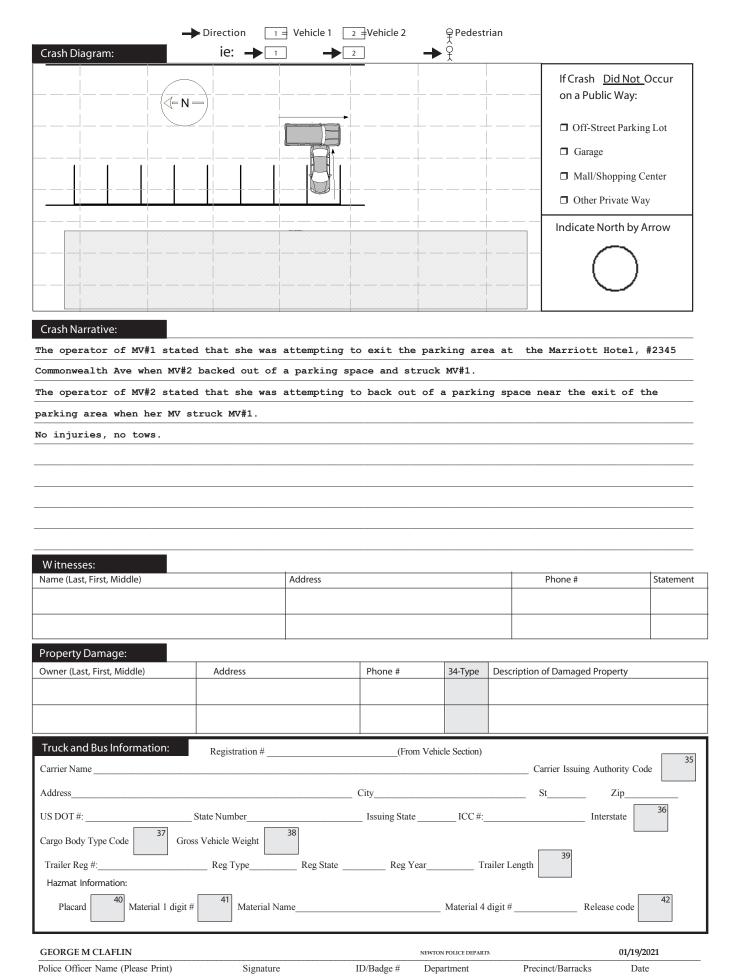
[	Poli	ice Use Only		Commonwea	lth o	f Massa	achu	isetts	5		RM	V Docu	ument	Number		
	Date of Crash 01/19/2021	Time of Crash 13:32 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		ired La	eed Lim titude _ ngitude		Sta Lo MI Ot	ate Police [ cal Police ] BTA Police [ her:	ב מ	
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					30 SOUTH 2345 COMMONWEALTH AVE									<u>-</u>		
l	Route# Direc	tion		Roadway/Street	R	Route# Direction	on Ad	dress #		N	lame of l	Roadwa	ay/Stree	et		
_	At					Feet NSEW of or										
	Route# Direc	etion	Name of Intersecting	g Roadway/Street	<u> </u>		vlalel		Mi	le Markei	r		Ex	tit Number	-	
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	Route# Direc	tion	Feet N S E W of													
	My										La	ndmark			1	
	XVehicle1	_1_#Occupants			Number		21	.00000029	)						4	
	License # St CTDOB/Age [18] 18					Reg #         883XTU         Reg Type         PAN         Reg State         CT										
	Sex_F Lic.	Class 99	Lic. Restriction		Veh Ye	ar_2009	Veh	Make_I	NFIN			_Veh C	Config.			
Ĺ	Operator PET		INDIRA		Owner PETOSKEY JON  Lust First Middle											
	Address 147 JESSICA DR					Address 147 JESSICA DR										
	City E.HARTFORD State CT Zip 06118					City E.HARTFORD State CT Zip 06118										
	Insurance Company STATE FARM					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel	Direction: N	K E W Resp	oonding to Emergency? N	Event S	Sequence 1	22 22 23		22	€		<u>,</u>	<b>(4)</b>	10 Undercarria		
	Citation # (If I	· ·			Most H	armful Event	1	24	24	1 👉	9			11 Totaled	ge	
				2: ChSec		Contributing Co	ode 1			8	<u> </u>	$\mathcal{L}$	) 6			
	Violation 3: ChSecViolation 4: ChSec  Please fill out for operator and all occupants involved					ide/Override		Towe		- 29 3	30 31	32	33		4	
	Name (Last First Middle) Address					Age/DOB		26 27 Seat Safety Pos. System	Airbag Status	29 Airbag Eje Switch Co	30 31 ect Trap de Code	32 Injury 1 Status		Medical Facility		
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L	Please Select C of the Followi	I X Vahici	le2 1_#Occupan	ts Non-Motorist A Typ	pe 14	Action 1	Loca	ation	16 C	ondition	17	ات	Hit/Rur	n Mope	d	
	License#St MA DOB/Age					Reg #         2FSV79         Reg Type         PAN         Reg State         MA										
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	Operator CH	Last	Owner .	(Same as ope			Firs			Mido	dle					
	Address 25 GRACE RD First Middle					Address										
	City WOBURN State MA Zip 01801					City State Zip										
	Insurance Company GOVT EMPLY. INS					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)										
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	Citation # (If I	ssued)	Most Harmful Event 1 23 9								10 Undercarria 11 Totaled	ge				
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