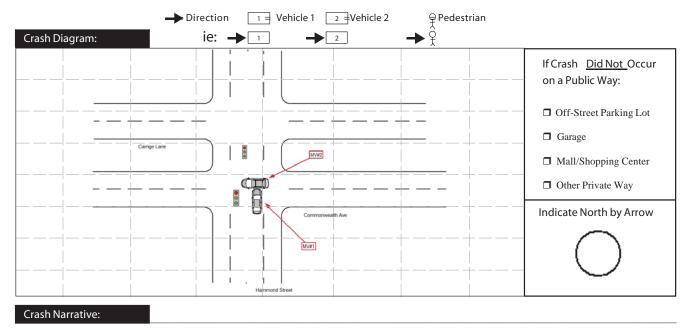
	Poli	ice Use Only		Comm	onwealth	of Mass	ach	use	etts		[RMV	Doc	umen	t Number		
	Date of Crash	Time of Crash	1	Town	Motor V	ehicle Cra	ısh		mber	Nun		Speed Latitue			St	tate Police ocal Police IBTA Police		
	12/02/2019	11:17 24HR	NEWTON		Police	e Report		2		1		Longi				IBTA Police ther:		
		AT INTER	RSECTION	:	< LOC	CATION	>			N	OT A	AT I	NTE	CRSI	ECT	ION:		9
	WES	т сомм	IONWEALTH	AVE													ŀ	2
1 1	Route# Direc	tion	Name	of Roadway/Street		Route# Directi	on A	ddres	s #			Nam	e of R	oadwa	ay/Stre	eet	_	2 10
		HAMM	IOND ST	At		Feet [N S E	W	of –			_ • ₋	(or			_	_
	Route# Direc	etion N		ting Roadway/Stree	t	- Foot	N S E	· w	of.	Mı	le Mar	ker			E	xit Number	_	
	1		Also at In	tersection with						Rot	ıte#	Int	tersect	ing R	oadwa	y/Street	-	11
² 2	Route# Direc	tion	Name of Inte	secting Roadway/St	reet	Feet _	N S E	- W	of				T	11			_	3
3	Nv abiala 1	1 #Occupants	☐ Hit/Ru	n Mopeo	.								Lan	dmark			╗	
3	Venicie	#Occupants			Case I (am		1	190000	01237								4	
	License#	18 1	St _	MA DOB/Age						_					-	e_MA	-	
	Sex_F_ Lic.	Class	Lic. Restrict	End	orsment	h Year_2018		eh Ma	ke_HC	ONDA	A			Veh (Config	1		- 10
3	Operator PAS	Last	NURDZH. First	AKHAN M	iddle	vner (Same as ope	st							Mid	dle		-	1 ¹²
		HEPARD STREE		MA		ldress											- [
	City BRIGHT			State MA Zip 02		ty			21	_					-	le Up to Thre	- 1	
5	1	npany LM GENE		1° . F		chicle Action Prior to			1 22		O	nageu	3	couc.	4	ic op to rinc		
2]			esponding to Emerg		chi sequence 1	2.						I	\overline{A}		10 Undercarr	iage	
	,	ssued)		on 2: ChSec		ost Harmful Event	1	99 2	24	24	1	-	9		5	11 Totaled		
⁶ 2	1			on 4: ChSec		iver Contributing Conderride/Override	2:		Towed		8		7	<u> </u>	6			
_				cupants involved		lderride/Override					29 Airbag	30 Eject	31 Trap I Code 5	32 Injury	33 Fransp.		\dashv	13
	Name (Last Fir	st Middle)		Ac	Above	Age/DOB	Sex	Pos.	System	Status !	Switch 4		Code S	status 10	Code 1	Medical Facili	ty	1
	орегие				10010				1	7	-	0	0	10	1			
7																		
2	Please Select C of the Followi	IX Vehicle	2 <u>7</u> #Occup	ants Non-Mo	torist A Type	14 Action	Loc	cation	1	16 Co	onditio	on _	17		Hit/Ru	ın Mop	ed	
	License#		C+	MA DOB/Age	Po	g # H30365				Poo	Tuna	PAN		D.	og Stat	e_MA	-	
	Sex_M_ Lic.	18 1		19		eh Year 2012	Ve	h Ma	ke_DC	-					onfig	20	-	
8 1	Operator BEL		LUZ	ionsob.	orsment	vner IAVELO	,.		REGO					VOIC	Jonne	,		
1	I '	Last JBEC STREET (a	First apt. 11)	М	iddle	ldress 8 MOUNT V	st ERNO	N ST	REET	First				Mid	dle		_	
	City E BOSTO			State MA Zip 02		DORCHESTER							State_	MA	_Zip_	02125		
	Insurance Com	npany_PROGRES	SSIVE INS		Ve	hicle Action Prior to	o Crash		1 21		Dan	naged	Area	Code:	(Circ	le Up to Thre	ee)	
	Vehicle Travel Direction: N S E Responding to Emergency? N					ent Sequence 1	22 2	22	22	22	2	Λ	3	$\overline{}$	4			
	Citation # (If Issued)				Me	ost Harmful Event	1 2.	3			1	_ `	9		5	10 Undercarr 11 Totaled	iage	
	Violatio	n 1: ChSe	ec Viola	tion 2: ChSe	ec Dr	iver Contributing C		99	24	24			1					
	Violatio	n 3: ChSe	ec Viola	tion 4: ChSe	ec Ur	Underride/Override Z5 Towed Y 8 6												
	Pl Name (Last Fi		operator and	all occupants invo	lved	Age/DOB	Sex	26 Seat Pos.	27 Safety 2 System	28 Airbag . Status	29 Airbag Switch	30 Eject Code	31 Trap I Code	32 njury Status	33 Transp. Code	Medical Faci	lity	
		Non-Motorist			Above					2	1	0		10	1	arear ract		
	MELGAR, ESI	PERANZA	1	61 GROVE STREET CHELSEA, MA 0215			F	3	1	2	1	0	0	10	1			
	SEPULVEDA,	SANDRA		15 THONNRKE STE REVERE, MA 02151	REET		F	4	1	2	1	0	0	9	2	NEWTON WELLSL	ЕҮ НО	
	CASTILLO, FI	RANSISCA		3 CHERRY STREET	Γ (apt 2)		F	5	1	2	1	0	0	10	1			
	CASTILLO, II	MINDIDEN		CHELSEA, MA 0215	50		1	3		-	-				-			

Pol	ice Use Only		Commonwealtl	h of Massa	chus	etts			RMV	/ Docui	ment Numbe	er
Date of Crash 12/02/2019	Time of Crash	City/To NEWTON	Motor V	ehicle Cra	\mathbf{sh} $\begin{bmatrix} N_1 \\ V_2 \end{bmatrix}$	ımber hicles	Numl		d Limi ude		State Police Local Police MBTA Poli	e D
12/02/2019	24HR	NEWTON		e Report	2		1		gitude_		Other:	ice 🔲
	AT INTER	RSECTION:	< LO	CATION >	>		NC	T AT	INTI	ERSE	CTION:	
Route# Direc	etion		Roadway/Street	Route# Directio	n Addres	ss#		Naı	ne of R	loadway	/Street	
			At	Feet N	SEW	of –		•		or		
Route# Direc	etion N	Name of Intersection	ng Roadway/Street				Mile	Marker			Exit Numbe	er
		Feet N S E W of Route# Intersecting Roadway/Street										
		N CI	A Decidence	Feet N	SEW	of						
Route# Direc	ction	Name of Interse	cting Roadway/Street						Lar	ndmark		
Vehicle	#Occupants	Hit/Run	Moped Case Nun	nber	19000	01237						
License#		St		eg#			Reg	уре		Reg	State	
Sex Lic.	Class 18 18		ns CDL V	eh Year	Veh Ma	ake				Veh Co		20
Operator	Last	First	Endorsment O	wner			First			Middle		_
	Last			.ddress						wiiddle		_
City		St	ateZipC	lity					_State		Zip	
Insurance Com	npany		V	ehicle Action Prior to	Crash	21		Damage	d Area	Code: (Circle Up to T	Γhree)
Vehicle Travel	Direction: N	S E W Res	ponding to Emergency? E	vent Sequence 2	2 22	22	22	2	3		4	
Citation # (If I	[ssued)		M	Nost Harmful Event	23				9		10 Under	
Violation	1: ChSec	Violation	n 2: ChSec D	river Contributing Co	de	24	24		ZÍ	\bigvee		
Violation	3: ChSec	Violation	1 4: ChSec U	Inderride/Override	25	Towed		3	7		6	
Please	fill out for opera	ator and all occu	pants involved Address	Age/DOB	Sex Pos.	27 Safety A	28 irbag A	29 30 rbag Eject vitch Code	31 Trap Code	32 Injury Tra Status Co	33 ansp. ode Medical F	acility
Operator			See Above			ystem	status pv	inen code	Code	status Co	ode Wedicai I	acinty
				14			7		15			
Please Select C of the Followi		2 <u>7</u> #Occupan	ts Non-Motorist A Type	14 Action 15	Location	1	Cor	ndition	17	Ні	it/Run	loped
License#		St_M	A DOB/Age R	eg# H30365			Reg	ype PAN	N .	Reg	State MA	
Sex_M_ Lic.	Class D 18 1	8 Lic. Restriction	19	eh Year_2012	Veh Ma	ake_DO				Veh Co	20	0
Operator BEI	LTRAN	LUZ	Endorsment E	wner IAVELO	(GREGO			J			_
Address 72 LU	UBEC STREET (a	First apt. 11)	Middle A	ddress 8 MOUNT VI	ERNON ST	REET	First			Middle	e 	
City E BOSTO	ON	St	ate MA Zip 02128 C	ity DORCHESTER					_State	MA	Zip <u>02125</u>	
Insurance Com	npany PROGRES	SIVE INS	V	ehicle Action Prior to	Crash	1 21]	Damage	d Area	Code: (Circle Up to T	Three)
Vehicle Travel	Direction: N	S E X Re	sponding to Emergency? <u>N</u> E	vent Sequence 1 2	2 22	22	22	2	3		4	
Citation # (If I	Issued)		M	Nost Harmful Event	1 23				9	$ \cdot $	10 Undero	~
Violatio	on 1: ChSe	ec Violatio	on 2: ChSec D	Driver Contributing Code 99 24 24								
Violatio	on 3: ChSe	ec Violatio	on 4: ChSec U	Underride/Override 25 Towed Y 8 6								
		operator and al	l occupants involved	, 500	26 Seat	27 Safety A	28 irbag A	29 30 Figure 1	31 Trap		33 ansp.	P
Name (Last Fi	Non-Motorist		Address See Above	Age/DOB	Sex Pos.	System	Status S	witch Cod	e Code	Status C	Code Medical I	racility
GONZALEZ,			THARVEST STREET		F 6	1 2	2 1	0	0	10 1		
			T BOSTN, MA 02128 JONES ROAD									
GOMEZ, MIR	YAN		VERE, MA 02151 7 BROADWAY STREET (apt 1)		F 7	1	2 1	0	0	10 1	L	
CRUZ, FRANC	CIS,`		VERE, MA 02151		F 8	1 2	2 1	. 0	0	10 1		



MV#1 was traveling north on Hammond Street as it crossed the intersection with Commonwealth Ave when it collided with MV#2.

-OpMV#1 stated she was traveling North on Hammond Street. She arrived at the intersection, observed the flashing red light, stopped and as she proceeded MV#1 came out of nowhere and she collide with MV#2.

-OpMV#2 stated she was traveling west on Commonwealth Ave when MV#1 was struck by MV#2. OpMV#2 stated she crossed the intersection she felt the strike to the MV#1. She stated the collision was a surprise because she did not see where the strike came from until after the collision.

-I next interviewed the passengers of MV#2, in Spanish, at the scene and their statements coincided with those made by OpMV#2. They added that they did not see OpMV#1 slowdown at all as it came at them.

(Continued of	n 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	
Truck and Bus Information:	Registration #			,	Carrier Is:	suing Authority Coc	e 35
			, 				е
Carrier NameAddressUS DOT #:	State Number		City	·	St	Zip	е
Carrier NameAddressUS DOT #:	State Number		City	·	St	Zip Interstate	e
Carrier NameAddressUS DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_	St	Zip Interstate	e
Carrier Name Address US DOT #: Cargo Body Type Code37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_	St	Zip Interstate	e

_	Direction	1 = Vehicle 1	2 #Vehicle 2	₹Pedestr	rian	
Crash Diagram:	ie: →□	1 →	2	₽Ŷ		
	_			→	If Crash Did Not on a Public Way: Off-Street Parking Garage Mall/Shopping Garage Indicate North by	ng Lot Center
Crash Narrative:						
- Both vehicles were towed	d from the scen	e and one par	rty was trans	ported to	Newton Wellesley Hospital	for
further care. No citations	s were issued a	at the time of	f this invest	igation.		
Witnesses:					DI #	ls
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:	T		1			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From V	ehicle Section)		35
Carrier Name					Carrier Issuing Authority Co	ode
Address			City		St Zip	
US DOT #:	State Number		Iccuing State	ICC#	Interetate	36
37		38	issuing state	ICC #:_	interstate	
Cargo Body Type Code Gro	oss Vehicle Weight				20	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	ailer Length	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material M	Name.		Material A	digit # Release code	42
i include a viatoriai i digit	Iviatorial I	,		1-14101141 4 (
DAVID A. CALDERON			NE	WTON POLICE DEPARTS	12/02/	2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)