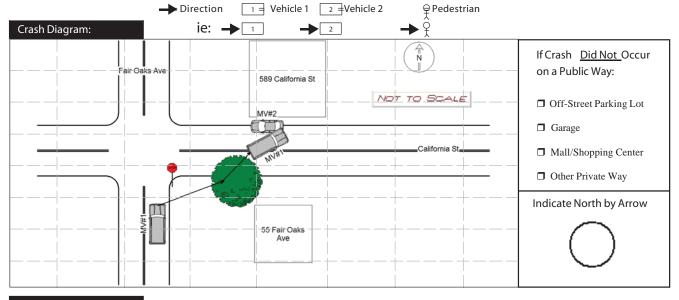
	Poli	ice Use Only		Commonweal	lth o	f Mass	ach	iuse	etts			RM	V Doo	cumen	ıt Number	
	Date of Crash 11/25/2019	Time of Crash 02:44	City/Tow NEWTON	MIOTOI		icle Cra Report	ash		mber hicles	Num Inju 1	red La	eed Lim titude _ ngitude		S S N	tate Police local Police IBTA Police Other:	XI C
		AT INTER	SECTION:		OCAT		>					INT				_
						WEST		589			FORNI					2
1	Route# Direc	tion	Name of R	oadway/Street	R	Route# Directi		Addres	s #	CALI		lame of l	Roadw	ay/Str	eet	- -
5			A	t		East [N C	F W	- C			•				2
	Route# Direc	tion N	Name of Intersecting	Roadway/Street	L	Feet [N S	E W o	DI –	Mil	e Markei	r	or		Exit Number	_
	Titodies Bires		Also at Interse		-	Feet	N S	E W	of	Rou	to#	Interce	oting D	oodwa	ıy/Street	
2 1						Feet [N S	E W	of	Rou	Cir	merse	oung r	coadwa	iy/Bireet	3
	Route# Direc	tion	Name of Intersect	ing Roadway/Street								La	ndmar	k		
3	XVehicle1	5_#Occupants	Hit/Run	Moped Case N	Number			190000	01210							П
	License#_		St	DOB/Age	Reg # 6	GZ441				Reg	Type P	AN	R	eg Stat	te MA	
	Sex Lic.	Class 99 18 18	8 Lic. Restrictions	9 19 CDL	_	ar 2014	V	/eh Ma	ke TC						20	
4	Operator UNI		UNKNOWN	Endorsment UNKNOWN		SAGASTUM										3
2	Address UNK	Last UNK	First	Middle		S 165 (apt. 45)				First			Mi	ddle		
	City UNK		State	XX Zip UNK		ESTBOROUG						State	MA	Zip	01581	
	Insurance Com	pany PROGRES	SSIVE		Vehicle	Action Prior t	o Cras	sh	3 21	П	Damag	ged Area	Code	: (Circ	ele Up to Three	:)
5 1	Vehicle Travel	Direction: N	S X W Respo	nding to Emergency? N	Event S	Sequence 20	22 21	22 2	22	22	O	3	7	4		
_	Citation # (If I	ssued)			Most H	armful Event	2	23		_ (1) 4		$f = \int_{\mathbb{R}^{n}} f$	5	10 Undercarria 11 Totaled	ge
	Violation	1: ChSec	Violation 2	: ChSec	Driver (Contributing C	ode	99 2	24	24			$\sqrt{}$		11 Totaled	
⁶ 1	Violation	3: ChSec	Violation 4	: ChSec	Underri	de/Override		25	Towed	<u>Y</u>	8	7		6		
	Please t		ator and all occupa	ants involved Address		Age/DOB	Sex	26 Seat Pos.	27 Safety 2 System	28 Airbag A Status S	29 Eje witch Co	30 31 ect Trap de Code	32 Injury \$tatus	33 Transp. Code	Medical Facility	2
	Operator	,		See Above							1 0	0	10	1		
	LOPEZ, ELME	ER		MOODY ST LTHAM, MA 02453			M	4	99	3	1 0	0	10	1		
	DERAS, RICA	RDO	I	MOODY ST THAM, MA 02453			М	6	99	3	1 0	0	8	2	NWH	
	LOPEZ, MAXI	IMII ANO	91 C	RESCENT ST			M	5	99	3	1 0	0	10	1		\dashv
7	Please Select C)	·	THAM, MA 02453	14	1 -	15	0		16		17				_
1	of the Followin	I A Venicle	2 <u>0</u> #Occupants	Non-Motorist A Type	e	Action		ocation		Co	ndition		ľ	Hit/Ru	un Mope	d
	License#		St	DOB/Age	Reg#1	MXT91				_Reg	Type_P	AN	R	eg Stat	te_MA	
	Sex Lic. (Class 18 18	Lic. Restrictions	CDL	Veh Ye	ar_2018	V	/eh Ma	ke_AL	DI			_Veh	Config	g. 20	
8 1	Operator	Last	First	Endorsment		SILVA			AMES	First			Mi	ddle		
	Address				Address	589 CALIFO	RNIA	ST								
	City		State	eZip	City N	EWTON						State	MA	Zip	02460	
	Insurance Com	pany COMMER	CE		Vehicle	Action Prior t	o Cras	sh [11 21					•	ele Up to Three	:)
	Vehicle Travel	Direction: N	S E W Resp	onding to Emergency?N	Event S	Sequence 2		22	22	22	2	3		4	10 Undercarria	
	Citation # (If I	ssued)			Most H	armful Event	2	23	7	24	1	9	1	(3)	11 Totaled	.ge
	Violatio	n 1: ChSe	ec Violation	2: ChSec	Driver	Contributing C		25	24	24	8	<u>/</u>	$\frac{1}{2}$	$\mathcal{I}_{\mathbf{Q}}$		
				4: ChSec	Underri	ide/Override		1	owed	<u>Y</u>		80 21	32	33		_
	Pl Name (Last Fi		operator and all o	Address		Age/DOB	Sex	26 Seat Pos.	Safety / System	Airbag A Status	29 Switch C	30 31 Frap ode Code	32 Injury Status	Transp.	Medical Facilit	у
	Operator/	Non-Motorist		See Above												

	Poli Date of Crash	ce Use Only Time of Crash	h City/		nonwea				r	ISET		umber		RMV d Limi			t Number	
	11/25/2019	02:44	NEWTON	own	Motor				sh	Vehic	les I1	njured	Latit	ude _			tate Police ocal Police IBTA Police	X
		24HR	RSECTION			lice I		τ >		2	1			gitude_			ither:	
ŀ		ALINIE	RSECTION	<u> </u>		LUCAI	IION					NOI	AI	11111	LKS	ECI	ION:	
1				CD 1 (G)		l										(0.		
ŀ	Route# Direct	tion	Name	of Roadway/Stre At	et		Route# Di	rection	Ad	dress #			Nan	ne of R	Coadw	ay/Stre	eet	
l.							F6	eet N	SE	W of		Mile Ma			or		xit Number	-
ŀ	Route# Direc	tion	Name of Intersec	ring Roadway/Strersection with	reet		Fe	eet N	S E	W of								
1							F6	eet N	SE	W of	R	Coute#	Iı	ntersec	ting R	.oadwa	y/Street	
ŀ	Route# Direct	tion	Name of Inter	secting Roadway	/Street						_			Laı	ndmar	k		
	XVehicle1	5_#Occupants	s Hit/Ru	n Mor	oed _{Case}	Number			19	0000012	10							
╊	License#_		St	DOB/Age		Reg#	6GZ441				D	eg Type	PAN	1	D	og Stat	to MA	
П	Sex Lic. (71266 99 18	18 Lic. Restricti	19	DL	_	ar 2014		Vol	Maka						-	20	_
- 1	Operator UNI		UNKNOW	N UNI	ndorsment KNOWN		SAGAS				RA							
1	Address UNK	UNK	First		Middle		165 (apt					irst			Mi	ddle		_
П	City UNK			State_XX Zip	UNK		ESTBOR							_State	MA	_Zip	01581	_
П	Insurance Com						Action Pr			3	21					_ ^	le Up to Thre	ee)
	Vehicle Travel	Direction: N	S X W	sponding to Em	ergency?_N	Event 5	Sequence	20 22	21 22	2 22	22	0		3	7	4		
-	Citation # (If Is	ssued)					Iarmful Ev		23			0	_	9	$\langle $	5	10 Undercarr	riage
⇃	Violation	1: ChSe	ec Violati	on 2: Ch	Sec	Driver	Contributii	ng Cod	le g	99 24	2	4			<u>\</u>		11 Totaled	
L	Violation	3: ChSe	ec Violati	on 4: Ch	Sec	Underr	ide/Overri	de	25	То	wed Y	_ 		7		6		
Ī	Please f		rator and all occ	rupants involve	ed Address		Age/DC	ов 5	Sex S	26 Z Seat Safe Pos. Syst	27 2 ety Airba	8 29 ag Airbag as Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facili	ity
	Operator				e Above													
	GARCIA-SEL,	ERICK		49 HIGH ST (ap VALTHAM, MA				1	м 3	99	3	1	0	0	10	1		
ŀ																		
1	Please Select C	I Vehicl	le#Occup	ints Non-M	Motorist A Ty	ne 1	4 Action	15	Loca	ation	16	Conditi	on [17	Г	Hit/Ru	un Mop	ed
1	of the Followin	ng:																
l	License#	18		19	e	_											20	_
4	Sex Lic. 0	Class	Lic. Restricti		CDL Indorsment		ear			ı Make					_Veh	Config	ţ.	
l	Operator	Last	First		Middle						F	irst			Mi	ddle		_
	Address			Stata Zin			s							Stata		7in		_
ı	Insurance Com		· · · · · · · · · · · · · · · · · · ·	•			Action Pr				21						le Up to Thr	ee)
		Direction: N		tesponding to En			Sequence	22		22	22] 2		3		4	<u></u>	
		ssued)		1	<i>6</i> . <i>J</i>		Iarmful Ev	ent	23					丌			10 Undercarr	riage
			Sec Viola	ion 2: Ch	_Sec		Contributii		le	24	2	1 4	-	9		5	11 Totaled	
			Sec Viola				ide/Overri		25	Tow	ed			7	у_	6		
1			or operator and	Il occupants in						26 2 Seat Safe	27 2 ety Airba	8 29 ag Airbag	30 Eject	31 Trap	32 Injury	33 Transp.		
\mid	Name (Last Fin	rst Middle) Non-Motorist		Se	Address e Above		Age/D			Pos. Sy	stem Sta	tus Switch	Code	Code	Status	Code	Medical Faci	lity
	-								\dashv	\top								
F																		
- 1								- 1	- 1	- 1	- 1							



Crash Narrative:

MV#1 was traveling North on Fair Oaks Ave, and attempted to make a right turn onto California St. MV#2 was parked in front of 589 California St facing West. MV#1 appeared to have run over the curb at the intersection, hit a city tree in front of 55 Fair Oaks Ave (California St side), and then crashed into MV#2.

When I arrived on scene I observed a male party with blood on his head, and another male party standing next to him, later identified as Elmer Lopez.. I asked Elmer which car he was driving, and he stated that he was in MV#1. I asked Elmer what happened, and he stated that he and the other man with him, identified as Ricardo Deras, were in the rear seat with another male party, and that there were two other parties in the front seat, one of them was driving, he was not able to provide me with a name of who was driving. I asked

(Continued on next page)

Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property	
, CITY OF NEWTON,	,			3	TREE HIT, DAMAG	GE TO TRUNK OF	TREE
Truck and Bus Information: Carrier Name	Registration #			ŕ	Carrier Iss	suing Authority Cod	35 le
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gros	ss Vehicle Weight	38			39	1	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr			
Hazmat Information:							
Placard 40 Material 1 digit #	Material Na	me		Material 4	digit #	_ Release code	42

JOHN D BERGDORF		1	NEWTON POLICE DEPARTM		11/25/2019
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	₽ Â		
		 		<u> </u> <u> </u>		sh <u>Did Not</u> Occur Public Way:
					□ Off	S-Street Parking Lot
		 	<u> </u>		 G a	rage
					□ Ма	ull/Shopping Center
					□ Oth	ner Private Way
			+		Indica	te North by Arrow
						\bigcirc
Crash Narrative:						
him where everyone else w	was, and Elmer s	tated that a	after the crash	, the got	out of the car	and ran away. At
this point, medics arrive	ed on scene and	began to ter	nd to Ricardo.			
I next spoke with the ow	mer of MV#2, Ji	m Silva. J	im stated that	he was in	his home when	he heard a loud
crash. Jim stated that h	ne came out of t	he house in	time to witnes	s the two	males I was spe	aking with looking
at the car, and he also s	stated that he of	bserved thre	ee parties walk	away fro	m the scene, two	heading east on
California St, and one he	eading north on	Fair Oaks A	ve.			
MV#1 and MV#2 were towed	off scene by To	dys. Due to	o the scene, and	d the loc	ation of the car	s in a busy
street, I was not able to	do a MV invent	ory of MV#1	until after it	was towe	d by Todys. The	inventory was
done at Todys Service sta	ation, and a MV	inventory sl	heet was filled	out and	placed the in ap	propriate box.
(Continued	on next page)					
Witnesses:		Address			Phone #	Ctatamant
Name (Last, First, Middle)		Address			Priorie #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damage	d Property
Truck and Bus Information:	Registration #		(From Vel	nicle Section)		35
Carrier Name					Carrier Issuin	
Address			City		St	Zip
US DOT #:	State Number		Issuing State	ICC #:_		Interstate 36
Cargo Body Type Code G	ross Vehicle Weight	38			20	
Trailer Reg #:	Reg Type	Reg State _	Reg Year	Tra	niler Length 39	
Hazmat Information: Placard 40 Material 1 digi	t # 41 Material N	Jame		_ Material 4 o	ligit# I	Release code 42
JOHN D BERGDORF				ON POLICE DEPART!		11/25/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

_	→ Direction 1	Vehicle 1	vehicle 2	₽Pedestria	an	
Crash Diagram:	ie: → 🗆	→ 2	→	₽		
	 				If Crash <u>Di</u> on a Public	d Not_Occur Way:
					Off-Street	Parking Lot
					Garage	
			j		☐ Mall/Shop	pping Center
		+			Other Priv	ate Way
				+	Indicate Nor	th by Arrow
				-		
Crash Narrative:						
I took three pictures of						
was taking the pictures of						
questioned them about the					· · · · · · · · · · · · · · · · · · ·	
Due to no witnesses observ						
determine a driver of the					i	
results.	venicie. onie			TITON POL	cy in one venicie wi	
Ricardo was transported to	NWH hospital	hy medics A	11 other parti	as ware s	ent on their way	
All units cleared without				res were s	ent on their way.	
	on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
2 2						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Prope	ertv
o mier (2004) mag magaey	7.144.123		THORIC II	3ypc	zesenpuon en zumugeu mope	
Truck and Bus Information:	D :: : "			.1.0		
Carrier Name	·			icle Section)	Carrier Issuing Author	rity Code 35
Address			City		St Z	
US DOT #:	_ State Number		Issuing State	ICC #:	Interst	ate 36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38				
Trailer Reg #:		Reg State	Reg Year_	Trai	ler Length 39	
Hazmat Information:	o	ŭ <u> </u>	_		-	
Placard 40 Material 1 digit	# 41 Material N	Jame		_ Material 4 di	git# Release	code 42

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)

→	▶ Direction 1	Vehicle 1	2 ≢Vehicle 2	₽Pedestri	an
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:					
UPDATE					
On Nov 25, 2019 at approxim	mately 1621 hrs	s, I contacte	ed Westborough	Police De	epartment in an attempt to get a
hold of Dora. Westborough	informed me th	nat they made	an attempt t	o contact	her with negative results.
Westborough PD left my con	ntact informati	ion for her t	to call me bac	·k .	
Witnesses:		1			N " C
Name (Last, First, Middle)		Address			Phone # Statem
Property Damage:					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property
Truck and Bus Information:	Registration #		(From Ve	hicle Section)	
Carrier Name				,	Carrier Issuing Authority Code
Address			City		St Zip
US DOT #:	State Number		Issuing State	ICC #:	Interstate 36
Cargo Body Type Code Gros	ss Vehicle Weight	38			
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trai	iler Length 39
Hazmat Information:	15				
Placard 40 Material 1 digit #	Material Na	ame		Material 4 d	igit # Release code 42
JOHN D BERGDORF			NEW	TON POLICE DEPARTM	11/25/2019
Police Officer Name (Please Print)	Signature			epartment	Precinct/Barracks Date





