	Poli	ice Use Only		Commonw	ealth	of Massa	achus	setts			RMV	V Docur	ment Num	iber		
	Date of Crash 06/12/2020	Time of Crash 22:41	City/Tow NEWTON	n Moto	or Vel	nicle Cra	sh [Number Zehicles	Numb Injure		ed Limi tude		State Po Local Po	lice Dolice Nolice		
	00/12/2020	24HR	NEWTON	I		Report		2	1		gitude_		Other:	Police _		
		AT INTER	LOCA	LOCATION > NOT AT INTERSECTION:									- 2			
				SOUTH 129 PARKER ST									F			
l L	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street									2	
	At					Feet NSEW of or										
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number										
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street										
1					Feet NSEW of									2		
	Route# Direction Name of Intersecting Roadway/Street					Landmark										
	XVehicle1	#Occupants	Hit/Run	☐ Moped C	ase Numbe	r	200	0000327								
	License#		St MA	DOB/Age	Reg #	8VM698			Reg T	vpe PAI	N	Reg	State MA		1	
	Sex_M Lic. Class D Lic. Restrictions 19 CDL					Reg # 8VM698 Reg Type PAN Reg State MA Veh Year 2016 Veh Make SUBARU Veh Config. 1										
	Operator ROI		ROLANDO	Endorsment		sr (Same as oper										
1	Address 155 F	Last LORENCE ST (a		Owner												
	City ROSLIN			MA Zip 02131									Zip			
			N PROPERTY & 0			ele Action Prior to		1 2	_				Circle Up t			
1				nding to Emergency?	— Even	Sequence 2 2	22 22	22	22 ()	(4			
1		ssued)				Harmful Event	23			_	M	<u>/</u> `	1	lercarriage	:	
	,			2: ChSec		L r Contributing Co		24	24	•	9		5 11 Tot	aled		
1	Violation	3: ChSec		rride/Override	25	Towe	8		7		6					
	Please fill out for operator and all occupants involved						Sea		28 Airbag Air Status \$w	29 30 bag Eject	31 Trap Code	32 Injury Tra	33 ansp.		╁	
	Name (Last Fir Operator	st Middle)		Address See Above		Age/DOB	Sex Pos		Status Sw	tch Code	Code	Status Co	ode Medica	al Facility	2	
	1							+							-	
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1	Please Select C of the Followi	IX Vehicle	2 <u>0</u> #Occupants	Non-Motorist A	Туре	14 Action 1	5 Locati	on	Con	dition	17	□ні	it/Run	Moped		
	License#StDOB/Age				Reg	Reg # P53093 Reg Type CON R						Reg	State MA		1	
	Sex Lic. Class					teh Year 2014 Veh Make LEXUS Veh Config.							20			
	Endorsment					Owner BARROS ANTONIO F										
L	Address	Last		Address 35 (apt. 2) WENOVER ST												
	City State Zip					City DORCHESTER State MA Zip 02125										
	Insurance Company PROGRESSIVE					Damaged Area Code: (Circle Un to Three)										
	Vehicle Travel Direction: N X E W Responding to Emergency?N					Event Sequence 1 22 22 22 22 2 3 4										
	Citation # (If Issued)					Most Hornful Event 1 23										
	Violation 1: Ch Sec Violation 2: Ch Sec					Driver Contributing Code 1 24 24										
		n 3: ChSe		Underride/Override 25 Towed Y												
	Please fill out for operator and all occupants involved						2 Sea			29 30 bag Eject	31 Trap	32 Injury Tra	33 ansp.		1	
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex Po	s. System	Status Sv	itch Cod	le Code			cal Facility	1	
	Орегасог/	1 1011-11101011181		See Auove				-							-	
								+							-	
																

