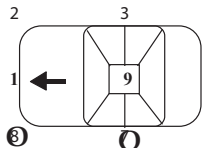
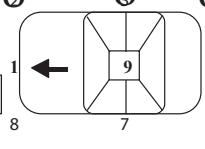



Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/09/2022		Time of Crash 00:38 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> 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 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				EAST 196 TREMONT ST								2	
				Route# Direction Address # Name of Roadway/Street								10	
				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								11	
1 4		2 1		3		<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 22000293							4
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company ARBELLA				Reg # 1TDF63 Reg Type _____ Reg State MA Veh Year 2017 Veh Make HONDA Veh Config. 1 20 Owner DESROSIERS RYAN Address 196 (apt. 2) TREMONT ST City NEWTON State MA Zip _____ Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y								12	
5 1				6 1								13	
Please fill out for operator and all occupants involved												2	
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													
7 1				Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator WADSWORTH BENJAMIN Address 13 CHARMANE RD City EAST FALMOUTH State MA Zip 02536 Insurance Company GARRISON PROPERTY & CASUALTY				Reg # 1FDB38 Reg Type PAN Reg State MA Veh Year 2013 Veh Make BMW Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 10 24 9 24 Underride/Override 25 Towed Y								13	
8 2													
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

Crash Diagram: ie: → 1 → 2 →

	If Crash <u>Did Not</u> Occur on a Public Way:	
	<input type="checkbox"/> Off-Street Parking Lot	
	<input type="checkbox"/> Garage	
	<input type="checkbox"/> Mall/Shopping Center	
	<input type="checkbox"/> Other Private Way	
	Indicate North by Arrow	
		

Crash Narrative:

parked it, and the operator of vehicle 2 standing outside. Mr. Desrosiers stated when he spoke to the operator, he smelled like alcohol and had slurred speech. The operator, later identified as, Benjamin Wadsworth, told Mr. Desrosiers that he was "coming from in town" and "probably should have taken a Lyft tonight." When Mr. Desrosiers tried to exchange information, Mr. Wadsworth took Mr. Desrosiers' phone number and then texted him a link to a generic RMV website. Mr. Desrosiers then said Mr. Wadsworth called a tow company for his vehicle and insisted on paying out of pocket tomorrow for the damage to Mr. Desrosiers' vehicle but told him if he wanted he could call his insurance company. According to Mr. Desrosiers, Mr. Wadsworth then walked Eastbound on Tremont St towards Brighton. It should be noted that Mr. Wadsworth did not provide his name, address, or insurance company to Mr. Desrosiers prior to leaving. I had dispatch run a

(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

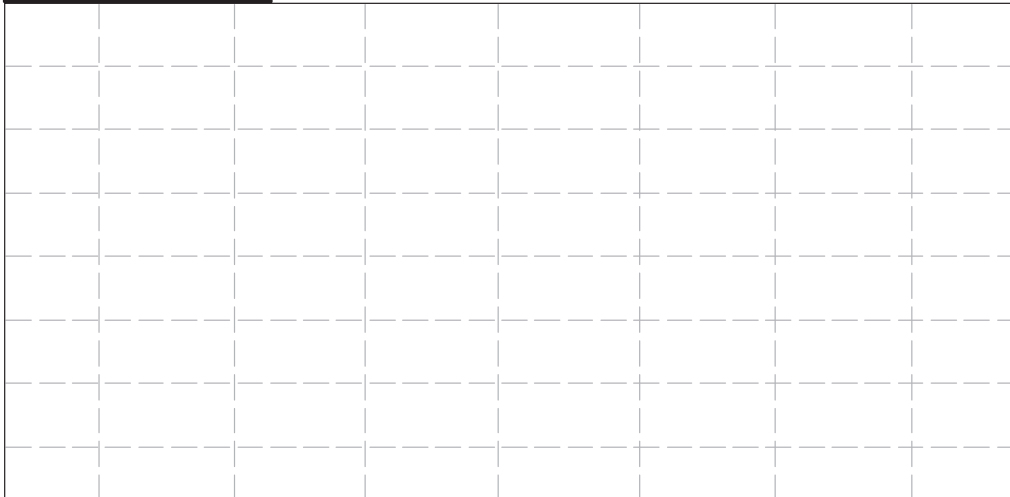
Hazmat Information:

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

→ 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:

the scene of a collision, to which he replied, "I am in law school you can see the books in the back of my car, you can't do that, you have my plate, he can look that information online." When asked about having an address out of Falmouth, Mr. Wadsworth stated he has two addresses because he attends school in the area. It should be noted that while speaking with Mr. Wadsworth on the phone, his speech was slurred, slow, and dilerbrate, consistent with being intoxicated.

Tody's towing arrived on scene and took possession of Mr. Wadsworth's vehicle. I then tried a second time to speak with Mr. Wadsworth via a phone call to get him to agree to a well-being check. Mr. Wadsworth, again, refused to provide me with his address in Brighton, insisting he was fine. Although Mr. Wadsworth sounded intoxicated, he did not sound injured and was coherent when answering my questions.

(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

ROBERT DRAGONE

NEWTON POLICE DEPARTM

04/09/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

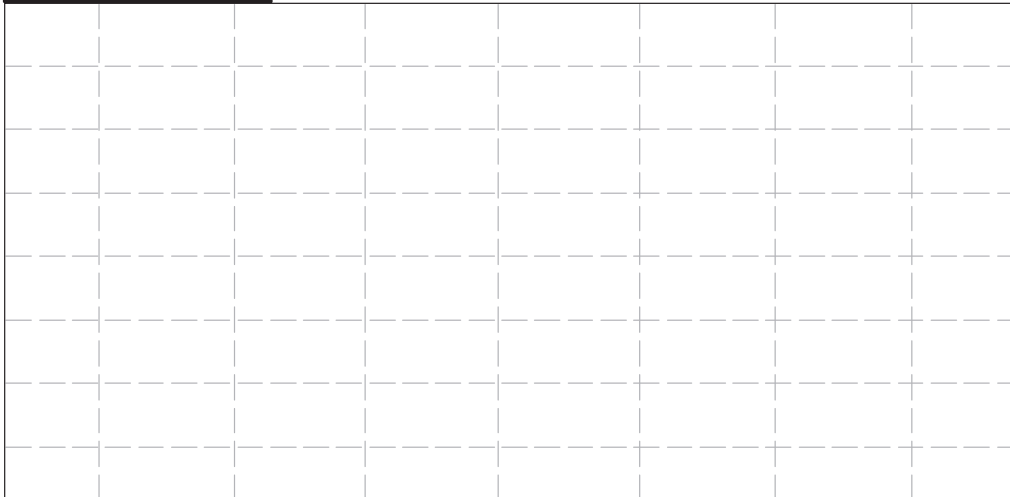
Precinct/Barracks

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:

Due to Benjamin Wadsworth operating recklessly, knowingly getting into a collision causing property damage,
not providing his name, not providing his address, and leaving the scene, I am issuing him Massachusetts
Uniformed Citation T1445620 for the following:

MGL. Ch. 90 S.24 (Leaving the scene of a collision after property damage)

MGL. Ch. 90 S.24/E (Negligent operation of a motor vehicle)

A Request for Immediate Threat License Suspension/Revocation form was filled out and faxed over to the RMV.

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

ROBERT DRAGONE

NEWTON POLICE DEPART

04/09/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date