

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/06/2019	Time of Crash 12:34 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 15 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:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 300 NEEDHAM ST 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 _____							
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 _____ PARKING LOT ISLAND EXIT/ENTRANCE Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000806			
License # _____ St MA DOB/Age _____			Reg # V16284		Reg Type COMM		Reg State MA			
Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year 2018		Veh Make FORD		Veh Config. <input type="checkbox"/> 6 <input type="checkbox"/> 20			
Operator PEREZ-RAMIREZ GELVIN OSMELI			Owner EATON HORTICULT LANDSCAPING							
Address 25 DERBY STREET (apt. 3)			Address 282 HARDY POND RD							
City WALTHAM State MA Zip 02453			City WALTHAM State MA Zip 02451							
Insurance Company TRAVELERS IND CO			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"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <input type="checkbox"/> 20 <input type="checkbox"/> 22 <input type="checkbox"/> 10 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		2 3 4		10 Undercarriage			
Citation # (If Issued) T1445351			Most Harmful Event <input type="checkbox"/> 10 <input type="checkbox"/> 23		1 2 3 4 5 6 7 8 9		11 Totaled			
Violation 1: Ch 90/24 Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 19 <input type="checkbox"/> 24 <input type="checkbox"/> 24							
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 See Above			1 4 99 0 0 10 1				NONE			
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State _____			
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year _____		Veh Make _____		Veh Config. <input type="checkbox"/> 20			
Operator _____			Owner _____							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____ State _____ Zip _____							
Insurance Company _____			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		10 Undercarriage			
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed _____							
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			1 4 99 0 0 10 1							

Crash Diagram:

ie: → 1 → 2 → Pedestrian

Needham St

NOT TO SCALE

Parking Lot of 300 Needham St

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 08/06/19 at 12:34 hours, I responded to Industrial Place by The Lakeshore Learning Store at the request of Newton Police Officer Justin March who witnessed an accident in the parking lot of 300 Needham Street. Officer March was working a road construction detail at the time in the City of Newton. He states that at approximately 12:20 hours he observed MV1 exiting the parking lot of 300 Needham Street(a drive way to a building that the public has access to). There is an island in the middle that separates the entrance and exit of the lot as it goes out to Needham Street. As MV1 was exiting, he drove up on the island and pushed two large stone builders out of place. There was also damage to numerous different flowers planted in the ground. MV1 then exited the lot and went eastbound on Needham Street. Officer March then followed in his vehicle and kept beeping his horn to alert the driver to stop. The operator turned on to Industrial

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
MARCH, JUSTIN,	1321 WASHINGTON STREET NEWTON,MA 02465	-----	N

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
PROPERTIES GROUP, NOLAN,	328 BARRY AVE S WAYZATA,MINNESOTA 55391	952-767-2500	97	ENTRANCE/EXIT ISLAND WITH BOULDERS/FLOW

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

JEREMY L WILSON

25227

NEWTON POLICE DEPART

08/06/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ 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:

Place and pulled over. Ofc. March attempted to speak to the operator, Gelvin Perez-Ramirez but there was a language barrier.

Next, Ofc. Calderon responded and assisted with Spanish translation. He asked the operator what occurred and he stated that he never saw the island. Due to the fact that the operator left the scene of the accident and never reported it, he was issued MA Uniform Citation # T1445351 for Ch. 90/24/C.

MV1 sustained damage to the two exhaust pipes on the passenger side of the truck. There is also possible undercarriage damage. Ofc. M. Wade took photos of the scene.

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

JEREMY L WILSON

25227

NEWTON POLICE DEPART

08/06/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date