

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/30/2019	Time of Crash 05:52 24HR	City/Town NEWTON	Number Vehicles 1	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: <input type="checkbox"/>					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 1 CHARLESBANK Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Landmark				1 11				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001225		
License # --- St MA DOB/Age ---			Reg # 5DV184 Reg Type PAN Reg State MA			3 12					
Sex F Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2012 Veh Make DODGE Veh Config. 2 20								
Operator CORDERO ERICKA Last First Middle			Owner (Same as operator) Last First Middle								
Address 135 EAST MAIN (apt. H3)			Address _____								
City WESTBOROUGH State MA Zip 01581			City _____ State _____ Zip _____								
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 21 22 22 22 22 22			10 Undercarriage					
Citation # (If Issued) T2079476			Most Harmful Event 21 23			5 11 Totaled					
Violation 1: Ch 90/104 Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y								
Please fill out for operator and all occupants involved			26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code			13 21					
Name (Last First Middle) Address			Age/DOB Sex			Medical Facility					
Operator See Above			-----			ST ELIZABETH'S					
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			20					
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year Veh Make Veh Config. 20								
Operator _____ Last First Middle			Owner _____ Last First Middle								
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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Name (Last First Middle) Address			Age/DOB Sex			Medical Facility					
Operator/Non-Motorist See Above			-----								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

P.O.I.

CHARLESBANK ROAD

NONANTUM ROAD

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 11/30/2019, while assigned to N494, I, Officer Conary, and other units, responded to Charlesbank Road at Nonantum Road for a single motor vehicle crash into a tree. Upon arrival, I observed a white mini van MA registration 5DV184 with heavy front end damage into a tree on Charlesbank Road, a public way in Newton. The operator of the motor vehicle, CORDERO, Ericka, was sitting in the back seat of the vehicle and was talking on the phone. CORDERO's primary language was Spanish. I asked CORDERO if she was okay and she said yes and I asked CORDERO if she was driving the car and she said yes. CORDERO also told me that she did not have a license. MA State Police were on scene and were able to assist with translating. Medics arrived and CORDERO was transported to Saint Elizabeth's Hospital. CORDERO's son and husband arrived on scene and I was able to confirm her information. Both stated that CORDERO did not have an active license.

(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

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

