

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/28/2021	Time of Crash 16:57 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:					
<div><div>NORTH</div><div>BRIDGE ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>WATERTOWN ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>			<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000064			
License # --- St MA DOB/Age ---			Reg # 5NL784		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2007		Veh Make HONDA		Veh Config. 1 20			
Operator GUIRAND JEAN			Owner GUIRAND SONIA							
Address 5 MESHAKA ST			Address 5 MESHAKA ST							
City WEST ROXBURY State MA Zip 02132			City WEST ROXBURY		State MA Zip 02132					
Insurance Company SAFETY INSURANCE			Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		0 1 9		5 11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 19 24 24		8 7 6					
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			-----		---					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 XX DOB/Age ---			Reg # 1CRA24		Reg Type PAN		Reg State MA			
Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL Endorsment			Veh Year 2014		Veh Make NISSAN		Veh Config. 1 20			
Operator BRASILEIRO LIDICE			Owner CORDEIRO WANDERSON							
Address 5 CAREY AVE (apt. 7)			Address 5 (apt. 7) CAREY AVE							
City WATERTOWN State MA Zip 02472			City WATERTOWN		State MA Zip 02472					
Insurance Company GEICO GENERAL INS			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22		0 3 4		10 Undercarriage			
Citation # (If Issued) 72014947			Most Harmful Event 1 23		0 1 9		5 11 Totaled			
Violation 1: Ch 90/10/A Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24		0 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y							
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			-----		---					
DOS SANTOS, ROSELENE			5 CAREY AVE (apt 7) WATERTOWN, MA 02472		---		F 3 1 4 4 0 0 10 1			

