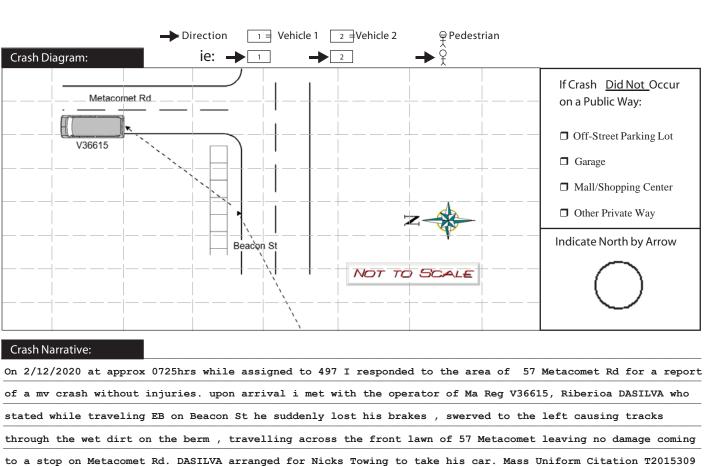
	Police Use Only		wealth	of Massa	chuse	etts		R	MV Docu	ment Number	
	Date of Crash Time of Crash City 02/12/2020 07:25 NEWTON		otor Vel	nicle Cras	h Nu				Limit <u>25</u>	State Police Local Police MBTA Police	
	24HR			Report	1		٠ ا	Longitu		Other:	
	AT INTERSECTION	N: <	LOCA	TION >		I	TO	AT IN	TERSE	CTION:	
	NORTH METACOMET RD										
		ne of Roadway/Street		Route# Direction	Addres	s #		Name	of Roadway	y/Street	
\dashv	EAST BEACON ST	At		Foot N	SEW	of		•	or		
		ecting Roadway/Street		reet 1	5 E W	or N	Mile Ma	rker	— or	Exit Number	
		Intersection with		Feet N	S E W					1 (9)	
٦				Feet N	S E W		oute#	Inte	rsecting Ro	adway/Street	
_	Route# Direction Name of Int	tersecting Roadway/Street				-			Landmark		
	XVehicle1 1_#Occupants	Run Moped	Case Number	r	20000	00144					
	License # St	t MD DOB/Age	Reg #	V36615		R	eg Type	PAN	Reg	State_MA	
	Sex_M Lic. Class D 18 18 Lic. Restrict	ctions 1 CDL	Veh	Year_2003	Veh Ma	ke_FORD			Veh C	onfig. 2 20	
	Operator DASILVA RIBEIRO	Endorsmo	ent	_{or} (Same as opera							
	Address 14211 GEORGIA AVE (apt. 103)	Middle		Last First Middle Address							
	City SILVER SPRINGS	State MD Zin 20906							tate	Zip	
	Insurance Company GOVERMENT EMPLO	_		cle Action Prior to		21				(Circle Up to Three	
		Responding to Emergency		t Sequence 41 22		22 22	2		3	4	
	Citation # (If Issued) T2015309	responding to Emergency			23			\land	$\perp \Lambda$	10 Undercarria	
	Violation 1: Ch_90/26 Sec Viola	ation 2: Ch Sec		er Contributing Coo		24 2	4 1	┡ /	9	5 11 Totaled	
	Violation 3: ChSec Viola			rride/Override	25	Towed N	⊿ 8	V	7	6	
	Please fill out for operator and all o		Olide	inde/Override				30 Eject Tr	31 32 rap Injury T	33	
	Name (Last First Middle)	Address		Age/DOB	Sex Pos.	System Statu	is Switch		ode Status C	ransp. Code Medical Facility	
	Operator	See Abov	/e			1 4	4	0 0	10	1	
	Please Select One Vehicle #Occu	ipants Non-Motoris	t A. Tyma	14 Action 15	Location	16	Condition	on	17	lit/Run Mope	
	of the Following:	ipants Non-wotons	it A Type	Action	Location		Condition			Mope	
	License # St	tDOB/Age	Reg #	<u> </u>		R	eg Type	·	Reg	g State	
	Sex Lic. Class Lic. Restrict			Year	Veh Ma	ike			Veh C		
	Operator		Owne	erLast		F	irst		Midd	le	
	Address			ess							
	City	_StateZip	City _					S	tate	Zip	
	Insurance Company	Vehic	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								
	Vehicle Travel Direction: N S E W	y? Even	Event Sequence 22 22 22 2 3 4								
Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec			Most	Most Harmful Event 23 10 Undercarriage 5 11 Totaled							
			Drive	Driver Contributing Code 24 24 1 5 11 Totaled							
	Violation 3: ChSec Viol	lation 4: ChSec	Unde	Underride/Override 25 Towed 8 7 6							
					26	27 28	3 29	30 Eject Tr	31 32 rap Injury T	33	
	Please fill out for operator and	1			26 Seat	Safety Airba	g Airbag	Eject [Ir	ap ∦njury [Γ:	ransp.	
	Name (Last First Middle)	Addres	SS	Age/DOB	Seat Pos.	27 28 Safety Airba System Star	g Airbag us Switch	Eject Tr Code C	ap Injury T		
		1	SS		Seat Pos.	Safety Airba System Sta	g Airbag us Switch	Eject Ir Code C	ap Injury T	ransp.	
	Name (Last First Middle)	Addres	SS		Seat Pos.	Safety Airba System Sta	g Airbag tus Switch	Eject Ir Code C	ap Injury T	ransp.	



stated while traveling EB o	on Beacon St he	suddenly lo	st his brakes	, swerve	ed to t	he left o	ausing trac	:ks	
through the wet dirt on the	e berm , travel	ling across	the front laws	n of 57 N	Metacom	et leavin	no damage	coming	
to a stop on Metacomet Rd.	DASILVA arrang	ged for Nicks	Towing to tal	ke his ca	ar. Mas	s Uniform	Citation T	2015309	
issued to DASILVA for viola	ation MGL 90/26	A Failure to	Notify RMV of	f Address	s Chang	ge. Photos	of damage	taken	
and submitted to IT.									
W itnesses:									
Name (Last, First, Middle)	Address				Phone #	Statement			
Property Damage:									
Owner (Last, First, Middle)		Phone # 34-Type De				scription of Damaged Property			
Truck and Bus Information:	Registration #		(From Veh	nicle Section)				35	
Carrier Name						_ Carrier Issu	ing Authority Co		
Address			City			St	Zip		
US DOT #:	State Number		Issuing State	ICC #:_			Interstate	36	
Cargo Body Type Code Gros	s Vehicle Weight	38							
Trailer Reg #:	Reg Type	Reg State	Reg Vear	Tı	railer I end	39			
Hazmat Information:	Reg Type	Reg State	Reg rem	1	ranci Leng	Şui			
Placard 40 Material 1 digit #	41 Material Na	ame		_ Material 4	digit#		Release code	42	
JO A GOURDEAU			NEWTO	ON POLICE DEPART		02/12/2020			

JO A GOURDEAU		NEWTON POLICE DEPARTM	02/12/2020			
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date	
CDD1 11 3400						