	Pol	ice Use Only		Commonweal	lth o	f Massa	achu	setts	\$		RM	V Docur	nent Number			
	Date of Crash 05/25/2021	Time of Crash 13:40 24HR	NEWTON	Motor		cle Cra Report	sh	Number Vehicles 2		red La	eed Limititude _ ngitude_		State Police Local Police MBTA Police Other:	AN D		
						LOCATION > NOT AT INTERSECTION:										
						NORTH	272		CEN	TRE ST				2		
1	Route# Direc	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street									
	No. of the state o					Feet NSEW of orExit Number										
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street										
2 1		Poutoff Direction Name of Internal Direction					Feet NSEW of									
3	Route# Direction Name of Intersecting Roadway/Street X Vehicle1					Landmark										
	XVehicle1	#Occupants	Number 2100000379													
	License # St DOB/Age					Reg # CB483 Reg Type PAN Reg State RI 20										
	Sex Lic. Class Lic. Restrictions CDL Endorsment					Veh Year 2019 Veh Make CHRY Veh Config. 2										
⁴		Operator Last First Middle					Owner EAN HOLDINGS LLC Last First Middle Address 14002 (apt. 1500) EAST 21ST ST									
	Address City State					City_TULSA State_OK Zip 74134										
	Insurance Company UNKNOWN					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)										
5 1	Vehicle Travel	Direction:	S E W Respon	ding to Emergency? N	Event S	equence 2 2	22 22	22	22	2	3		4			
_	Citation # (If I	ssued)			Most Ha	armful Event	2 23	,		1	9	$\left\{ \right\}$	10 Undercarr 5 11 Totaled	riage		
⁶ 1				ChSec	Driver (Contributing Co	ode 9	9 24	24	8	7		() ()			
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed N										
	Name (Last First Middle) Operator See Above					Age/DOB	Sex P	eat Safety os. System	Airbag A Status S	Airbag Eje Switch Co	ct Trap de Code	32 Injury Tra Status Co	ansp. ode Medical Facili	ity 2		
	Operator			See Above												
7 1	Please Select (of the Followi	IX Vehicle	2 1_#Occupants	Non-Motorist A Type	: 14	Action 1	5 Loca	tion	16 Co	ondition	17	X Hi	t/Run Mop	ed		
	License# St MA DOB/Age					Reg # 5FX145 Reg Type PAN Reg State MA										
	Sex M Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2016 Veh Make TOYTA Veh Config. 20										
8 1	Operator TEIXEIRA-BARBOSA BERNARDO Last First Middle Middle					Owner (Same as operator) Last First Middle										
	Address 2 HOWE ST					Address										
	City BOSTON State MA Zip 02125					City State Zip Damaged Area Code: (Circle Up to Three)										
	Insurance Company LM GENERAL Vehicle Travel Direction: X S E W Responding to Emergency? N					venicie Action Frior to Crash 3 3 4										
	Citation # (If Issued)					Most Harmful Event 2 23										
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 99 24 24 5 11 Totaled										
	Violation 3: ChSecViolation 4: ChSec					Underride/Override 25 Towed N 8 7 6										
	Pl Name (Last Fi		operator and all o	ecupants involved Address		Age/DOB	Sex S	26 27 eat Safety Pos. System	28 Airbag n Status	29 Airbag Eje Switch Co	ode Code		33 ansp. code Medical Faci	lity		
	Operator/	Non-Motorist		See Above				99	99	99 99	99	99 1				
														_		

