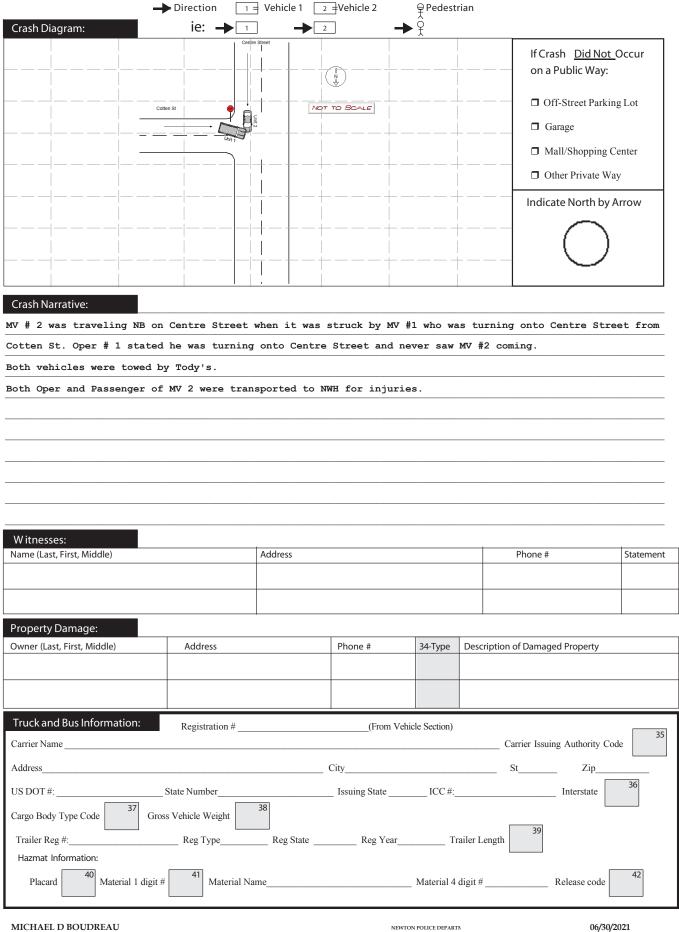
	Poli	ce Use Only		Comm	onweal	th o	f Mass	sach	iuse	etts			RM	V Doc	umen	t Number			
	Date of Crash 06/30/2021	Time of Crash 12:02	NEWTON	Town]	Motor '			ash	Ve	mber hicles	Num Injui	ed La	eed Lim		St L	tate Police ocal Police IBTA Police	XI I		
		AT INTERSECTION:				Police R							Longitude			ther:	\dashv		
								OCATION > NOT AT INTERSECTION:										2	
1	NOR			f.D /Ct			D:		A 11) 1	/Ct		_[
1	Route# Direction Name of Roadway/Street At WEST COTTON ST					Route# Direction Address # Name of Roadway/Street									eet		2 1		
	WES'			Feet NSEW of or Exit Number										- [
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of													
2						Route# Intersecting Roadway/Street Feet N S E W of												3	
1	Route# Direc	Route# Direction Name of Intersecting Roadway/Street						Landmark											
3	XVehicle1 2_#Occupants						Number 2100000475												
	License#		St N	1A DOB/Age		Reg # 1	LJR27				Reg	Tyne PA	AN	R	eg Stat	_e MA			
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions 19 CDL						Reg # 1LJR27 Reg Type PAN Reg State MA Veh Year 2019 Veh Make HONDA Veh Config. 2												
1	Operator CANNON PETER GREGORY						Owner CANNON ALLA												
2	Address 32 EMERSON WAY				iddle	Address	23 (apt. 3) I	ast DEER P	PATH		First			Mic	ldle		- -	1	
	City SUDBERY State MA Zip 01776					City MAYNARD State MA Zip 01754													
	Insurance Company COMMERCE						Vehicle Action Prior to Crash 3 Damaged Area Code: (Circle Up to Three)												
1	Vehicle Travel	Direction: N	S E X Res	sponding to Emerg	ency? N	Event S	Sequence 1	22	22	22	22	2	3	λ	(4)				
1	Citation # (If I	ssued)				Most H	Iarmful Event	1	23					$\langle $		10 Undercarr	riage		
	Violation	1: ChSec	c Violatio	on 2: ChSec	:	Driver	Contributing	Code	6	24	24		VÍ	$\sqrt{}$					
1	Violation 3: ChSec Violation 4: ChSec						Underride/Override 25 Towed \underline{Y} 8 $\overline{7}$ \bullet												
	Please fill out for operator and all occupants involved Name (Last First Middle) Address						Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag A Status S	29 Eje	30 31 ct Trap de Code	32 Injury Status	33 Transp. Code	Medical Facili		1	
	Operator	st Wilddie)			Above							3 0	0	10	1	Wiedicai Facili	lty	_	
	APEL, RAISA			I LAKE SHORE CT RIGHTON, MA 02				F	3	99	4	4 0	0	10	1				
				1110111014/1/111101															
⁷ 3	Please Select C of the Followi		2 <u>2</u> #Occupa	nts Non-Mot	torist A Type	14	4 Action	15 L	ocation		16 Co	ndition	17		Hit/Ru	ın Mop	ped		
	License # St MA DOB/Age DOB/Age					Reg # 3FWV60 Reg Type PAN Reg State M.													
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2009 Veh Make HONDA Veh Config. 1													
1	Operator UMANZOR JOSEFINA Endorsment Last First Middle					Owner	(Same as or	erator))		First			Mic	idle		_		
	Address 500C MYSTIC AVE (apt. 17)					Address	s										_		
	City SOMERVILLE State MA Zip 02145																		
	Insurance Company GEICO					Vehicle	Action Prior	to Cras	sh	1 2	1	Damag	ed Area	Code	(Circ	le Up to Thr	ree)		
	Vehicle Travel Direction: X S E W Responding to Emergency? N					Event S	Sequence 1	22	22	22	22)	3	$\overline{}$	4				
	Citation # (If I	ssued)		Most Harmful Event 1 23 10 Undercarri								riage							
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 1 24 24													
	Violation 3: ChSecViolation 4: ChSec						ide/Override			Towed		8/	7	1 -	6				
	Please fill out for operator and all occupant Name (Last First Middle)				lved		Age/DOB	Sex		27 Safety . System	28 Airbag A Status	29 irbag Eje Switch C	0 31 ct Trap ode Code	32 Injury Status	33 Transp. Code	Medical Faci	ility		
		Non-Motorist			bove			-	-	99		4 0	0	7	2	NWH			
	ESBINAL, OL	GA		BICKFORD AVE EVERE, MA 02151				F	3	99	4	1 0	0	7	2				
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Police Officer Name (Please Print)