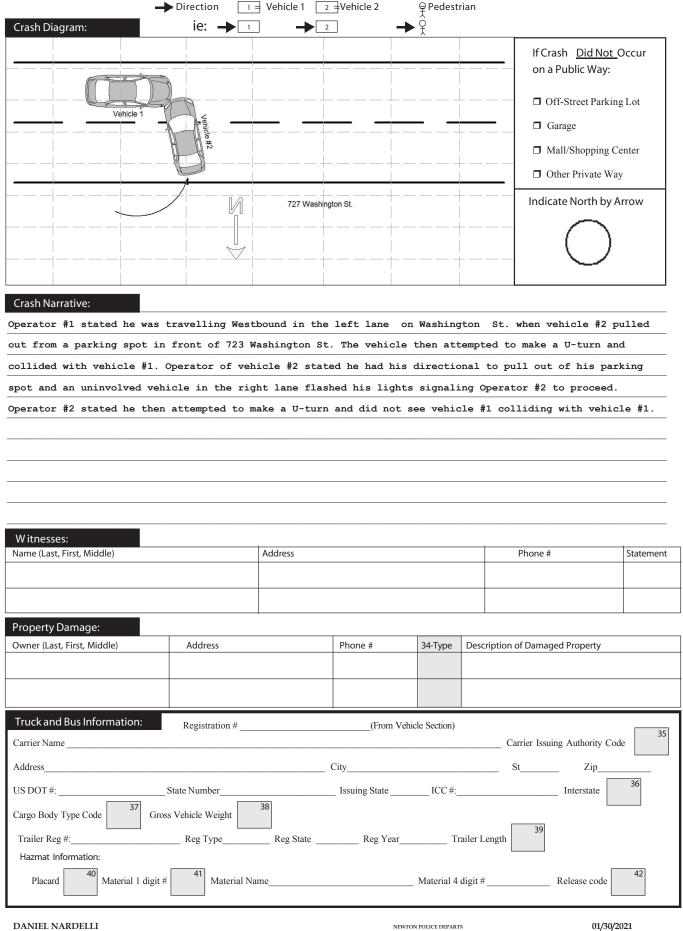
	Poli	ice Use Only		Common	wealth	of Ma	assa	chu	usei	tts			RM	V Doc	umen	nt Number			
	Date of Crash 01/30/2021	Time of Crash 13:35	NEWTON	Mo Mo	otor Vel Police			sh	Num Vehi 2		Numbe Injured	Lati	ed Limitude _		S L M C	tate Police ocal Police MBTA Police Other:	NA NA D		
		AT INTE		ATION							INTERSE		ECT						
								WEST 727 WASHINGTON ST											
1 [Route# Direc	Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street									eet			
			Feet NSEW of • or																
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			Also at Int	ersection with						-	Route#		Intersec	ting R	oadwa	ny/Street	- -		
1	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of											_ _		
						Landmark											\dashv		
	Vehicle1	2_#Occupants			Case Number	er		2	100000	0069							Ц		
	License # St NY DOB/Age					Reg # 334VK1 Reg Type PAN Reg State MA													
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1		perator RODRIGUES MENDONCA Last First Middle					Owner DOSSANTOS VANDERLEI Last First Middle												
	Address 30 SHERWOOD ACRES (apt. C)					Address 45 (apt. 2) ALDRITCH RD													
	City EAST NASSAU State NY Zip 12062 Insurance Company PROGRESSIVE					WATERTO				21			_ State				-		
			Vehicle Action Prior to Crash The prior to Crash Damaged Area Code: (Circle Up to Three) Sequence 1 22 22 22 22 23 4																
1		Direction: N	S E X Re	sponding to Emergency?		nt Sequence		2:					Ň	\overline{A}).	10 Undercarri	iage		
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	Name (Last Fir		- I	Address		Age/D		Sex	Pos. Sy	ystem S	tatus Swit	ch Code	Code	platus	Code	Medical Facilit	ty		
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	TROVAO, MA	ARIA	V	VATERTOWN, MA 0247	72			F	3 9	99 4	99	0	0	10	1				
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1	Please Select C of the Followi	I X Vehic	le 2 <u>1</u> # Occupa	nts Non-Motorist	A Type	14 Action	15		ation	16	Cond	ition	17		Hit/Ru	un Mop	ed		
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1		erator SHAHEEN AYMAN Endorsment Last First Middle					s opera	ator)			First			Mic	ldle		-		
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	Vehicle Travel	Direction: N	S E X	esponding to Emergency	?N Ever	nt Sequence	1 2	2 2		22	22 2		3	$\overline{}$	4	10 Undercarri			
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				ion 4: ChSec	Und	erride/Overr	ide		To	wed_	<u>Y</u>	0 20) 21	22	33		_		
	Pl Name (Last Fi		or operator and a	ll occupants involved Address		Age/l	ООВ	Sex		27 afety Ai System S	28 2 irbag Airb Status Sw	ag Eject	31 Trap de Code	32 Injury Status	Transp. Code		lity		
	Operator/	Non-Motorist		See Above	:				9	99 4	99	0	0	8	2	NWH			



CDP1 11 ·24·00

Police Officer Name (Please Print)

Department