

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 11/25/2019	Time of Crash 02:44 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 1	Speed Limit 25 Latitude _____ Longitude _____	State Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet [N][S][E][W] of _____ Mile Marker _____ Exit Number _____							
Route# Direction Name of Intersecting Roadway/Street			Feet [N][S][E][W] of _____ Route# Intersecting Roadway/Street _____							
			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 5 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001210	
License # _____ St _____ DOB/Age _____			Reg # 6GZ441			Reg Type PAN			Reg State MA	
Sex _____ Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2014			Veh Make TOYOTA			Veh Config. 2 20	
Operator UNKNOWN UNKNOWN UNKNOWN			Owner SAGASTUME-DUAR DORA							
Address UNK UNK			Address 165 (apt. 45) TURNPIKE RD							
City UNK State XX Zip UNK			City WESTBOROUGH			State MA			Zip 01581	
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 3 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N			Event Sequence 20 22 21 22 2 22 22			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 2 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
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			-----							
GARCIA-SEL, ERICK			149 HIGH ST (apt 1) WALTHAM, MA 02453			M 3 99 3 1 0 0 10 1				
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 # _____			Reg Type _____			Reg State _____	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____			Veh Make _____			Veh Config. 20	
Operator _____			Owner _____							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____			State _____			Zip _____	
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
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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:

589 California St

55 Fair Oaks Ave

California St

NOT TO SCALE

Indicate North by Arrow

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

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Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	,		3	TREE HIT, DAMAGE TO TRUNK OF TREE

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

Crash Narrative:

I took three pictures of the damaged tree and submitted them to IT to be attached to this report. While I was taking the pictures of the tree, two males were walking past the scene. I stopped both parties and questioned them about the incident. They stated that they had been in the car, but had not been driving. I asked them if they knew who the driver was, and they told me that they did not know the name of the driver. Due to no witnesses observing the driver and all parties stating that it was someone else, I was not able to determine a driver of the vehicle. Units checked the area for the fifth party in the vehicle with negative results.

Ricardo was transported to NWH hospital by medics. All other parties were sent on their way.

All units cleared without further incident.

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Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

JOHN D BERGDORF			NEWTON POLICE DEPT.		11/25/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					

Crash Narrative:

****UPDATE****

On Nov 25, 2019 at approximately 1621 hrs, I contacted Westborough Police Department in an attempt to get a hold of Dora. Westborough informed me that they made an attempt to contact her with negative results. Westborough PD left my contact information for her to call me back.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

JOHN D BERGDORF			NEWTON POLICE DEPARTM		11/25/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11-24-00					

