

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 09/01/2021		Time of Crash 11:33 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				SOUTH 870 WALNUT ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____								2	10
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____													
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												11	4
3 2		<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000656					
4 1		License # _____ St MA DOB/Age _____		Reg # 1NDV86		Reg Type PAN		Reg State MA					12
		Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL _____		Veh Year CHEV		Veh Make SILVERADO		Veh Config. 2 20					
		Operator RAMOS EDMILSON		Owner (Same as operator)		First _____ Middle _____							
		Address 79 OAK ST (apt. 108)		Address _____		First _____ Middle _____							
		City ASHLAND State MA Zip 01721		City _____ State _____ Zip _____									
5		Insurance Company NATIONAL CONTINENTAL		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
		Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N		Event Sequence 2 22 22 22 22		2 23		1 24 24		8 7 6		10 Undercarriage 5 11 Totaled	
6 2		Citation # (If Issued) T2016947		Most Harmful Event 2 23		Driver Contributing Code 19 24 24		Underride/Override 25 Towed N					
		Violation 1: Ch 90/104 Sec _____ Violation 2: Ch _____ Sec _____											
		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
Please fill out for operator and all occupants involved													13
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													2
Operator See Above ----- --- 1 4 99 0 0 10 1													
7 1		Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants		<input type="checkbox"/> Non-Motorist A Type 14		Action 15		Location 16		Condition 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
8 1		License # _____ St _____ DOB/Age _____		Reg # N82544		Reg Type CON		Reg State MA					
		Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____		Veh Year 2010		Veh Make FORD		Veh Config. 2 20					
		Operator _____		Owner BELLI INC A R		First _____ Middle _____							
		Address _____		Address 271 NEVADA STREET		First _____ Middle _____							
		City _____ State _____ Zip _____		City NEWTON State MA Zip 02458									
		Insurance Company US FIRE		Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)							
		Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N		Event Sequence 1 22 22 22 22		2 23		1 24 24		8 7 6		10 Undercarriage 5 11 Totaled	
		Citation # (If Issued) _____		Most Harmful Event 1 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed N					
		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____											
		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
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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													2
Operator/Non-Motorist See Above ----- ---													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

870 WALNUT ST

WALNUT ST

UNIT 1

UNIT 2

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 09/01/2021 from 07:00 hours to 14:00 hours I worked a paid detail for AR Belli Inc, a general contractor at 870 Walnut St. Walnut St is a public way in the City of Newton. At 11:33 hours I observed MA passenger registration 1NDV86 a 2015 Chevrolet Silverado pick up truck driving south bound on Walnut St across from number 870. I observed that the Chevrolet was operated by Edmilson Ramos. I observed Ramos's truck's passenger side mirror strike the driver's side mirror of a vehicle owned by AR Belli that was parked unoccupied in a coned off work zone facing south bound on Walnut St across from number 870. The AR Belli owned vehicle that was struck was MA commercial registration N82544 a 2010 Ford F250 pick up truck. After the crash Ramos pulled his vehicle to the side of the road and exited it. I spoke with Ramos who stated to me that Spanish was his primary language. An employee of AR Belli that was fluent in Spanish translated for me.

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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

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

MICHAEL A MCSWEENEY NEWTON POLICE DEPT 09/01/2021

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

→ 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:

Ramos stated that he has resided in Ashland for the past 7 years and that he does not have a MA driver's license. Ramos stated that the truck he was driving was his and was registered to his company , Ramos Carpentry Services. Ramos produced for me a Driver Authorization Card issued by the Nevada Department of Motor vehicles that was issued on 02/06/2020 and listed a Las Vegas address (5419 W Tropicana Ave apt 820). Promptly stated across the front of the card is " not valid for identification " . Ramos could not answer how and when he obtained the card and if he ever resided in Nevada. I consulted the Nevada DMV web site while on scene and discovered that the state of Nevada issues Driver Authorization cards to " Nevada residents who cannot meet the proof of identify requirements for a driver's licenses " and that the cards " authorize the holder to drive a motor vehicle on Nevada public streets and highways." In the FAQ section it

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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

MICHAEL A MCSWEENEY

NEWTON POLICE DEPART

09/01/2021

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:

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☐ Garage
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Indicate North by Arrow



Crash Narrative:

states that the cards are not valid out side of Nevada. It should be noted that Ramos has been cited in MA twice for unlicensed operation of a motor vehicle in 2015 and in 2008 with an MA OLN of A15072684. Ramos also has an X number MA OLN of X 12918045 with no driver's history attached to it. I informed Ramos that I would be issuing to him via US mail MA Criminal Application T2016947 and citing him for a violation of MGL 90/10 operation of a motor vehicle with out a license. I explained to Ramos what action he needed to take at Newton District Court once he received the Criminal Application. Ramos stated that he understood. Ramos was advised to fill out a crash report and to contact his insurance company. Ramos called a licensed driver to take possession of his truck. A CJIS query of Ramos's Nevada Driver Authorization Card number (2106608101) revealed that it was active until 07/15/2024 and it also listed a PO Box (30833 Las Vegas NV

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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

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Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

MICHAEL A MCSWEENEY

NEWTON POLICE DEPART

09/01/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

