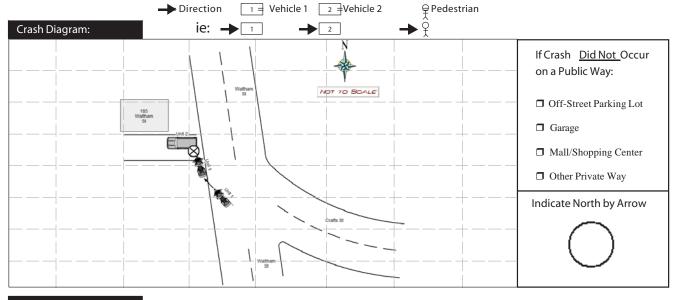
	Poli	ice Use Only		Commonwe	alth	of Massa	ichi	ısett	S		RM	V Docu	ıment Nı	umber	
	Date of Crash 08/23/2019	Time of Crash 03:36	City/Tow NEWTON	1410101		nicle Cra	sh	Numb Vehicle	es Inju	red L	peed Lim atitude _		Local MBT	Police Police A Police	N Xi
		24HR	OCEODIONI			Report TION :		3	1		ongitude		Other		
		ATINIER	RSECTION:	<	LUCA	TION 2	>		IN	OI A	1 11/1.	EKSE	CTIO	N:	
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]					Feet N	SE	W of		 le Mark	•	or	Evit N	Number	-
	Route# Direc	ction N	Name of Intersecting	-		50FT Feet N	I W E	w of	IVII		RAFTS S	ST	EXILI	vuilibei	-
			Also at Interse	ection with		_	1- 7	_	Ro	ite#			adway/St	reet	- ├
1	Route# Direc	tion	Name of Intersect	ing Roadway/Street		Feet N	SE	or or			т.	ndmark			_
	[W]	4 #0									La	namark			┪
	Vehicle1	#Occupants	Hit/Run	Moped Case	e Number	r	1	9000008	66						4
	License#	18 1	St MA	DOB/Age	_ Reg#	<u>1L4389</u>			Reg	Type_	MCN	Reg	g State_M		-
	Sex_M_ Lic.	Class	Lic. Restrictions		_ Veh `	Year_2005	Ve	h Make_	SUZI			_Veh C	onfig.	3 20	
1	Operator GO	NZALES Last	ANGEL	Middle	_ Owne	er MARTINEZ	:	DAN	IIEL Firs	:	JF	Midd	le		- [
	Address 262 C	RESCENT STR	EET		Addr	ess 1086 LIBERT	YST								.
	City WALTH	AM	Stat	e_MA Zip_02453	_ City_	SPRINGFIELD					State	MA_	Zip <u>0110</u>	04	-
	Insurance Com	npany_LIBERTY	MUTUAL		Vehic	cle Action Prior to	Crash	1	21	Dama	aged Area	Code:	(Circle U	p to Thre	ee)
	Vehicle Travel	Direction:	S E W Respo	nding to Emergency?	Event	t Sequence 20 2	2 2	2 22	22	2	3		4		
	Citation # (If I	ssued) T1442821			Most	Harmful Event	2 23	3		1 4	<u> </u>	\mathbf{f}	10 U	Undercarri Totaled	iage
	Violation	1: Ch_266/13ce	C Violation	2: Ch90/23/Fec	Drive	er Contributing Co	de	10 24	24						
1	Violation	3: Ch89/4A_Sec	C Violation	4: ChSec	Unde	rride/Override	25	Tov	ved Y	8	7		6		
	Please		ator and all occup	ants involved Address	26 27 28 29 30 31 32 33							dical Facilit	ı,		
	Operator			See Above				0	5	4 1				H ISREAL	
				,					16						_
4	Please Select C of the Followi		2 0 # Occupants	Non-Motorist A T	ype	Action 1	Loc	ation	16 C	ondition	17	П	lit/Run	Мор	ed
	License#		St	DOB/Age	Reg #	8EC792			Reg	Type_I	PAN	Res	g State_M	ΙA	
	Sex Lic.	Class 18 1		19		Year_2004	Vel	h Make	-	J1 -		Veh C		20	
	Operator			Endorsment		er CURTIS			HONY		С				
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	l .	npany COMMER		ele Action Prior to	Crash	11	21	Dama				p to Thre	ee)		
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						Most Harmful Event 1 9 5 11 Totaled									
				4: ChSec		erride/Override	25	Tow	ed N	© _	()	['] Q		
				occupants involved	Sinde	- Stellide		26 2 Seat Safe		29 Airbag E	30 31 Eject Trap	32 Injury T	33 ransp.		\dashv
	Name (Last Fi		-	Address See Above		Age/DOB		Pos. Sys	tem Status	Switch	Code Code	Status		edical Facil	ity
	Operator/	1 NOII-IVIOTOFISE		See Above						+					\dashv
									-						

Date of Crab Time of Crab City Trown Police Report State Police Police Report State Police Pol		lice Use Only		Commonwea								ent Number	
AT INTERSECTION: Content			1	MIOTOI			$\mathbf{sh} \mid_{Ve}^{Nt}$					State Police Local Police	X
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Route# Direction Name of Intersecting Roadway/Street Section Mark Mode Mode	Route# Dire	ection				Feet N	N S E W		THE WILL	-		Latt (Vuinoci	—
Rough Direction Name of Intersecting Randway/Street Landmark	1		Also at intersec	uon wiin				R	oute#	Intersec	cting Road	way/Street	-
Non-Motorist A Type See Above See Address See Above See Type MCN Reg State MA See M Lic. Class D See Motorist A Type M	Route# Dire	ection	Name of Intersecting	ng Roadway/Street			15[2]11	—		La	ndmark		
License #	XIVehicle	1 1 #Occupants	Hit/Run	Moned 6			40000	200066		250	- Contract N		\neg
See M Lic. Class D B 15 Lic. Restrictions 1 CDL. Veh Year 2005 Veh Make SUZ1 Veh Config. 3 Operator GONZALES ANGEL Address 262 CRESCENT STREET Address 262 CRESCENT STREET City WALTHAM State MA Zip 02453 City Vehicle Action Prior to Crash Vehicle Travel Direction: X[S] E[W] Responding to Emergency? Citation # (If Issued) Please fill out for operator and all occupants involved Address Please Solect One See Above Please fill out for operator and all occupants involved Address Addr	├──	•		- Case I		17.4200				. CN		244	_
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Insurance Company_LIBERTY MUTUAL Vehicle Action Prior to Crash Vehicle Action Prior to Crash Vehicle Travel Direction: Vehicle Travel Direction:				MA 7in 02453							. 7	in	-
Vehicle Travel Direction:	1				-			21				•	
Citation # (If Issued) T1442821	┪							_	2	3		4	
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Violation 3: ChSec Violation 4: ChSec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Operator See Above Please Select One of the Following: Vehicle 3 #Occupants Sec Lic. Class				ChSec		L		24 24	4 1	- / 		5 (1) Totaled	
Please fill out for operator and all occupants involved Address AgeDOB Sex Pos. System Strates Parise Regue System Strates	Violatio	n 3: ChSe	ec Violation 4:	ChSec	Underr	ide/Override	25	Towed Y	_ ₈	7		6	
Please Select One of the Following: Vehicle 3 0 # Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped			rator and all occupa			A ass/DOP	26 Seat	27 28 Safety Airba	3 29 g Airbag E	30 31 Eject Trap	32 Injury Tran	33 lsp. Madical Facil	
License # St DOB/Age Reg # 1T3988 Reg Type MCN Reg State MA Sex_ Lic. Class								- System Statu	is pwitch c	ode code	status Cou	ic Wedicai Faci	ity
License # St DOB/Age Reg # 1T3988													
License # _ St _ DOB/Age													
License # _ St _ DOB/Age _ Reg # 1T3988													
License # St DOB/Age Reg # 1T3988 Reg Type MCN Reg State MA Sex_ Lic. Class		I X Vehicl	e3 <u>0</u> #Occupants	Non-Motorist A Typ	pe 14				Condition	17	Hit/	/Run Mor	oed
Sex Lic. Class					- u 1	T3988			- I	MCN		MA	_
City		18	18	19	_		Voh M			vici v	_	20	-
Address			Lic. Restrictions					ake			_ ven con	ing. 5	
City State Zip City State Zip	_	Last	First	Middle		Last		Fi	irst		Middle		_
Insurance Company			State	Zip						State	eZ	ip	_
Vehicle Travel Direction: X S E W Responding to Emergency? Event Sequence 97 22 22 22 22 22 22 22 20 3 4 10 Undercarriage Scitation # (If Issued) Most Harmful Event 97 23 10 Undercarriage 5 Towed N Totaled Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override	Insurance Co	mpany						97 21	Dama	aged Area	Code: (C	ircle Up to The	ee)
Citation # (If Issued) Most Harmful Event	1	_			Event S	Sequence 97 2	2 22		2	3		4	
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24 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 Age/DOB Sex Pos. System Status Switch Code Status Code Medical Facility	Citation # (If	Issued)					97 23			_ \	$ \cdot $		riage
Violation 3: ChSecViolation 4: ChSecUnderride/Override	Violati	on 1: ChS	Sec Violation 2	2: ChSec	Driver	Contributing Co	ode 1	24 2				- 0	
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility Medical Facility	Violati	on 3: ChS	Sec Violation 4	: ChSec	Underr	ide/Override	25	Towed N	8	7		6	
			r operator and all oc	*		A ge/DOB		27 28 Safety Airba	g Airbag F	30 31 Figet Trap	Injury Tran	isp.	ility
								- System Stat	SWIICII	Code Code	Dianus CO	ac Medical Fac	.ity
									+ +				\dashv



Crash Narrative:

MV1 jumped a curb and collided with a parked vehicle MV2 (a 2004 GMC Yukon, MA Reg: 8EC792) in front of
185 Waltham St. MV1 operator, Angel Gonzales, was unconscious on scene in the driveway of 185 Waltham St.
Waltham St is a public way that is owned and maintained by the City of Newton. A passerby, Joseph Anderson
saw the aftermath of the crash and called 911. MV2 had damage to its drivers side door and rear side. MV1 was
heavily damaged, on its side, and keys were in the ignition. MV1 was towed by towed by Tody's. Gonzales was
transported to Beth Isreal in critical condition. When Gonzales was in the back of the ambulance, myself and
medics smelled an odor of an alcoholic beverage emanating from Gonzales. All first responders thoroughly
checked the surrounding area for a helmet but one could not be located.

Due to Gonzales' critical condition and urgency to get to the hospital, and ID was not thoroughly looked for (Continued on next page)

Witnesses:							
Name (Last, First, Middle)		Address			Phone	· #	Statement
ANDERSON , JOSEPH,		,					N
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property	
Truck and Bus Information: Carrier Name	Registration #				Carrier Iss	suing Authority Cod	35 de
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38			39	1	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tı	railer Length		
Hazmat Information:						1	
Placard 40 Material 1 digi	it # 41 Material Nan	ne		Material 4	digit #	Release code	42

-	Direction 1	Vehicle 1	vehicle 2	Pedestr	ian
Crash Diagram:	ie: 🕕 🛚	→ 2	→	· 2	
					If Crash <u>Did Not</u> Occur on a Public Way:
					☐ Off-Street Parking Lot
į į	į	į į	į	İ	☐ Mall/Shopping Center
					Other Private Way
	į	į į	į	İ	Indicate North by Arrow
		+			
Crash Narrative:					
	no, N491, retri	eved an ID fr	om Gonzales up	on arriv	al at Beth Isreal Hospital. Ofc.
Stake filled out a towed	inventory form.	Pictures tak	en and sent to	IT. Sgt	. Lee was notified and will be
following up with this in	cident.				
MV1 operator, Angel Gonza	les is being cha	arged with th	e following (M	A Unifor	m Citations T1442823 &
T1442824):					
90/24J - OUI Liquor (publ	ic way)				
90/24E - Negligent Operat	ion of a MV (ope	erating reckl	essly at a high	h rate o	f speed)
89/4A - Marked Lanes					
90/23 - Attaching Registr	ation Plates (at	ttaching regi	stration plate	s to mot	orcycle to conceal the fact
(Continued	on next page)				
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Stateme
2					
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property
OWNER (East, First, Minage)	, radicss		Thorne #	эттурс	Description of Burnagea Froperty
	_				
Truck and Bus Information:	Registration #		(From Vehic	cle Section)	
Carrier Name					Carrier Issuing Authority Code
Address			City		St Zip
US DOT #:	_ State Number		Issuing State	ICC #:_	Interstate 36
Cargo Body Type Code 37 Gr	ross Vehicle Weight	38			
Trailer Reg #:		Pag State	Pag Vaar	$T_{r^{*}}$	gilar Langth
Hazmat Information:	Nog 1 ypt	Reg state	Neg 1 cai	118	unior Zongui
Placard 40 Material 1 digit	# 41 Material N	fame		Material 4 o	digit # Release code 42
ALEX N KANE		38800) NEWTO	N POLICE DEPARTM	08/23/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

→	Direction	1 = Vehicle 1 2	y ≠Vehicle 2	Pedestri	ian	
Crash Diagram:	ie: →□	12	□ →	₽		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	ng Lot
					☐ Garage	
						7
	· _	<u> </u>	-		Mall/Shopping C	enter
					☐ Other Private Wa	ay
	· — — — — —	+			Indicate North by	Arrow
	į	į į	į		()	
Crash Narrative:		.1		- 11- 4-	- 0000 H	1- 10
Reg: 1T3988; VIN on the mot						cycle, MA
90/9B - Unregistered MV (mo						
90/23D - Operating MV with					-	
S94722414)	a suspended i	TCERSE (KMV C		GOIIZATES		
(see Incident #19039806 for	r more details	3).				
For QED purposes, the charge			ation was adde	ed to this	s report because 90/23 - 2	Attaching
Registration Plates was not					•	
Due to Gonzales' hospitalis	_	tations will	be mailed to 1	his last l	known address.	
(Continued or						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Owner (Last, First, Middle)	Address		THORE #	эттуре	Description of Damaged Froperty	
Truck and Bus Information:	Registration #		(From Veh	nicle Section)		25
Carrier Name					Carrier Issuing Authority Co	ode 35
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38				
Trailer Reg #:		Reg State	Reg Vear	Tra	ailer Length	
Hazmat Information:	Nos Type	Reg State	Reg real	11a	mor Longui	
Placard 40 Material 1 digit #	41 Material 1	Name.		Material 4 d	ligit # Release code	42
Princing 1 digit #	Iviaterial I	· ·········		_ 1414101141 4 0	ngit " Release code	
ALEX N KANE		38800) NEWTO	ON POLICE DEPARTM	08/23/	2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

-	→ Direction	_ 1	icle 1	2 = Vehicle 2	Pedestri	an	
Crash Diagram:	ie: →[1	→	2	→ ♀		
						If Crash <u>Did</u> on a Public W	
						Off-Street F	Parking Lot
						☐ Garage	
						□ Mall/Shopp	oing Center
			+		+	Other Priva	
		_			+	Indicate North	
		 	+				
						()
Crash Narrative:	,		'	,	'		
Officers were able to ris	e a Harold Cu	rtis, tl	ne fathe	er of Anthon	y Curtis (or	wner of MV2, the GMC Y	ukon)
at 185 Waltham St. He was	notified of	the inc	ident ar	nd advised t	o call their	r insurance company. C	urtis
mentioned that he has cam	eras facing t	he stree	et where	the incide	nt took plac	ce and will see if he	can retrieve
the footage for us. Police	e prosecutor	to subpo	oena blo	ood.			
W itnesses: Name (Last, First, Middle)		Addr	ess			Phone #	Statement
Nume (East, First, Middle)		/ tadi	C33			Thone #	Statement
Property Damage:	T			T			
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of Damaged Propert	ty
Truck and Bus Information:	Registration #			(From	Vehicle Section)		35
Carrier Name				City		Carrier Issuing Authori	
AddressUS DOT #:						St Zip	36
37	oss Vehicle Weight	38		issumg state_	1CC#	interstat	
Trailer Reg #:	ا	R _i	og State	Reg Ve	ar Tra	iler I ength	
Hazmat Information:	neg rype	100	g state	Kcg 167	118	nor Longui	
Placard 40 Material 1 digit	# 41 Materia	ıl Name			Material 4 d	igit# Release co	ode 42
ALEX N KANE			3880		NEWTON POLICE DEPARTM	(

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)