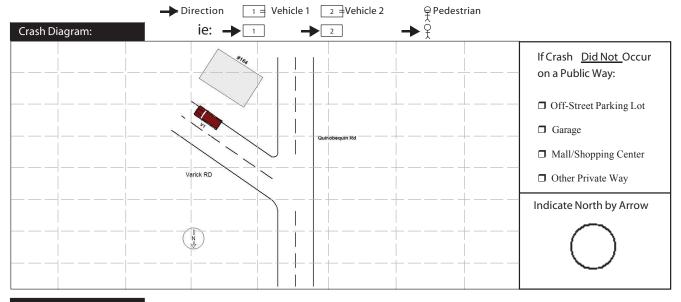
	Pol	ice Use Only		Commonwe	alth (of Mass	achu	isetts	\$		RMV	V Docun	nent Number	
	Date of Crash 02/09/2021	Time of Crash 11:06	City/Tov NEWTON	MIOTOI		icle Cra	sh [Number Vehicles	Injur	ed Lati	ed Limi itude		State Police Local Police MBTA Police	N Xi
		24HR		P(Report		2	0 N/C		igitude_		Other:	
	AT INTERSECTION: <				LUCA	LOCATION > NOT AT INTERSECTION:						2		
1						EAST	164	<u> </u>	VARI	CK RD				
1 1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street							2	
						Feet NSEW of or Mile Marker Exit Number							-	
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3	Birec	eton .	T .								Lar	ndmark		\dashv
5	XVehicle1	#Occupants	X Hit/Run	Moped Case	e Number		21	100000108	1					
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	Sex Lic.	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL				20								
4			First	Endorsment								-	ў <u> </u>	- 1
1				Middle	Owner DE-SOUZA FERNANDA B Last First Middle Address 249 (apt. 22) LANTERN RD								- L1	
				eZip		REVERE					State	MA ,	Zip 02151	_
	Insurance Com					le Action Prior to	o Crash	11					Circle Up to Thre	ee)
5		1 /	S E W Respo	onding to Emergency? N		Sequence 2	22 22	22	22	2	3		4	
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3					Under	ride/Override	<u> </u>	Towe		29 30	0 31 Trap	32	33	
	Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB	Sex I	os. System	28 Airbag A Status Sv	29 30 rbag Ejec vitch Code	t Trap e Code	32 Injury Tra Status Co	33 insp. de Medical Facili	1 2	
	Operator			See Above										
7 1	Please Select (IX Vehicle	22 1_# Occupants	Non-Motorist A Ty	ype	14 Action	15 Loca	ation	16 Cor	ndition	17	XI Hi	t/Run Mop	ed
	of the Followi	ng: —										<u> </u>		4
	License # St DOB/Age 19				_	Reg # Reg Type UNKNOWN Reg State								-
	Sex Lic. Class 99 Lic. Restrictions 9 CDL				_ Veh Y	Veh Year UNK Veh Config. 13								
1	Operator UN	Last	UNKNOWN	UNKNOWN	Owne	(Same as ope	(Same as operator) Last First Middle							-
	Address UNK UNK					Address								
	City UNK State XX Zip UNK				City State Zip								-	
	Insurance Company UNKNOWN				Vehicle Action Prior to Crash 99 Damaged Area Code: (Circle Up to Three)								ee)	
	$ \begin{tabular}{lllllllllllllllllllllllllllllllllll$				Event	Event Sequence 2 22 22 22 22 3 4								
Citation # (If Issued)					Most Harmful Event 2 23 10 Undercarriage 5 11 Totaled								iage	
	Violatio	Driver Contributing Code 99 24 24												
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			operator and all	occupants involved				26 27 Seat Safety	28 Airbag A	29 30 rbag Ejec	31 Trap	Injury Tra	33 insp.	
	Name (Last Fi	Non-Motorist		Address See Above		Age/DOB		Pos. System	n Status S	witch Co	de Code		ode Medical Faci	lity
	орогион			200120010					++	+	+	1		\dashv
									++	+				\dashv



Crash Narrative:

I responded to the area of Varick Rd@Quinobequin Rd. on 02/09/2021 at approx. 1106 hrs for a report of a past MVA/HR. I arrived in the area and was flagged down by vehicle owner De-Souza, Fernanda MA OLN#S64319275.

She was with her vehicle MA Reg. 7115ZS; 2016 Niss/Murano color Red. The vehicle was parked on Varick Rd. directly in front of #164 Varick Rd. The vehicle had visible damage all along the drivers side which was facing the street. The vehicle appeared to have been sideswiped (probably by a plow truck). According to De-Souza the vehicle was parked unoccupied since approximately 0900 hrs to present. The MVA was unwitnessed and as of the time of this report no witnesses have been identified.

The vehicle sustained body damage along the full length of the drivers side. The vehicle did not require

towing service. De-Sousza has been advised to contact her insurance co. and a MVA report would be documented.

Witnesses: Name (Last, First, Middle) Address Phone # Statement **Property Damage:** Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration #_____(From Vehicle Section) 35 Carrier Name _ ___ Carrier Issuing Authority Code Address___ US DOT #: ____ State Number ____ Issuing State ____ ICC #:___ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #: Hazmat Information: Material Name_____ Material 4 digit # _____ Release code Placard Material 1 digit #

DANIEL S SULLIVAN			NEWTON POLICE DEPARTM		02/12/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	→ Direction	1 <u> </u> Vehicle	1 2 = Vehicle 2	₽ Pedestri	ian	
Crash Diagram:	ie: →[1 -	2	→ $\hat{\beta}$		
	<u> </u>				If Crash <u>Did</u> on a Public W	
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					☐ Garage	
					☐ Mall/Shopp	oing Center
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Crash Narrative:						
Witnesses:					DI "	- I c
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:				2.7		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Propert	ty
Truck and Bus Information:	Registration #		(From	Vehicle Section)		35
Carrier Name					Carrier Issuing Authori	ity Code
Address			City		St Zij	0
US DOT#:	State Number		Issuing State _	ICC #:	Interstat	te 36
Cargo Body Type Code 37	Gross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg St	ate Reg Yes	ar Tra	niler Length	
Hazmat Information:	41					42
Placard 40 Material 1 dig	git # 41 Materia	l Name		Material 4 d	ligit # Release co	ode 42
DANIEL S SULLIVAN				NEWTON POLICE DEPARTM	()2/12/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)