

Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts										RMV Document Number		
Date of Crash 01/30/2021	Time of Crash 13:35 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 1	Speed Limit 35 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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				WEST 727 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark										2
														10
														11
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000069						3
License # --- St NY DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator RODRIGUES MENDONCA Address 30 SHERWOOD ACRES (apt. C) City EAST NASSAU State NY Zip 12062 Insurance Company PROGRESSIVE Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # 334VK1 Reg Type PAN Reg State MA Veh Year 2018 Veh Make NISS Veh Config. 2 20 Owner DOSSANTOS VANDERLEI Address 45 (apt. 2) ALDRITCH RD City WATERTOWN State MA Zip 02472 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y 10 Undercarriage 11 Totaled										12
Please fill out for operator and all occupants involved				13										
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														1
Operator See Above														
TROVAO, MARIA 45 ALDRITCH ST WATERTOWN, MA 02472				F 3 99 4 99 0 0 10 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 SHAHEEN AYMAN Address 21 OXFORD CIR City BELMONT State MA Zip 02478 Insurance Company SAFETY Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # 2PEW47 Reg Type PAN Reg State MA Veh Year 2002 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 8 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 6 24 3 24 Underride/Override 25 Towed Y 10 Undercarriage 11 Totaled										
Please fill out for operator and all occupants involved				13										
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				99 4 99 0 0 8 2 NWH										

