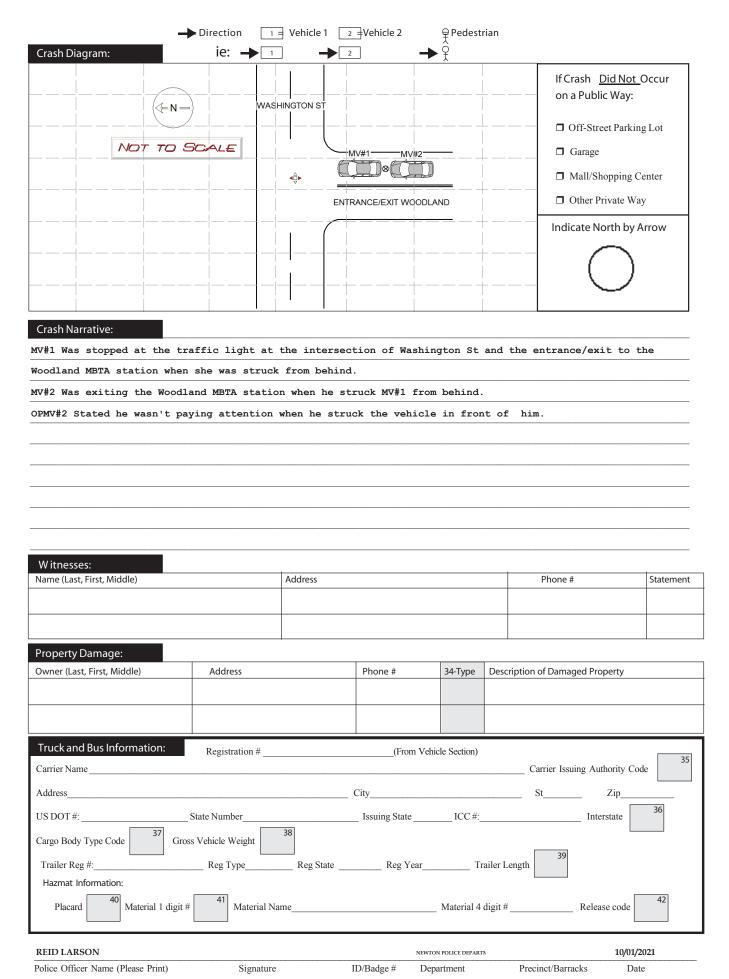
	Poli	ice Use Only		Commonwea	alth o	of Mass	achu	setts	5		RM	V Docur	nent Number		
	Date of Crash 10/01/2021	Time of Crash 15:34	NEWTON	MIOTOI		icle Cra Report	sh [Number Vehicles		ed Lat	ed Limi itude ngitude_		State Police Local Police MBTA Police Other:	Xi O	
		AT INTER	SECTION:		LOCA'		>						CTION:	\dashv	
	FACT													2	
1	Route# EAST		NGTON ST Name of	Roadway/Street		Route# Direction	on Ad	dress #		N	ame of F	Roadway	/Street	_ 2 1	
1	Route# Direction Name of Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of or								2	
						Mile Marker Exit Number									
						Feet NSEW of Route# Intersecting Roadway/Street									
2 1						Feet NSEW of									
3	Route# Direction Name of Intersecting Roadway/Street X Vehicle 1					Landmark									
1	XVehicle1	_1_#Occupants	Number	Number 2100000779											
	License#St MA DOB/Age					Reg # 199PE8 Reg Type PAN Reg State MA									
	Sex_F Lic. Class D 18 18 Lic. Restrictions B 19 CDL_Endorsment					Veh Year 2018 Veh Make SUBA Veh Config. 1 20									
⁴ 3	Operator SUC		Owner	Owner (Same as operator) Last First Middle											
3	Address 33 CYNTHIA RD					Address									
	City NEEDHA	AM	ate_MA Zip_02494	City State Zip											
	Insurance Company CINCINNATI INS					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
5 1	Vehicle Travel	Direction:	S E W Resp	oonding to Emergency? N	Event	Sequence 1	22 22		22	2	3		4		
	Citation # (If I	ssued)			Most I	Harmful Event	1 23		24	—	9	[]	10 Undercarr 11 Totaled	rage	
6	1			2: ChSec	Driver	Contributing C				3	1		6		
⁶ 1		Violation 3: ChSecViolation 4: ChSec					Underride/Override Towed N								
		Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB Sex Sex System Status Switch Code Status Code Medic						ansp. ode Medical Facili	1 1		
	Operator			See Above				99	4 9	9 0	0	10 1			
⁷ 3	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupan	ts Non-Motorist A Ty	pe 1	Action 1	Loca	ition	16 Con	ndition	17	Hi	t/Run Mop	ed	
	License# St AL DOB/Age					Reg # 1EW122 Reg Type PAN Reg State MA							State MA	_]	
	Sex M Lic. Class A 18 18 Lic. Restrictions A 19 CDL Fordorsment					Veh Year 2010 Veh Make HOND						Veh Config. 20			
⁸ 2	Operator RODRIGUES FELLIPE EDUARDO Last First Middle					Owner (Same as operator) Last First Middle									
	Address 1650 S FOX RUN PKWY (apt. 731)				Addre	Address									
	City OPELIKA		City_	City State Zip											
	Insurance Company GOVT EMPLOYEE INS				Vehicl	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel	Direction:	Event	Event Sequence 22 22 22 22 3 4 10 Undercarriage											
	Citation # (If I	ssued)	Most I	Most Harmful Event 1 5 11 Totaled											
	Violatio	n 1: ChSe	ec Violatio		Driver Contributing Code 19 99 7										
			ecViolatio	Underride/Override Towed N											
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB		26 Seat Safety Pos. System	Airbag A m Status S	rbag Ejec	O 31 Trap de Code		33 ansp. Code Medical Faci	lity	
	Operator/	Non-Motorist		See Above			-	99	4 9	9 0	0	10 1			



CDP1 11 ·24·00