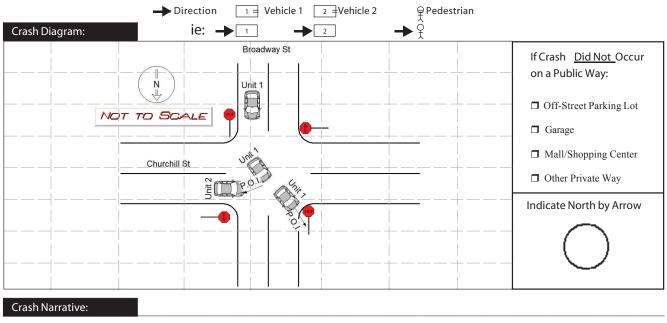
	Poli	ce Use Only		Commonw	vealth	of Mass	achus	setts			RMV	V Docur	nent Number		
	Date of Crash 10/25/2021	Time of Crash 15:35	City/T	Mot	or Vel	nicle Cra	sh [Number Vehicles	Numbe		d Limi ude _		State Police Local Police MBTA Police	□ Xi	
	10/25/2021	15:35 24HR]	Police	Report		2	0		gitude_		Other:		
		AT INTER	RSECTION:	<	LOCA	TION	>		NOT	AT	INTI	ERSE	CTION:	2	
	NOR	TH BROAD	OWAY											2	
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direct			f Roadway/Street		Route# Direction	on Addı	ress #		Nar	ne of R	Roadway	/Street	2	
	WEST CHURCHILL ST					Feet NSEW of • or								2	
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Nur							Exit Number	_	
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street									
² 3						Feet	N S E W	of	reducin		increce	ting itou	away/Bireet	3	
	Route# Direction Name of Intersecting Roadway/Street					Landmark									
³ 2	XVehicle1	1_#Occupants	Hit/Run	Moped	Case Number	r	210	0000868							
	License#		St M	A DOR/Age	Peg #	61YS21			Peg Ty	ne PAN	J	Reg	State_MA		
						Year 2004							20		
4	Operator LUC		ANTONIET	Endorsment Endorsment										$ \begin{bmatrix} 1^1 \end{bmatrix}$	
2	Address 222 L	Last INWOOD AVE	First	Middle		Owner (Same as operator) Last First Middle Address State Zip									
	City NEWTO			ate MA Zin 02458											
	City NEWTON State MA Zip 02458 Insurance Company THE COMMERCE INSURANCE					ele Action Prior to		2					Circle Up to Th		
5		Vehicle Travel Direction: X S E W Responding to Emergency? N					Event Sequence 1 22 23 22 22 22 23 4								
1		ssued)		policing to Emergency		Harmful Event	23				\bigvee	Λ)	10 Undercar	rriage	
	`	· · · · · · · · · · · · · · · · · · ·		1 2: Ch Sec		r Contributing C		24	O	←	9		5 11 Totaled		
⁶ 2	1			1 4: Ch Sec	-	rride/Override	25	Towed	8 N		7		6		
	Please fill out for operator and all occupants involved					26 27 28 29 30 31 32 33									
	Name (Last First Middle) Address Operator See Above					Age/DOB Sex Pos. System Status Switch Code Code Status Code Me						ode Medical Faci	ility 1		
	Орегию			566715676				1	1 1	0	0	10 1			
⁷ 2	Please Select C of the Followin	IX Vahicla	2 <u>1</u> #Occupar	Non-Motorist A	Туре	14 Action	Locati	on	Cond	ition	17	Ні	t/Run Mo	ped	
	License#						Reg # 86P550 Reg Type PAN Reg State 1						State MA	_	
	Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL					eh Year 2012 Veh Make TOYOTA Veh Config. 1									
⁸ 2	Operator FERREIRA MARCELO DIAS Last First Middle Middle				Owne	Owner DA SILVA ROBSON MEDEIROS Last First Middle							_		
	Address 121 HOMESTEAD ST				Addre	Address								_	
	City BOSTON State MA Zip 02121 Insurance Company GEICO INSURANCE Vehicle Travel Direction: N S E Responding to Emergency? N Citation # (If Issued) T2014953 Violation 1: Ch 90/10/A Sec Violation 2: Ch 89/9 Sec										_State	:	Zip	_	
						ele Action Prior to	o Crash	1 2	1 [amageo	d Area	Code: (0	Circle Up to Th	ree)	
						Event Sequence 1 22 22 22 22 22 22 3 4 10 Undercarriage Solver Contributing Code 3 24 24 24 11 Totaled									
														rriage	
	Violation	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed Y 6								
	Plo Name (Last Fi		operator and al	l occupants involved		Age/DOB	Sex Po	26 27 at Safety . System	28 2 Airbag Airb Status Sw	9 30 Eject tch Code	31 Trap Code		33 ansp. Code Medical Fac	eility	
		Non-Motorist		See Above		Age/DOB			4 4	0	0	10 1			



The operator of MV1 stated she was driving Northbound on Broadway Street. Once she came to a complete stop she proceeded through the four way stop and was struck by MV2. After being hit, MV1 struck the stop sign at the north eastern corner of the intersection.

The operator of MV2 stated he was traveling on Churchill street, westbound, entering the intersection. He stated he saw the stop sign too late and struck MV1.

The operator of MV1 and MV2 both stated they were not injured. Due to the cars being in operable, I requested Tody's.

The operator of MV2 stated he did not have a Ma drivers license. He was cited for Operating a motor vehicle without a license and failing to stop at a stop sign.

(Continued on next page)

Witnesses:							
Name (Last, First, Middle)		Address			Phone :	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information: Carrier Name			(From Vehic	cle Section)	Carrier Issu	uing Authority Cod	e 35
Address		(City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gros	s Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr			
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	_ Release code	42

	Direction 1	■ Vehicle 1	≥ =Vehicle 2	₽ Pedestrian	1	
Crash Diagram:	ie: → 1	→ [2	→ĝ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	g Lot
				· — — — — —		
		 			☐ Mall/Shopping C	enter
					☐ Other Private Wa	у
					Indicate North by A	Arrow
				. — — — —		
Crash Narrative: The operator of MV2 only	spoke portugese	so we utiliz	ed our phone	es as a way t	o communicate.	
Witnesses:		1				16
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	24 Tuna D	assuintian of Dansanad Duanaut.	
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:				Vehicle Section)		35
Carrier Name					Carrier Issuing Authority Coo	de
Address						36
US DOT #:		38	Issuing State	ICC #:	Interstate	
Cargo Body Type Code G	ross Vehicle Weight				39	
Trailer Reg #:Hazmat Information:	Reg Type	Reg State	Reg Year	Traile	r Length	
40	41	ama		Matarial 4 d'	it # Release code	42
Placard Material 1 digi	ι π Iviaterial N	a111C		iviaterial 4 tilgi	π Release code	
SEAN STAKE			N.	EWTON POLICE DEPARTM	10/25/2	2021
Police Officer Name (Please Print)	Signature	· · · · · · · · · · · · · · · · · · ·		Department	Precinct/Barracks Date	

CDP1 11 ·24·00