

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 03/31/2021	Time of Crash 14:30 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u> 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:				
NORTH JACKSON RD											
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street				
At			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				
WEST WASHINGTON ST			Mile Marker _____				Exit Number _____				
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street				Route# Intersecting Roadway/Street				
Also at Intersection with			Landmark				Landmark				
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000219		
License # --- St MA DOB/Age ---			Reg # 17833PB Reg Type APN Reg State NY			Veh Year 2016 Veh Make FREIGHTLINER Veh Config. 10			Veh Year 2016 Veh Make FREIGHTLINER Veh Config. 10		
Sex M Lic. Class A 18 18 Lic. Restrictions J 19 CDL _____			Owner DIVERSIFIED AUTO			Address 6 RAMLAND ROAD			Address 6 RAMLAND ROAD		
Operator ORTIZ JANUEL			City WORCESTER State MA Zip 01605			City ORANGEBURG State NY Zip 10962			City ORANGEBURG State NY Zip 10962		
Address 111 COUNTRY CLUB BLVD (apt. 201)			Insurance Company TRAVELERS PROPERTY CASUALTY CO			Vehicle Action Prior to Crash 3 21			Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 23 22 22 22 22			Most Harmful Event 23 23			Driver Contributing Code 6 24 24		
Citation # (If Issued) T2017488			Violation 1: Ch 90/24 Sec Violation 2: Ch 003 Sec			Violation 3: Ch _____ Sec Violation 4: Ch _____ Sec			Underride/Override 25 Towed N		
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			Operator See Above		
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 ---			Veh Year --- Veh Make --- Veh Config. 20			Veh Year --- Veh Make --- Veh Config. 20		
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Owner ---			Address ---			Address ---		
Operator ---			City --- State --- Zip ---			City --- State --- Zip ---			City --- State --- Zip ---		
Address ---			Insurance Company ---			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? ---			Event Sequence 22 22 22 22 22			Most Harmful Event 23			Driver Contributing Code 24 24		
Citation # (If Issued) ---			Violation 1: Ch _____ Sec Violation 2: Ch _____ Sec			Violation 3: Ch _____ Sec Violation 4: Ch _____ Sec			Underride/Override 25 Towed ---		
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			Operator/Non-Motorist See Above		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

WASHINGTON STREET

JACKSON ROAD

V1

AREA OF IMPACT

TRAFFIC SIGNAL AFTER IMPACT

AREA RETAINING WALL DAMAGE

RETAINING WALL

LANDSCAPE DAMAGE AREA

JACKSON HOMESTEAD

APPROX AREA OF WITNESS

NOT TO SCALE

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 Wednesday March 31, 2021 at approx 1430 hours Officer Panica responded to the area of Washington Street and Jackson Road for a report of a tractor trailer (car carrier) with New York registration that knocked over a traffic signal and kept traveling east on Jackson Road with out stopping. Officer Nardelli and I responded to the area as dispatch was giving updates of tractor trailer information and direction of travel.

I traveled west on Watertown Street from Chapel Street and observed a car carrier traveling west approx four blocks west ahead of me. I activated my emergency lights and made a motor vehicle stop at Watertown Street at Nevada Street. I observed a trailer NY reg # BH32997 which dispatch confirmed this reg was the one involved in the crash. The name of the comapny is DIVERISIFIED AUTOMOTIVE INC of 6 RAMLAND ROAD ORANGEBURG N.Y. 10962

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
MCGINTY, ERIN,	233 JACKSON ROAD NEWTON,MA 02458	-----	N

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	1000 COMM AVE NEWTON,MASSACHUSETTS 0	617-796-1000	3	TRAFFIC SIGNAL/FOOTING/BIRM/SIDEWALK
JACKSON HOMESTEAD, CITY NEWT	527 WASHINGTON STREET NEWTON,MASSACHUSETTS 0	617-796-1450	3	RETAINING WALL/LANDSCAPE

Truck and Bus Information:

Registration # 17833PB (From Vehicle Section)

Carrier Name DIVERSIFIED AUTOMOTIVE INC Carrier Issuing Authority Code 35

Address 6 RAMLAND ROAD City ORANGEBURG St _____ Zip 10962

US DOT #: 00424255 State Number _____ Issuing State NEW YO ICC #: _____ Interstate 1 36

Cargo Body Type Code 10 37 Gross Vehicle Weight 3 38

Trailer Reg #: BH32997 Reg Type TRN Reg State NEW YOF Reg Year 2016 Trailer Length 4 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

ROCCO D MARINI

13963

NEWTON POLICE DEPARTA

03/31/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ 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:

N.Y. apportioned tractor reg 17833PB / trailer NY reg BH32997, the driver was later identified as MA lic # SA0310636 Januel Ortiz d.o.b. 5-17-2001 of 111 Country Club BLVD apt. 201 Worcester MA 01605.

Officer Panica confirmed the crash site location and damage to a City of Newton Traffic signal/footings/sidewalk/retaining wall/landscape. Officer Panica was also approached by witness Erin McGinty of 233 Jackson Road(see statement below)

I approached the car carrier on the passenger side and observed fresh damage on the trailer that would be consistent with striking the traffic signal. I then approached the driver of the car carrier Mr. Ortiz. I advised him of the crash and he stated he was traveling west on Washington Street and turned right (north) onto Jackson Road. He stated while turning his trailer struck the traffic signal knocking it

(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

ROCCO D MARINI

13963

NEWTON POLICE DEPART

03/31/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ 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:

over. I asked him why didn't he stop to assess damage or notify anyone. He stated he was looking for a safe place to pull over. He stated he continued north on Jackson Road then left onto Pearl Street and then left onto Watertown Street to drop off vehicles at the 445 Watertown Street, which is where I pulled him over. I advised him I am familiar with the travel route he went and the length of Jackson Street is not a heavily traveled area since the school is closed from the crash site, and he traveled approx a mile and a half until I pulled him over.

I advised him I would be doing a level III inspection and advising him of my findings.

(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

ROCCO D MARINI

13963

NEWTON POLICE DEPT

03/31/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

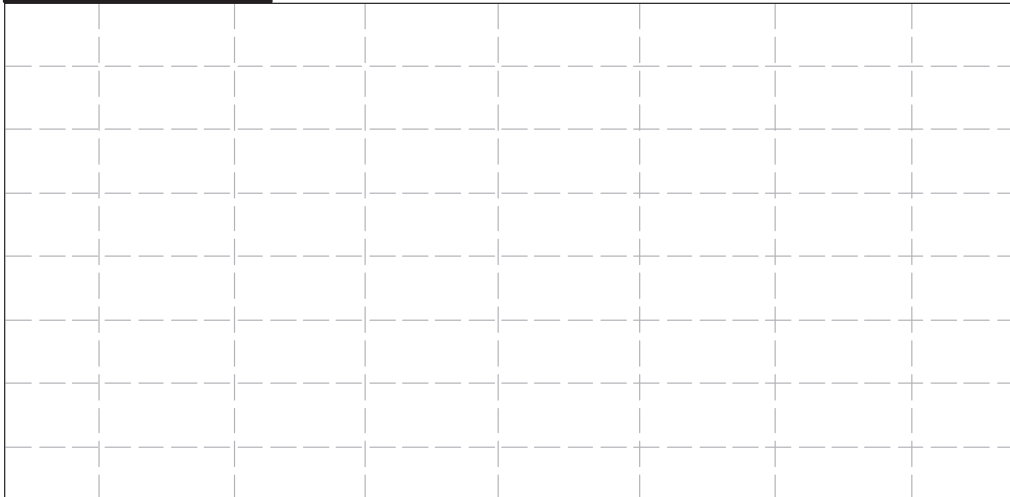
Precinct/Barracks

Date

→ Direction ☐ 1 Vehicle 1 ☐ 2 Vehicle 2  Pedestrian

Crash Diagram:

ie: → ☐ 1 → ☐ 2 → 



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:

Witness Ms. McGinty stated she heard the crash and observed the car carrier with NY reg # BH32997 have contact with the traffic signal and continue to travel north on Jackson Street without stopping.

Therefore after observing damage/pictures and statements I issued in hand MA criminal citation # T2017488 in hand to Mr. Ortiz for

Chapter 90 Section 24 LEAVING THE SCENE OF CRASH WITH PROPERTY DAMAGE

City Ordinance 19-75 FAILURE TO USE CARE IN TURNING.

Mr. Ortiz was explained the process. I took pictures of the damage to the car carrier, and crash site area

(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

ROCCO D MARINI

13963

NEWTON POLICE DEPART

03/31/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

