

Commonwealth of Massachusetts

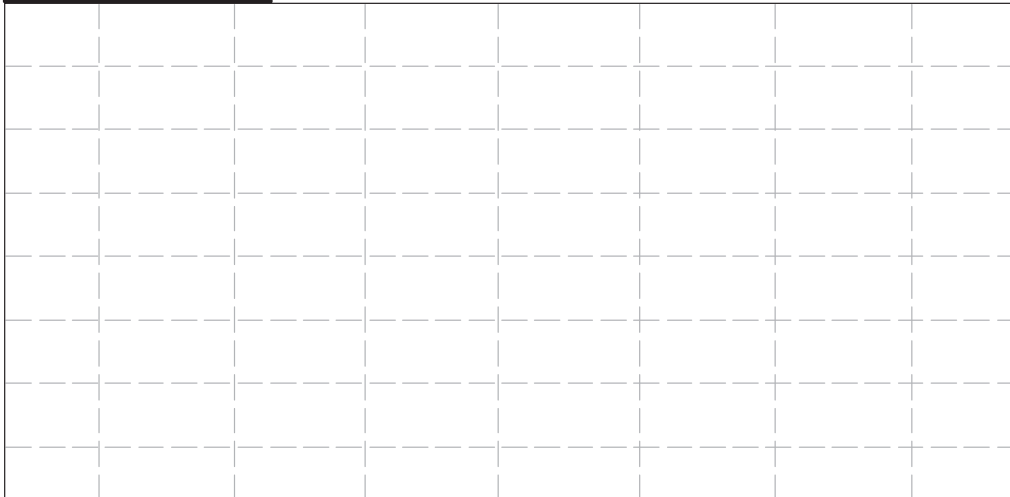
Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 08/23/2019	Time of Crash 03:36 24HR	City/Town NEWTON	Number Vehicles 3	Number Injured 1	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			188 WALTHAM ST Route# Direction Address # Name of Roadway/Street Feet [N][S][E][W] of _____ Mile Marker _____ Exit Number _____								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			50FT Feet [N][X][E][W] of CRAFTS ST Route# Intersecting Roadway/Street Feet [N][S][E][W] of _____ Landmark _____								
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000866		
License # --- St MA DOB/Age ---			Reg # 1L4389 Reg Type MCN Reg State MA			Veh Year 2005 Veh Make SUZU Veh Config. 3 20					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner MARTINEZ DANIEL JR			Address 1086 LIBERTY ST					
Operator GONZALES ANGEL			Address 262 CRESCENT STREET			City WALTHAM State MA Zip 02453					
Insurance Company LIBERTY MUTUAL			City SPRINGFIELD State MA Zip 01104			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: [X][S][E][W] Responding to Emergency? _____			Event Sequence 20 22 2 22 22 22 2			Most Harmful Event 2 23			Driver Contributing Code 10 24 24		
Citation # (If Issued) T1442821			Underride/Override 25 Towed Y			Diagram: 10 Undercarriage 5 1 Totaled					
Violation 1: Ch 266/13c Sec _____ Violation 2: Ch 90/23d Sec _____											
Violation 3: Ch 89/4A Sec _____ Violation 4: Ch 90/9B Sec _____											
Please fill out for operator and all occupants involved										13 20	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator			See Above			-----			---		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 # 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 DOB/Age ---			Reg # 8EC792 Reg Type PAN Reg State MA			Veh Year 2004 Veh Make GMC Veh Config. 2 20					
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Owner CURTIS ANTHONY C			Address 185 WALTHAM STREET					
Operator _____			City WEST NEWTON State MA Zip 02465			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company COMMERCE			City _____ State _____ Zip _____			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23		
Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? _____			Driver Contributing Code 24 24			Underride/Override 25 Towed N			Diagram: 10 Undercarriage 5 11 Totaled		
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 20	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator/Non-Motorist			See Above			-----			---		

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/23/2019	Time of Crash 03:36 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 1	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 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 _____							
2 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 _____							
3 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
3 <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Case Number 190000866							
4 License # _____ St MA DOB/Age _____ Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____ Operator GONZALES ANGEL Address 262 CRESCENT STREET City WALTHAM State MA Zip 02453 Insurance Company LIBERTY MUTUAL			Reg # 1L4389 Reg Type MCN Reg State MA Veh Year 2005 Veh Make SUZU Veh Config. <input type="checkbox"/> 3 <input type="checkbox"/> 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21 Event Sequence <input type="checkbox"/> 20 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 Most Harmful Event <input type="checkbox"/> 2 <input type="checkbox"/> 23 Driver Contributing Code <input type="checkbox"/> 10 <input type="checkbox"/> 24 <input type="checkbox"/> 24 Underride/Override <input type="checkbox"/> 25 Towed Y Damaged Area Code: (Circle Up to Three) 5 ① Totaled							
5 Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) T1442821										
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 3 0 #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 _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # 1T3988 Reg Type MCN Reg State MA Veh Year 2002 Veh Make HONDA Veh Config. <input type="checkbox"/> 3 <input type="checkbox"/> 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 97 <input type="checkbox"/> 21 Event Sequence <input type="checkbox"/> 97 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 Most Harmful Event <input type="checkbox"/> 97 <input type="checkbox"/> 23 Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24 Underride/Override <input type="checkbox"/> 25 Towed N Damaged Area Code: (Circle Up to Three) 5 ① 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										

→ 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:

that it was unregistered. Registration plate on the motorcycle came back to a 2002 Honda VT750 motorcycle, MA Reg: 1T3988; VIN on the motorcycle came back to a 2005 Suzuki GSXR60, MA Reg: 1L4389)

90/9B - Unregistered MV (motorcycle 2005 Suzuki MA Reg: 1T3988 was confirmed unregistered by RMV)

90/23D - Operating MV with a Suspended License (RMV confirmed that Gonzales' license was suspended S94722414)

(see Incident #19039806 for more details).

For QED purposes, the charge 266/139 - Stolen Registration was added to this report because 90/23 - Attaching Registration Plates was not an option.

Due to Gonzales' hospitalization, the citations will be mailed to his last known address.

(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

ALEX N KANE

38800

NEWTON POLICE DEPART

08/23/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

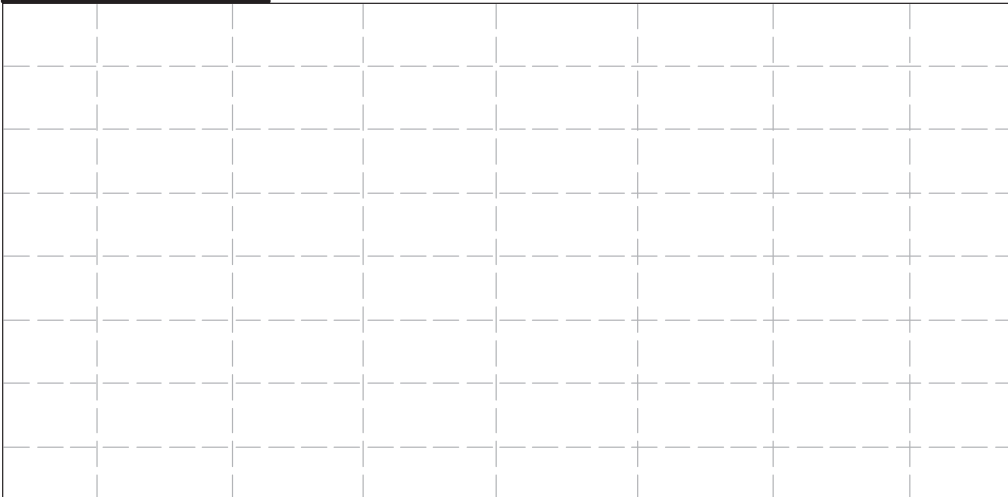
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 → Pedestrian



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:

Officers were able to rise a Harold Curtis, the father of Anthony Curtis (owner of MV2, the GMC Yukon) at 185 Waltham St. He was notified of the incident and advised to call their insurance company. Curtis mentioned that he has cameras facing the street where the incident took place and will see if he can retrieve the footage for us. Police prosecutor to subpoena blood.

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

ALEX N KANE

38800

NEWTON POLICE DEPART

08/23/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date