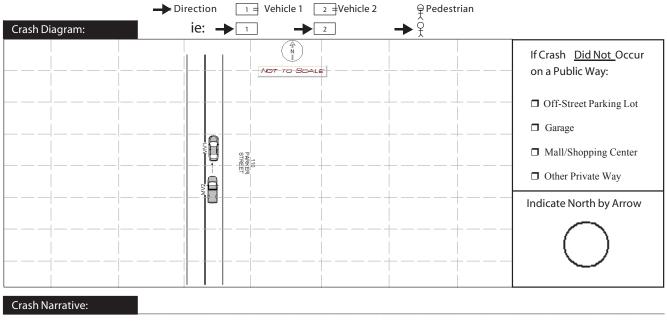
	Polic	e Use Only		Comm	onweal	lth o	f Massa	achi	uset	tts		RN	AV Do	cumen	nt Number	
Date of 09/14/2		Time of Crash 16:02	City/1	own ]	Motor	Vehi	icle Cra	sh	Num			Speed Li Latitude		Si	tate Police ocal Police IBTA Police	
09/14/.	2021	24HR	NEWTON		Pol	ice F	Report		2			Longitud			ABTA Police other:	
		AT INTER	SECTION:		< L	OCAT	TON	>		N	OT A	AT IN	ΓERS	ECT	ION:	
							NORTH	11	0	PA	RKER S	ST				┟
Route#	Directi	on	Name	of Roadway/Street		F	Route# Direction	on A	ddress	#		Name o	f Roadw	/ay/Stre	eet	_
_				At			Feet [	NISE	w of			• _	- or			_
Route	# Direct	ion N	lame of Intersect	ing Roadway/Stree	t	— [-		1~1-		M	ile Marl	ker		Е	xit Number	
			Also at Int	ersection with		_ -	Feet I	N S E	W of		oute#	Inters	ecting F	Roadwa	ıy/Street	-
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Route	# Directi	on	Name of Inter	secting Roadway/St	reet					_		I	Landmar	·k		
XVe	ehicle1 _	1_#Occupants	Hit/Ru	n Mopeo	d Case N	lumber		2	100000	0702						- 1
Licens	e#		St <sup>1</sup>	MA DOB/Age		Reg#8	BVXK50			Re	g Tyne	PAN	R	eg Stat	te MA	
		class D 18 18		19	L		ar_2017								20	_
		NGLA Last	_	End	orsment		(Same as oper								,	ŀ
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<u>'</u>		sued)				Most H	armful Event	23	3			\ \	9		10 Undercarr	riage
V		-		on 2: ChSec	:		l Contributing Co		1 24	24	] (	<b>-</b>   _	<del>,</del>	၂၅	11 Totaled	
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			ntor and all occ	upants involved					26 Seat Sa	27 28 afety Airbag stem Status	29 Airbag	30 3 Eject Trap Code Cod	31 32 Injury	33 Transp.	-	$\neg$
	(Last First perator	Middle)			Above		Age/DOB	Sex	Pos. \$y			Code Cod  0 0	e \$tatus	Code 1	Medical Facili	ity
															<u> </u>	
	Select Or Followin		2 <u>1</u> # Occupa	nts Non-Mo	torist A Type	: 14	Action 1	5 Loc	ation	16	Conditio	n 1	$^{7}$ $\Box$	Hit/Ru	un Mop	ed
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	e (Last Firs	st Middle) Non-Motorist	<u> </u>		Address Above		Age/DOB	Sex		ystem Statu	s Switch	Code Co		Code	Medical Faci	lity
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Operator of MV1 stated she was traveling Northbound on Parker St. when a vehicle in front of her stopped short. Operator of MV1 further stated she then had to stop suddenly to avoid hitting the vehicle in front of her, however stated that is when MV2 rear ended her vehicle. Operator of MV2 stated he was traveling Northbound on Parker St. when MV1 stopped short in front of him. Operator of MV1 stated he attempted to avoid colliding with MV1, however could not and collided with MV1 in front of 110 Parker St.

No injuries. MV1 sustained heavy rear end damage along with rear windshield damage. MV2 sustained heavy front end damage. Both vehicles involved were towed on scene by Tody's towing. A towed motor vehicle form was filled out for both vehicles and placed on file.

Operator of MV2 was operating the vehicle without a drivers license. Mr. Marcelo De Oliveira Siqueira was

(Continued on next page)

	m next page,							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	#	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descri	ption of Dama	ged Property	
	<u> </u>							
Truck and Bus Information:	Registration #		(From Vehic	cle Section)				
Truck and Bus Information:			`	cle Section)		Carrier Issu	uing Authority Co	de 35
								de
Carrier Name			City			St	Zip	de
Carrier NameAddressUS DOT #:	State Number		City			St	Zip	de
Carrier Name  Address  US DOT #:	State Number		City			St	Zip	de
Carrier Name  Address  US DOT #:	State Number	38	City Issuing State	ICC#:_		St	Zip	de
Carrier NameAddressUS DOT #:	State Number	38	City Issuing State	ICC#:_		St	Zip	de

JUSTIN MARCH			NEWTON POLICE DEPARTM		09/14/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	Direction 1	■ Vehicle 1 2	≥ =Vehicle 2	₽ Pedestrian		
Crash Diagram:	ie: → 🗆	<b>→</b> [2	2	→ĝ		
					If Crash <u>Did Not</u> O on a Public Way:	ccur
					Off-Street Parking	Lot
					☐ Mall/Shopping Cer	nter
					Other Private Way	
		+			Indicate North by Ar	row
		 	+	. — — — + —		
Crash Narrative:						
cited in hand for Ch. 90	Sec. 10 (Unlice	nsed Operation	on). MA Unifo	orm citation	#T2012676. Incident	
#21039385 was generated i			<del>`</del>		·	
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Dranauty Damaga						
Property Damage:  Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
T 1 10 16 .:						
Truck and Bus Information:  Carrier Name				Vehicle Section)	Carrier Issuing Authority Code	35
						36
US DOT #:		38	Issuing State	ICC#:	Interstate	
	ross Vehicle Weight				39	
Trailer Reg #:Hazmat Information:	Reg Type	Keg State	Reg Year	Trailer	r Length	
Placard 40 Material 1 digi	t # 41 Material N	Jame		Matarial 4 diasi	t#Release code	42
r iacaiu iviaiciiai 1 digi	Iviaterial N	ranic		iviaiciiai 4 digi	π Release code	
JUSTIN MARCH			N.	EWTON POLICE DEPARTS	09/14/202	21
Police Officer Name (Please Print)	Signature	<del></del> e		Department	Precinct/Barracks Date	

CDP1 11 ·24·00