	ity										·
Insurance Com	ipany			V	ehicle Action Prior to			21			Ü		`	le Up to Thre	ee)
Vehicle Travel	Direction: N	S E W R	esponding to Emo	ergency? E	vent Sequence	22 2		22	22	2		3	4	1011 1	.
Citation # (If I	ssued)			N	lost Harmful Event	23			24	1	-]	9	5	10 Undercarr 11 Totaled	iage
Violation	1: ChSec	Violati	on 2: ChS	Sec D	river Contributing Co			4	24	8		\sum_{i}			
	3: ChSec				nderride/Override	25		Towed		-		,			
Please to Name (Last Fir	fill out for opera st Middle)	ator and all oc	cupants involve	Address	Age/DOB		26 Seat S Pos. S	27 Safety 2 System	28 Airbag Status	29 Airbag I Switch (30 3 Eject Trap Code Cod	1 32 Injury Status	2 33 Transp Code	Medical Facili	ty
Operator			Sec	e Above											
Please Select C)ne —		П_	Г	14 1	15		1	16		1'	7]		<u> </u>	
of the Followin		22 <u>26</u> # Occup	ants Non-A	Motorist A Type	Action	Loc	ation		C	ondition	1		Hit/Ru	un Mop	ed
License#		St_		e R	eg#_ BU44536				_Reg	Type_1	BUN	1	Reg Sta	te_MA	
Sex_F Lic.	Class B 18 18	Lic. Restrict		DL P V	eh Year 2020	Ve	h Mal	ke_TH	IMS			Vel	n Config	g. 4 20	
Operator ME	NDES	ANA	ELO	ndorsment ISA O	wner EASTERN BI	US COI	MI		Firs				Middle		_
Address 9 SA	INT MARKS RO	DAD (apt. 3)		Middle A	ddress PO BOX 514	st			Firs				11ddie		
City DORCH	ESTER		State MA Zip	02124 C	ity SOMERVILLE						Sta	te_MA	Zip	02143	_
Insurance Com	pany NATIONA	AL UNION FIR	.E	V	ehicle Action Prior to	o Crash		1 21	Π	Dam	aged Are	ea Cod	le: (Circ	ele Up to Thre	ee)
Vehicle Travel	Direction:	S E W	Responding to Em	nergency?NE	vent Sequence 1	22 2	2	22	22	0_		3	4		
Citation # (If I	ssued) N/A			N	fost Harmful Event	1 23	3			1	_ \	9	5	10 Undercarr 11 Totaled	iage
Violatio	n 1: ChSe	ec Viola	tion 2: Ch	Sec D	river Contributing Co	ode	9 2	24	24			ÍV),		
Violatio	n 3: ChSe	ec Viola	tion 4: Ch	_Sec U	Inderride/Override	25	T	owed	N	8		7	6		
	ease fill out for	operator and	all occupants in		4 700			27 Safety	28 Airbag	29 Airbag	30 3 Eject Trap		y Transp	M.E. 15. 11	
Name (Last Fi Operator/	rst Middle) Non-Motorist		Ser	Address e Above	Age/DOB	Sex	Pos.	System	Status	Switch	Code Co	le Statu	us Code	Medical Facil	ity
THOMPSON,	JAKOB	I	23 MURPHY COL	JRT (apt 2)		M	11	99	4	99 (0 0	10	1	N/A	\dashv
			NEWTON, MA 216 HOMER STR	EET											\dashv
TZOUROS, OI	LIVIA		NEWTON, MA	EET		F	11		4		0 0	10	1	N/A	\perp
WELLESLEY,	ZARIA	I	NEWTON, MA			F	11	99	4	99	0 0	10	1	N/A	

Т	Polic Date of Crash	ce Use Only Time of Crash	Cital	Comn	nonwealt			_	Setts Number	_	ahon C		MV D		nt Number State Police	
	05/09/2022	07:32	NEWTON	Iown	Motor V			ash	Vehicles	Inju	red I	Latitude	·		Local Police MBTA Police	X
		24HR		_		ce R OCAT	eport	>	2	0			de		Other:	
H		ALINIER	RSECTION	•	< L(UCAII	ION	<i>></i>		N	OI A	AT IN	ILK	SEC	TION:	
L																
- -	Route# Direct	tion	Name	of Roadway/Stree	t	R	oute# Directi	ion Add						dway/St	reet	
L							Feet [N S E	V of	— Mi	 le Mark	er —	— or		Exit Number	_
-	Route# Direct	tion 1		ting Roadway/Stre	eet	-[Feet	N S E	V of							
1							Feet	N S E V	V of	Rou	ite#	Inte	rsecting	g Roadw	ay/Street	_
Ŀ	Route# Direct	tion	Name of Inter	secting Roadway/	Street								Landn	nark		
	Vehicle	#Occupants	☐ Hit/Ru	n Mop	ed Case Nu	umber		220	000382							
\ 	:#		St	DOD/A ==		D#				D	Т			D C4	-4-	
	License#	18 1	18	19			r								20	_
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							La							Middle		_
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ı							Action Prior t			21					cle Up to Thr	
\	Vehicle Travel	Direction: N	S E W Re	esponding to Eme	ergency?	Event Se	equence	22 22	22	22	2		3	4		
] (Citation # (If Is	ssued)				Most Ha	rmful Event	23				_ \	9		10 Undercarr	riage
	Violation	1: ChSec	c Violati	on 2: ChS	ec	Driver C	Contributing C	Code	24	24		_ /		IJ,	11 Totaled	
	Violation	3: ChSec	c Violati	on 4: ChS	ec	Underric	le/Override	25	Towe	ed	8		7	6		
	Please f		ator and all oc	cupants involved	d Address		Age/DOB		26 27 eat Safety os. \$vstem	28 Airbag Status	29 Airbag I	30 Eject Tr Code Co	31 3 ap Inju	32 32 Trans tus Code	p. Medical Facil	iitv
	Operator				e Above											
	Please Select O of the Followir	IX Vehicle	2 <u>26</u> #Occupa	ants Non-M	Motorist A Type	14	Action	15 Locat	ion	16 Co	ondition	1	17	Hit/F	Run Mop	oed
Ι	License#		St	MA DOB/Age	e	Reg# B	U44536			Reg	Type_	BUN		Reg Sta	ate_MA	_
S	Sex_F_ Lic. (Class B 18 1	Lic. Restricti	ions K 19 Cl	DL P	Veh Yea		Veh	Make_T					eh Confi	20	
	Operator MEN	NDES	ANA		ndorsment ISA Middle	Owner _	EASTERN B	SUS COM	<u> </u>	First				Middle		_
1	Address 9 SAI	NT MARKS RO	OAD (apt. 3)		Middle	Address	PO BOX 514			Pilsi				Middle		_
	City DORCHE	ESTER		State_MAZip_	02124	City_SO	MERVILLE					S	tate_M	A_Zij	02143	_
	Insurance Com	pany_NATIONA	AL UNION FIR	E		Vehicle	Action Prior t	to Crash	1 2	21	_	aged A	_	de: (Cir	cle Up to Thr	ree)
П	insurumee com				. 3.7			22 22	22	22	o		0	4	10 Undercari	
I	Vehicle Travel	Direction: X	S E W	Responding to Em	ergency?N	Event Se	equence 1					1 \	/	1 1	LU Lindercari	nage
I		[24]	S E W I	Responding to Em			rmful Event	1 23	24	24	1	- `	9	5	11 Totaled	
I	Vehicle Travel I	ssued) N/A		tion 2: Ch		Most Ha	,	Code 9	24	24	1	- (9		11 Totaled	
I	Vehicle Travel l Citation # (If Is Violatior Violatior	ssued) N/A n 1: Ch So n 3: Ch So	ecViola	tion 2: Cht	Sec	Most Ha	rmful Event	1 25 25	Towed	1_N_	1 8	- /	7	6	11 Totaled	
I	Vehicle Travel l Citation # (If Is Violatior Violatior	ssued) N/A n 1: Ch So n 3: Ch So ease fill out for	ecViola	tion 2: Ch	Sec	Most Ha	rmful Event	25 S	Towed	1_N 28 Airbag	29 Airbag	30 Eject Tr Code C	7	6 32 33 rry Trans	11 Totaled	
I	Vehicle Travel I Citation # (If Is Violatior Violatior Ple Name (Last Fir	ssued) N/A n 1: Ch So n 3: Ch So ease fill out for	ecViola ecViola r operator and a	tion 2: Chtion 4: Chall occupants inv	Sec Sec volved Address	Most Ha	armful Event Contributing C	25 S	Towed	1_N 28 Airbag	29 Airbag	30 Eject Tr	7 31 3 ap Inju	6 32 33 Trans	11 Totaled	



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 Damag	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)			
Carrier Name					Carrier Issu	ing Authority Cod	e 35
Address		(City		St	Zip	
US DOT#:S	State Number		Issuing State	ICC #:		Interstate	36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra			
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Nar	me		Material 4 d	igit #	Release code	42

MICHAEL R GAUDET NEWTON POLICE DEPARTN 05/09/2022
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

→	Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: 🕕 🛚 1] →[2	₽ Ŷ			
						sh <u>Did Not</u> C Public Way:	Occur
					of	f-Street Parking	Lot
		 				arage	
			į		□ M:	all/Shopping Ce	enter
	. — — — — —	 			Ot	her Private Way	,
	-				Indica	nte North by A	rrow
		 				\bigcap	
	· — — — —	 					
Crash Narrative:			ahaal bua. Ma	E			
damage to the driver side of			chool bus. Mr	. Fryar r	eported no injur	ries. I obs	erved
I spoke with the open	rator of MV2, N	Ms. Ana Mend	es (S72311538)	. Ms. Me	ndes stated she	was	
operating a City of Newton	contracted sch	nool bus (MA	: BU44536) on 1	Berkshire	Road with 25 st	udents on	
board with a final destinat	tion of Bigelow	w Middle Sc	hool. Ms. Men	des state	d she was travel	ing North	on
Berkshire Road when she obs	served a street	t sweeper in	front of her.	Ms. Men	des stated she e	entered the	
Westbound land of Berkshire	e Road to go a	round the st	reet sweeper. 1	Ms. Mende	s stated as she	was passing	g the
street sweeper, it made an	abrupt left t	turn and it's	s driver side	crashed i	nto the front pa	ssenger sid	ie
door/mirror of the school	bus. Ms. Meno	des reported	no injuries.	I observ	ed moderate dama	age to the	
(Continued or	n 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:			(From Veh		Control Inc.		35
Carrier NameAddress					Carrier Issuir St		e
US DOT #:							36
37	s Vehicle Weight	38					
Trailer Reg #:		Reg State	Reg Vear	Tr	ailer Length		
Hazmat Information:	Nog Type	Neg state		11	unoi Longui		
Placard 40 Material 1 digit #	41 Material N	ame		_ Material 4	digit #	Release code	42
MICHAEL R GAUDET			NEWI	ON POLICE DEPARTI	<u> </u>	05/09/20)22

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)

-	Direction 1	Vehicle 1	2 =Vehicle 2	₽ Pedestrian	
Crash Diagram:	ie: → 1	→	2	₽Ŷ	
					If Crash <u>Did Not</u> Occur on a Public Way:
					☐ Off-Street Parking Lot
					☐ Garage
					☐ Mall/Shopping Center
					☐ Other Private Way
	- — — — —	 			Indicate North by Arrow
		 	+		
	_				
Crash Narrative:					
passegner side of MV2.					
After the initial cr	ash, it was rep	ported by bot	th parties th	at MV1 attempted t	o back up to allow
students to exit the bus t	hrough the pass	senger side o	door. As MV1	was backing up, i	t crashed into the middle
passenger side of the sch	ool bus.				
There were 25 Bigelo	w Middle School	L students or	n the bus at	the time of the cr	ash. Ms. Mendes state she
contacted her dispatch for	further instru	actions on wh	nat to do wit	h the students. M	s. Mendes stated to Sgt.
Wade that the Eastern Bus	Company dispato	ch instructed	d her to keep	the students on t	he bus and wait for Police
and EMS to arrive. Ms. Me	ndes stated aft	ter speaking	with her dis	patch, another sch	ool bus arrived at the
scene. The decision was m	ade by Ms. Mend	des to have t	the students	exit her school bu	s and be transported to
(Continued o	n next page)				
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:					
Owner (Last, First, Middle)	Address		Phone #	34-Type Description	n of Damaged Property
T. 1. 10. 16. 11					
Truck and Bus Information: Carrier Name	Registration #		(From V	ehicle Section)	Carrier Issuing Authority Code 35
Address			City		St Zip
US DOT #:					36
Cargo Body Type Code 37 Gro.	ss Vehicle Weight	38			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Length	39
Hazmat Information:					
Placard 40 Material 1 digit #	# 41 Material N	ame		Material 4 digit #	Release code 42
MICHAEL R GAUDET				MATTON BOLICE PERSONNEL	0E /00 /2022
Police Officer Name (Please Print)	Signature			WYON POLICE DEPARTM Department Pre-	05/09/2022 cinct/Barracks Date

-	→ Direction	1 = Vehicle 1	2 =Vehicle 2	Pedestr	ian			
Crash Diagram:	ie: →□	1 -	2	₽				
		 	 	<u> </u>	I	ash <u>Did Not</u> Oc Public Way:	ccur	
		<u> </u>	<u> </u>		- 0	ff-Street Parking L	Lot	
		 	<u> </u>		_ _	arage		
į	į	į		į		Iall/Shopping Cent	ter	
		- ·				ther Private Way		
		-			Indic	ate North by Arro	ow	
						\bigcirc		
Crash Narrative:								
Bigelow Middle School pri	or to my arriva	al. Ms. Mend	les was advised	in the f	uture to follow	the policy s	set	
forth by her Eastern Bus	Company, the Ci	ity of Newton	, and the Newt	on Police	Department.			
After clearing Berk	shire Road, mys	self and Sgt.	M. Wade respo	nded to the	he Bigelow Midd	le School to	check	
on the welfare of the stu	dents that were	e on the bus	at the time of	the cras	h. We were gre	eted by the		
school's Asssitant Princi	ple Mr. Lucas M	Mogensen. Mr	. Mogensen sta	ted all o	f the students	that were on	the	
bus at the time of the cr	ash were staged	d on the bus	when it arrive	d at the	school. Mr. M	ogensen state	ed the	
school nurse Ms. Shannon	Loughnane evalu	ated each st	udent as they	exited the	e bus and there	were no inju	ıries	
reported at this time.								
Witnesses:								
Name (Last, First, Middle)		Address	Address			S	Statement	
Property Damage:		-			-	<u> </u>		
Owner (Last, First, Middle) Address			Phone # 34-Type Des			escription of Damaged Property		
Truck and Bus Information:	Registration #		(From Ve	hicle Section)				
Carrier Name			·			ng Authority Code	35	
Address			_ City		St	Zip		
US DOT #:	_ State Number		Issuing State	ICC #:		Interstate	36	
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38						
Trailer Reg #:	Reg Type	Reg State _	Reg Year_	Tra	ailer Length 39			
Hazmat Information: Placard 40 Material 1 digit	# 41 Matarial N	Name		Material 4 a	ligit#	Release code	42	
i iacaid	iviaterial I	valle		1414151141 4 (ııgıt π	Acticase code		

ID/Badge #

Department

Signature

Date

Precinct/Barracks

Police Officer Name (Please Print)